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SEVENTH YEAR — No. 79

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1967

GENEVA  
INTERNATIONAL COMMITTEE OF THE RED CROSS  
FOUNDED IN 1863

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### BOOKS AND REVIEWS

## FRENCH EDITION OF THE REVIEW

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

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## SUPPLEMENTS TO THE REVIEW

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### SPANISH

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### GERMAN

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## RESISTANCE MOVEMENTS AND INTERNATIONAL LAW

by W. J. Ford

*Pursuing its attempt, one of real interest, to adapt certain texts of international law to present conditions, the World Veteran's Federation convened in Paris in February 1967 a consultative group of experts which included Mr. C. Pilloud, Director at the ICRC. A most interesting exposition was made on that occasion by Dr. W. J. Ford of the Netherlands, which greatly facilitated the discussions.*

*With the author's kind permission and with the agreement of the WVF, the International Review has pleasure in publishing the main portions of this study which appears for purposes of reference.*

*The group of experts arrived at certain conclusions and made a series of recommendations which it submitted to the Executive Board of the WVF. These were notably that the WVF proposes producing a clear and concise analysis of the international Conventions applying to resistance movements together with a commentary. This document should be widely disseminated both amongst the WVF and its members and institutions interested in such problems. It pointed out that the 1949 Geneva Conventions relative to the treatment of prisoners of war and to civilians do not entirely cover every situation and it was suggested that the WVF assembles documentation on the application or non-application to resistance movements of those two Conventions, since they entered into force. It also recommends that the conditions laid down in article 4 of the Convention relative to the treatment of prisoners of war be analysed in the light of the evolution in military technical methods. (Ed.).*

10. “ Armed conflicts not of an international character ”

Are the Geneva Conventions of 1949, which relate to international conflicts, also applicable in the case of an “ armed conflict not of an international character ”?

The answer to this question will be found in the identically worded Article 3 of the four Geneva conventions, part of which reads:

“ In the case of armed conflict not of an international character occurring in the territory of one of the High Contracting Parties, each Party to the conflict shall be bound to apply, as a minimum, the following provisions:

(1) Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria. To this end the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:

- (a) violence to life and person, in particular, murder of all kinds, mutilation, cruel treatment and torture;
- (b) taking of hostages;
- (c) outrages upon personal dignity, in particular, humiliating and degrading treatment;
- (d) the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court affording all the judicial guarantees which are recognized as indispensable by civilized peoples.

. . . . ”

This Article contains rules of positive law that may be invoked by members of resistance movements in the case of an armed conflict not of an international character. It lays down a set of minimum

rules for them in such a conflict, which rules should be observed in all circumstances. So the rules of Article 3 are not subject to reciprocity, which is very important, especially in an internal armed conflict in which hatred and embitterment may rise high.

The Diplomatic Conference was faced with the problem of defining "armed conflicts not of an international character". It was clear that mutiny or operations by bandits could not be considered as civil war. But at what moment did a mutiny cease to be mutiny and become a civil war?

There were two camps. One group of delegates maintained that an accurate definition of an "armed conflict not of an international character" would have to be incorporated in the text of the Convention. Other delegates held the view, which eventually prevailed, that no definition should be given. The advantage of not giving any definition at all is that the risk of giving too narrow a definition is avoided. Different kinds of conflict, such as civil wars, colonial conflicts, insurrections, irrespective of their size and extent, can be brought under the scope of the approved text. These conflicts have certain characteristics in common with wars. But there are differences. It would hardly be possible to make all internal disturbances subject to Article 3. Persons who take up arms against their government are not a High Contracting Party. But in Article 3 there is strong emphasis on the humanitarian element. Article 3 clearly demonstrates the wish to ensure that a minimum measure of protection be given in all circumstances.

Article 3 does not contain any indication of the moment at which it should be applied. It may safely be assumed that parties to an armed conflict not of an international character that is of any importance as far as its duration and extent are concerned would declare Article 3 applicable. Whether it had been possible to set up a governing body in the rebels' area and whether the rebels were gaining on the enemy would be important points. Once Article 3 has been declared applicable, its provisions will have to be strictly observed.

The government's legal position may not be undermined by the application of Article 3. From the application of Article 3 it may only be inferred that the internal conflict has got out of hand and involves more than just maintaining order. If such is the case,

application of Article 3 is called for to prevent a further increase in the number of victims.

Article 3 occupies a very special position in the Geneva Conventions. According to traditional concepts, the rights of belligerents are accorded only to subjects of international law, i.e. to States recognized as such by the international community of nations. According to these concepts only States can conclude agreements like the Geneva Conventions and only States can derive right and obligations from them. This would mean that in an armed conflict not of an international character the insurgent party could operate as belligerents only if it was internationally recognized. The novelty of Article 3 is that an insurgent party is granted certain minimum rights on the ground of humanitarian considerations, even if it is not recognized. But the final paragraph of Article 3 expressly provides with respect to the foregoing provisions that

“ The application of the preceding provisions shall not affect the legal status of the Parties to the conflict ”.

The purpose of this provision is to remove the fear that application of Article 3 would be interpreted as conferring the status of belligerent on the opposing insurgent party. A government is allowed to defend the existing order against rebels. It is for the government to decide what measures to take. It may institute criminal proceedings against rebels.

It follows that even if the insurgent party may claim a certain minimum protection under Article 3 in an armed conflict not of an international character, it is not considered as a belligerent party. It retains its position or rather its lack of legal status that would confer on it the rights and obligations of a belligerent party. It is quite clear why the insurgent party still enjoys a certain measure of protection: the introduction of humanitarian considerations in conflicts that by their very nature are often among the most cruel.

The tendency that is apparent from the inclusion of Article 3 in the Geneva Conventions is very significant. The more so since the number of armed conflicts not of an international character in politically unstable areas seems to be increasing. If this development should manifest itself, Article 3 should be given an even more prominent place.

**11. “Humanitarian principles common to civilized nations”**

The best way of applying the humanitarian principles common to civilized nations to political prisoners, in so far as the latter are not already expressly protected by conventions, has been a moot point for some considerable time. According to the 1953 report of the Commission of Experts for the Examination of the Question of Assistance to Political Detainees, instituted by the I.C.R.C., the commission considered that it was the task of the Red Cross to relieve human suffering not only “in the case of international warfare, but also in that of civil war or disturbances”.

“It (the commission) esteemed that it should not take into account the origin of the sufferings endured but merely record them and seek the means for their alleviation . . .” (page 2).

This idea, fundamental to the Red Cross, had been expressed on an earlier occasion, viz. at the Xth International Red Cross Conference in Geneva in 1921, when the following statement was drawn up:

- “1. The Red Cross, which stands apart from all political and social distinctions, and from differences of creed, race, class or nation, affirms its right and duty of offering relief in case of civil war and social and revolutionary disturbances.  
The Red Cross recognizes that all victims of civil war or such disturbances are, without any exception whatsoever, entitled to relief, in conformity with the general principles of the Red Cross.
2. In every country in which civil war breaks out, it is the National Red Cross Society of the country which in the first place is responsible for dealing, in the most complete manner, with the relief needs of the victims; for this purpose it is indispensable that the Society shall be left free to aid all victims with complete impartiality.”

During the XVth International Red Cross Conference in London in 1938, the I.C.R.C. and the National Red Cross Societies were urged to ensure the application of the humanitarian principles

of the Geneva Convention of 1929 and the Xth Hague Convention of 1907. Attention was drawn to:

“ . . . humane treatment for all political prisoners, their exchange and, as far as possible, their release . . . ”

The point of view adopted by the two International Red Cross Conferences with respect to the treatment of prisoners in “ civil war and social and revolutionary disturbances ” was shared by the XVIIth International Red Cross Conference at Stockholm in 1948. At this conference attention was drawn to:

“ . . . the importance of applying humanitarian principles to persons prosecuted or detained for political reasons . . . ”.

It was in that year that the four conventions were concluded, all containing the same Article 3—referred to above—which prohibits acts that offend “ personal dignity ”. The article provides for intervention if necessary by the I.C.R.C.:

“ An impartial humanitarian body, such as the International Committee of the Red Cross, may offer its services to the parties to the conflict ”.

It is of the greatest importance that it should be made possible to set up a humanitarian body, such as the International Committee of the Red Cross, which is acceptable to all parties to the conflict. This humanitarian body can only perform its duties if it refrains from expressing any opinion whatever on the measures taken by the parties concerned. It should only do what it can to ensure that these measures are carried out with due observance of a certain humanitarian minimum. This minimum is laid down in Article 3 of all the Geneva Conventions of 1949. Humanitarian intervention does not in any way prevent the punishment of persons who have revolted against the State. The difference between the legal and the humanitarian approach is clear from the provision of Article 3 already quoted, viz.

“ The application of the preceding provisions shall not affect the legal status of the parties to the conflict ”.

As summed up by the Mexican delegate to the Diplomatic Conference the position is that:

“... the rights of the State should not be placed above all humanitarian considerations. But on the other hand, humanitarian action should never include any intrusion on the legal plane, nor any expression of opinion with regard to the merits or otherwise of the steps taken by the authorities in order to assure the maintenance or the re-establishment of public order.<sup>1</sup>”

### 13. Military Manuals

It will also be necessary to pay attention to the military manuals which governments have compiled for their armed forces. A few examples are given below.

#### *France*

In France a military manual was published in 1877. Its title was “Manuel de droit international à l’usage des officiers de l’armée de terre”.

The Manual was based on the Brussels Declaration and contained the principal rules of the Law of War set out in a systematic fashion. It was to be used by the Army and by the Military Academies. Another military manual, entitled “Service des armées en campagne” was published in 1918. The text of the Hague Regulations of 1907 was reproduced in full in the second part entitled “Droit international”. It also contained the Decree of 2 December 1910 promulgating these Regulations. In Article 2 of the Decree, the Minister of War was instructed to further the practical application of the Hague Regulations.

The Geneva Convention relative to the Treatment of Prisoners of War of 12 August 1949 is referred to in the “Introduction sur l’organisation et le fonctionnement du Service de santé de l’armée de terre en temps de guerre” of 1955.

#### *Germany*

In 1866 when there was great likelihood of war breaking out between Prussia and Austria, Bluntschli published a codex of the

<sup>1</sup> Commission of Experts for the study of the question of the application of humanitarian principles in the event of internal disturbances.

Law of War entitled “Das moderne Kriegsrecht der zivilisierten Staten als Rechtsbuch dargestellt”. Bluntschli compiled this codex—the first of its kind in European literature—to propagate the knowledge of the Law of War, particularly among the forces. When compiling his codex Bluntschli was guided to a considerable extent by the American Instructions, which are discussed below. According to Bluntschli privileged combatant are: (1) partisans and volunteer corps that have been ordered or authorized to carry out their operations or that operate as militarily organized troops in the belief that they are fully entitled to do so, and (2) the civilian population that takes up arms “en masse” to defend its country.

In 1902 the German General Staff published a manual entitled “Kriegsbrauch im Landkriege”. The army is considered to be composed of:

- (a) the regular army proper, including militias, home guards, the national guard and ‘Landsturm’, which, however, are only incorporated into the regular army when mobilization takes place;
- (b) armed forces that have no organizational link with the army.

According to the manual, the population of a certain territory cannot be denied the natural right to resist the enemy en masse. The population was obliged to observe the customs of war, to be recognizable as combatants, to offer resistance in an orderly fashion by placing themselves under the command of responsible leaders and to organize themselves in a military manner. These conditions go far beyond the requirements contained in Article 2 of the Hague Regulations.

Articles 1 and 2 of the Hague Regulations are recognized as the formulation of the prevailing law of war in paragraph 3 of the “Kriegssonderstrafrechtsverordnung” of 1938. Paragraph 3 also deals with “Freischärlererei”. A “Freischärler” is:

“wer, ohne als Angehöriger der bewaffneten feindlichen Macht durch die völkerrechtlich vorgeschriebenen äusseren Abzeichen der Zugehörigkeit erkennbar zu sein, Waffen oder andere Kampfmittel führt oder in seinem Besitz hat in der Absicht, sie zum Nachteil der deutschen oder einer verbündeten Wehr-

macht zu gebrauchen oder einen ihrer Angehörigen zu töten, oder sonst Handlungen vornimmt, die nach Kriegsbrauch nur von Angehörigen einer bewaffneten Macht in Uniform vorgenommen werden dürfen.”

Anybody acting as “ Freischärler ” (guerilla) will be punished with death. The true value of the declaration concerning “ La sauvegarde et l’empire des principes et du droit des gens ”, quoted in the foregoing chapter on The Hague Peace Conferences (1899 and 1907) will be clear from the text quoted above.

### *Netherlands.*

In Chapter XIII of the “ Voorschrift Velddienst ” (Rules for service in the field) it is stated that in time of war two groups can be distinguished in the enemy population, viz. the armed forces and the peaceful civil population. War is waged exclusively with the enemy armed forces. The belligerents mentioned in Article 1 of the Hague Regulations are regarded as belonging to the armed forces. No mention is made of the population of non-occupied territory who voluntarily take up arms on the approach of the enemy and fight the invading troops.

Volume III of the “ Verzameling van gemeenschappelijke verordeningen voor de krijgsmacht ” (collected common ordinances for the armed forces) was published in 1956. Acts and decrees concerning international law are included in full, e.g. the Hague Regulations of 1899 and 1907 and the Geneva Convention relative to the Treatment of Prisoners of War and the Geneva Convention relative to the Protection of Civilian Persons in Time of War of 1949.

### *U.S.S.R.*

The criminal code of the largest of the Soviet Republics, the Russian Soviet Federal Socialist Republic, does contain a few rules of the law of war but it lacks a criterion for the legal status of belligerents. In the special part of the code, under the heading crimes against the state, mention is made of persons participating in an armed revolt, bandits and saboteurs. Their acts are judged according to national criteria and they are punished under the provisions of domestic law.

*United Kingdom.*

The British Government commissioned Edmonds and Oppenheim to compile a military manual. It was published in 1912 under the title "Land Warfare". The manual deals with the provisions of the Hague Regulations of 1907. The full text of the Regulations is added as an annex.

In Article 17 it says that two categories can be distinguished in the enemy population, viz. the armed forces and the peaceful civil population. It is pointed out in the manual that one cannot enjoy the privileges of both categories simultaneously (Article 35). So everyone will have to decide definitively to which category he wishes to belong.

Under the provisions of Article 20 the following groups are regarded as belonging to the armed forces in addition to the army:

- (a) militias and volunteer corps not forming part of the army, if they meet the requirements of Article 1 of the Hague Regulations, and
- (b) the inhabitants of a territory not yet invaded, described in Article 2 of the Hague Regulations.

a. The four requirements laid down in Article 1 of the Hague Regulations are strongly emphasized. According to Article 22 the requirement of subordination is met if the militias or volunteer corps are commanded by an officer or a person in authority. It is specifically added that recognition by the State is not essential. This was already clear from Article 1 of the Hague Regulations.

Article 25 deals with the fixed badge (sign) that must be recognizable at some distance. This distance is not further defined. According to the British manual it must be assumed:

"... that the silhouette of an irregular combatant in the position of standing against the skyline should be at once distinguishable from the outline of a peaceful inhabitant, and this by the naked eye of ordinary individuals, at a distance at which the form of an individual can be determined."

It is not necessary to inform the enemy of the distinctive sign, although it is considered useful to do so (Article 25). The third

condition is that members of resistance movements wear their arms openly. If they carry hidden revolvers, hand grenades or daggers, they may lose the status of privileged combatants (Article 26). Finally, irregular combatants must carry out their operations in conformity with the laws and customs of war. So they will have to refrain from faithlessness, cruelty to prisoners and wounded people, looting and unnecessary violence.

*b.* Article 29 stipulates that the inhabitants mentioned in Article 2 of the Hague Regulations must carry their arms openly and that their operations must be in conformity with the laws and customs of war. The last sentence of Article 29 reads:

“ It must, however, be emphasized that the inhabitants of a territory already invaded by the enemy who rise in arms do not enjoy the privileges of belligerent forces ”.

The compilers' views are not set out in the manual. But in his book “ International Law ”—reprinted in 1912—Oppenheim states that the levy en masse of the inhabitants of a territory already invaded by the enemy differs from that dealt with in Article 2 of the Hague Regulations. Rules for a rise in arms intended to liberate invaded territory are not given in this article. Oppenheim concludes from this that the old rule of the law of war that those taking part in such a levy en masse shall not be treated as prisoners of war when captured, remains operative.

It may reasonably be inferred from Article 30 of the British manual that Edmonds and Oppenheim realized the uncertainties to which the final provision of Article 29 might give rise. Indeed, Article 30 provides that the rules relative to the levy en masse “ should be generously interpreted ”, for:

“ The first duty of a citizen is to defend his country, and provided he does so loyally he should not be treated as a marauder or criminal ”.

Article 37 stipulates that officers and soldiers shall not judge the legal status of prisoners. Execution without trial is strictly forbidden by International Law.

The whole of the third chapter of Edmonds and Oppenheim's manual, some articles of which are discussed above, was included in the Manual of Military Law of 1914.

In 1958 Lauterpacht and others revised the manual of military law, entitled "The law of war on land", published by the War Office. Much attention was paid to the Geneva Conventions of 1949, which were ratified by the United Kingdom on 23 September 1957. The Convention relative to the Treatment of Prisoners of War has been added to the Manual of Military Law as appendix XIII.

Under the title "The Armed Forces" Article 89 states that "privileged combatants" includes:

"IV—volunteers who are members of organized resistance movements belonging to a party to the conflict and operating within or outside their own territory, even if such territory is occupied by the enemy, provided that they fulfil the four conditions laid down under (ii) above".

In a footnote it is stated that the inclusion of resistance movements in the "armed forces" category and the conferment of the status of "lawful combatants" on members of resistance movements subject to the fulfilment of the four conditions are the result of an innovation introduced by the Convention relative to the Treatment of Prisoners of War. According to present-day views the continuation of the fighting by resistance movements, even after the occupation of the territory has been completed, should not be regarded as illegal. According to the same footnote, complete occupation in modern warfare may "... be but an episode in a campaign in which the legitimate government, though compelled to withdraw from the national territory, continues to fulfil its responsibilities in conjunction with its allies".

This was the case in the Second World War, when many countries were occupied by the German army for several years. It is expressly stated in the Manual of Military Law that citizens cannot be deprived of their right to organize themselves spontaneously and attack the enemy if their legitimate government has succeeded in securing a foothold in the occupied territory. The case is cited of the French Forces of the Interior, which the Supreme Commander of

the Allied Expeditionary Force regarded as forming part of his forces.

The conditions referred to in paragraph 89 IV are those given in the second paragraph of Article 4 of the Convention relative to the Treatment of Prisoners of War, which is partly quoted above. Any combatants such as spies and saboteurs, who do not fulfil these conditions are treated as unprivileged combatants. According to paragraph 96 this means that they need not be looked upon as prisoners of war when they are captured, although they are entitled to the minimum rights specifically accorded to spies and saboteurs under Article 5 of the Convention relative to the Protection of Civilian Persons in Time of War, referred to above.

Paragraph 104 provides that officers and soldiers are not to judge the status of prisoners:

“ . . . their duty is the same: they are responsible for his person and must leave the decision of his fate to the competent authority. No law authorizes them to have him shot without trial, and international law forbids summary execution absolutely. If his character as a member of the armed force is contested, he should be sent before a court competent to enquire into the matter. P.O.W. Convention, Article 5 provides that in case of doubt as to whether a person who has committed a belligerent act and has fallen into the hands of the enemy is entitled to be treated as a prisoner of war, he enjoys the protection of the Convention until such time as his status has been determined by a competent tribunal. Moreover, the same Convention lays down that even with regard to conflicts which are not of an international character and in connection with which persons who have been captured are not entitled to be treated as prisoners of war, the parties to the conflict must observe certain provisions of a fundamental character. One of them prohibits ‘ the passing of sentences and the carrying out of executions without previous judgement pronounced by a regularly constituted court affording all the judicial guarantees which are recognized as indispensable by civilized peoples.’ ”

The passage in ‘ . . . ’ in the above quotation is the literal rendering of Article 3 (d) of the Convention relative to the Treatment of Prisoners of War.

*United States.*

The Instructions for the Government of Armies of the United States in the Field were published in 1863 by the Ministry of War. Although these instructions were not the result of some international conference but had been drafted to serve as directives in the American Civil War, they have had a tremendous effect on the further development of the law of war. It might therefore be useful to discuss these Instructions in some detail.

Under the provisions of Article 51 of the Instructions the inhabitants of a territory not yet occupied may resist the enemy after having been authorized to do so. Persons taking part in a levy en masse will be regarded as prisoners of war when they are captured. But according to Article 52 of the Instructions the inhabitants of an occupied territory do not have the right to resist. If they do resist, they forfeit the protection otherwise accorded to them under the law of war. The provision of Article 51 of the Instructions can be found in the Brussels Declaration (Article 10) and the Hague Regulations (Article 2) but the need for authorization has been dropped. In compliance with the desire of the smaller States not to accord any rights to an invader, Article 52 was not incorporated in the Brussels Declaration nor in the Hague Regulations.

In Article 82 it is stipulated that captured combatants will not be regarded as prisoners of war if they have not been authorized to carry out their operations, if they are not members of the regular enemy army and do not continue to take part regularly in the fighting. Compared with Article 9 of the Brussels Declaration and Article 1 of the Hague Regulations, the Instructions are not favourably disposed towards volunteer corps, reflecting perhaps the times in which they were drafted.

Persons who have risen in arms against the occupying power do not acquire the privilege of being held as prisoners of war (Article 85). Lieber looked upon these resistance fighters as "war rebels", taking the word "rebel" in its original meaning, i.e. someone who returns to the war after it has already been won by the enemy. According to Lieber the "rebel"—a person who renews the war, the fighting—must be treated with the utmost severity, since he exposes the occupying army to new dangers and

prevents the cruelty of war from being mitigated. On comparing the present situation with the views held in the days of Lieber, one can clearly see that there is a tendency to be more lenient towards "war rebels".

In 1914 the Instructions were replaced by the Rules of Land Warfare, in which everything vital in the Instructions was incorporated. This manual, which was published by the U.S. Ministry of War, contains the texts of a number of treaties, one of which is the Convention with respect to Laws and Customs of War on Land of 1907.

Chapter III is devoted to the armed forces of the belligerent parties. In Article 29 the enemy population is divided up into two groups viz. the armed forces and the peaceful civilian population, each of which have their specific rights and obligations.

Article 30, which corresponds with Article 1 of the Hague Regulations, stipulates who shall be regarded as combatants. Two categories of volunteers are distinguished, viz. those that have united with the regular army and those that have not done so, with the result that the latter must fulfil the four conditions set down in Article 30. Under Article 32 an officer or a civilian in authority can command the volunteers as someone who is responsible for his subordinates. Articles 33, 34 and 35 relate to the distinctive sign, carrying arms openly and the observance of the law of war, respectively.

Article 36 is identical with Article 2 of the Hague Regulations and deals with the levy en masse. Two inferences may be drawn from this Article, viz.

1. that no belligerent State is entitled to declare that it will look upon persons taking part in a levy en masse as criminals (Art. 37);
2. that if the inhabitants of a territory not yet occupied have the right to resist the enemy under certain conditions, it may conversely be reasoned that the inhabitants of an occupied territory do not have that right; if the latter do take up arms against the enemy, they cannot acquire the privileges of being held as prisoners of war (Art. 39).

The status of prisoners must be decided on by legal process (Art. 40). Summary executions are unlawful.

On 18 July 1956 the Department of the Army published a Field Manual under No. 27-10 to replace the edition of 1 October 1940. In Chapter I (paragraph 7 of section 1) it is stated that the law-making treaties regarding the conduct of warfare are only formally binding on the countries that have ratified these treaties or have acceded to them. Materially, however, international public opinion views the rules embodied in these treaties as generally accepted principles of the law of war:

“ For these reasons the treaty provisions quoted herein will be strictly observed and enforced by United States forces without regard to whether they are legally binding upon this country ”.

In Chapter 3 (paragraph 60 of section 1) two categories of enemy inhabitants are distinguished, viz. members of the armed forces (“ persons entitled to treatment as prisoners of war upon capture ”) and the civilian population. Both categories have clearly defined rights and obligations. One cannot belong to both categories at the same time.

The text of Article 4 (cited above) of the Convention relative to the Treatment of Prisoners of War is given in full in paragraph 61 (“ Prisoners of War defined ”). It enumerates the persons who will be regarded as prisoners of war when captured. In Article 70 it is expressly stated that this enumeration is not exhaustive (“ . . . and does not preclude affording prisoner-of-war status to persons who would otherwise be subject to less favourable treatment ”). Paragraph 64 of Chapter 3 deals at length with the four conditions to be fulfilled by members of militias and volunteer corps. The status of captured persons will have to be decided on by a “ competent tribunal ”. According to paragraph 71 of section 1 a competent tribunal is:

“ . . . a board of not less than three officers acting according to such procedure as may be prescribed for tribunals of this nature ”.

If a competent tribunal rules that certain captured persons are not prisoners of war, they are regarded as “ protected persons ”

within the meaning of Article 4 of the Convention relative to the Protection of Civilian Persons in Time of War of 12 August 1949, viz.

“ . . . those who, at a given moment and in any manner whatsoever find themselves, in case of a conflict or occupation, in the hands of a Party to the conflict or Occupying Power of which they are not nationals ”.

The text of Article 3 (quoted above) which occurs in all four Geneva Conventions of 1949 concerning an armed conflict not of an international character occurring in the territory of one of the High Contracting Parties is given in full in paragraph 11 (chapter 1, section 1) under the heading “ Civil War ”.

\* \* \*

It seemed useful to examine a number of military manuals in this study, because they reflect official views on the position of members of resistance movements under international law. The inference to be drawn from these manuals is that members of resistance movements may only be regarded as privileged combatants under certain conditions. If they are not privileged combatants, they still have certain rights. One is that they may not be punished without a trial. Their status must be decided on by a tribunal.

*(To be continued).*

Dr. W. J. FORD

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## Recognition of the Mali Red Cross Society

GENEVA, SEPTEMBER 14, 1967

*Circular No. 469*

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

LADIES AND GENTLEMEN,

We have the honour to inform you that the International Committee of the Red Cross gave official recognition on September 14, 1967, to the Red Cross of Mali.

The new Society, founded in 1964, held its General Constitutive Assembly on August 19, 1965. On October 22 of that year, the Mali Red Cross made application for recognition by the International Committee of the Red Cross. The application was accompanied by the Society's Statutes.

The Government Decree recognizing the Mali Red Cross as an association of public service, together with the new Society's annual report, were received by the International Committee during the course of the year 1966. The list of members of the Central Committee reached us in June 1967.

Study of these documents, made jointly with the Secretariat of the League of Red Cross Societies, has shown that the ten conditions for the recognition of a new National Society have been duly fulfilled.

This recognition, which the International Committee of the Red Cross has pleasure in announcing to you, brings to 109 the number of member Societies of the International Red Cross.

The Mali Red Cross, recognized as a Voluntary Aid Society, auxiliary to the public authorities, is the sole National Red Cross Society in the State. Since its foundation, the Mali Red Cross has set on foot an efficient organization which appears to be in a position to face the tasks incumbent on a National Society. Committees have been installed in the chief town of each of the six principal regions of the country and a great effort has been made to establish local committees in every sphere of administration. During the course of the past two years, the Mali Red Cross has concerned itself in particular with Mali nationals expelled from Congo-Kinshasa and the homeless as a result of serious floods.

As regards the Society's regular activities these consist notably of the training of first-aiders (more than 300 were trained in 1966) and blood collection for hospitals.

The Mali Red Cross is placed under the supreme authority of a General Assembly. Direction and administration of the Society are entrusted to a Central Committee consisting of 24 members. A directing committee of 9 members exercises all the powers which may be delegated to it by the Central Committee. The President of the Mali Red Cross is Dr. Sominé Dolo, Minister of Health and Social Affairs. The headquarters of the Society is at Koulouba, near Bamako.

The instrument of accession of the Republic of Mali to the Geneva Conventions of 1949 was deposited with the Swiss authorities on May 24, 1965.

The International Committee of the Red Cross has great pleasure in welcoming the Red Cross of Mali into the International Red Cross and accrediting it, by this circular, to all other National Societies. It expresses its best wishes for its future and for the success of its humanitarian work.

FOR THE INTERNATIONAL COMMITTEE  
OF THE RED CROSS:

**Samuel A. GONARD**

*President*

## EXTERNAL ACTIVITIES

Near East<sup>1</sup>

The ICRC's humanitarian activity continued in September 1967 in widely varying fields, as can be seen from the following news report.<sup>2</sup>

*Repatriation of Jordanian Refugees.*—By August 31, 14,008 Jordanians had been repatriated. Some 7,000 whose applications to return were accepted but who were unable to reach the western bank of the Jordan before expiry of the time-limit are the subject of ICRC discussions with both governments with a view to their crossing the river as soon as possible.

The International Committee of the Red Cross has been informed by its delegation in the Middle East that the remaining Jordanian refugees who had received permission before August 31 to return home, will be moved to Allenby Bridge as from September 17. This involves some 6000 persons. Repatriation will take place each Tuesday, Thursday and Sunday until the operation is terminated.

*Repatriation of Egyptian internees.*—The ICRC looked after the transfer of 361 Egyptians interned at El Arish and who were released at Qantara where they were able to cross to the western bank of the Suez Canal.

300 of these people were former civil servants in Gaza; their wives and children had been repatriated a month previously together with 28 former employees of the United Nations Emergency Force.

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<sup>1</sup> *Plates.* An ICRC delegate supervising milk-powder distribution to Syrian refugees.

Red Cross helps Jordan refugees across the River Jordan.

<sup>2</sup> In the July, August and September 1967 issues of the *International Review* we gave general accounts of the ICRC mission in the Near East since the outbreak of hostilities.

*Release of interned Algerians in Israel.*—At the request of the Arab League, the ICRC delegation in Israel visited 42 interned civilian Algerians. It observed that they were treated humanely. A report on the visit has been sent to the Detaining Power and to the Power of origin. The Arab League has also been informed.

On September 7, these 42 internees were transferred to Jordan across the Allenby bridge under ICRC control.

All these 42 Algerians returned to Algeria via Cairo.

*Jewish minority in the UAR.*—The ICRC delegation in Cairo has received authorization to visit interned stateless Jews. These internees may also receive visits, mail, parcels and cash remittances from their families.

*ICRC delegation in Israel.*—The ICRC delegation in Israel is carrying on its activities with government agreement. It is particularly concerned for civilians in occupied territory in Syria, Jordan and in the Sinai peninsula. Transmission of family messages, reuniting of dispersed families, assistance to refugees and other victims of the conflict, are all regular duties.

In addition, these delegates have free access to the Atlith camp to visit the 4000 or so Egyptian officers and soldiers still detained there.

*Refugees and assistance.*—As winter is approaching, the ICRC is anxious for the welfare of refugees who receive no assistance from UNWRA.

The ICRC, the League of Red Cross Societies and the governments concerned will agree on arrangements to provide these refugees with additional assistance covering all their needs.

## Nigeria <sup>1</sup>

Dr. Guido Piderman, doctor-delegate of the ICRC, has ended his mission in Nigeria by a round of visits to Federation hospitals near the fighting areas. As a result of his observations and the

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<sup>1</sup> *Plates.* At Kaduna Airport: ICRC delegates with a Nigerian Red Cross representative.

Red Cross Youth help to unload relief material from Nordic countries.

evolution of military operations; the medical team, working since the end of July at the hospital at Makurdi, has been transferred to the hospital at Akure, north-west of Benin.

Dr. Piderman, head of the first medical team on Nigerian Federal territory was replaced on September 8 by a Norwegian surgeon, Dr. Kaare Sandnaes.

On September 5, a new medical team consisting of Dr. Edwin Spirgi, Dr. Dieter Thurig, anaesthetist, and a male nurse, together with Mr. Paul Reynard, ICRC delegate, left for the eastern Province. Installed in the missionary hospital at Achi, it has brought medical equipment and first-aid medicines.

The delegates of the ICRC are, respectively, Mr. Paul Reynard for the East Province and Mr. Georg Hoffmann, Delegate-General for Africa, for the Federation.

The ICRC has decided to extend its programme of medical assistance in Nigeria until the end of November.

The ICRC delegates have also the task of ensuring the application of the Geneva Conventions to prisoners and interned civilians. Since the beginning of the conflict in Nigeria, the two belligerent parties have assured the ICRC that they were prepared to observe the provisions of these Conventions.

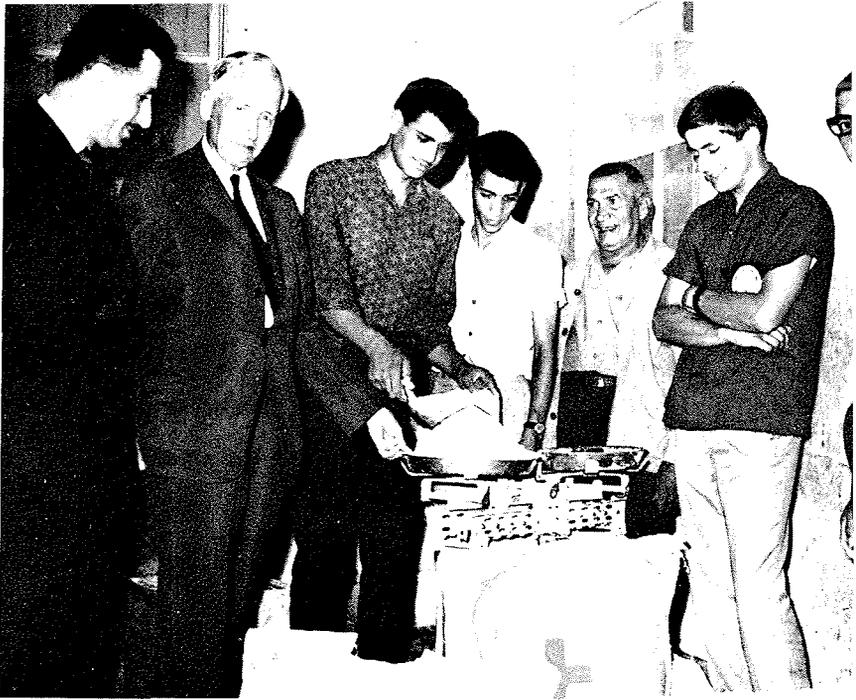
Dr. G. Piderman, in addition to his medical mission, has thus visited several hundred prisoners and civilians interned at Makurdi and in other localities. He also went to the prison at Ogoga.

## **Congo**

Following on the recent events which took place in the Congo, about 30,000 persons, of whom more than half children, fled Bukavu, before the mercenaries' arrival, to Ruanda in the Gyangugu region.

The governments of the Congo and Ruanda, as well as the National Red Cross Societies in those countries, immediately appealed for assistance from the International Committee.

The latter then instructed its temporary representatives in Kinshasa, Mr. Walter Flückiger and Dr. Rudolf Wolfensberger, both members of the Swiss Red Cross medical mission in the Congo, to go to Ruanda to examine the precarious situation of



An ICRC delegate supervising milk-powder distribution to Syrian refugees.

Photopress, Zurich

## NEAR-EAST

Red Cross helps Jordan refugees across the River Jordan.

Photo Albert Flouti, Amman



NIGERIA



At Kaduna Airport: ICRC delegates with a Nigerian Red Cross representative.

Red Cross Youth help to unload relief material from Nordic countries



those refugees. Several other assistance organizations are also attempting to come to the aid of these new victims of the events. The ICRC delegates met their representatives at Kigali.

Following up Mr. Flückiger's proposals, the ICRC has opened a credit account of 20,000 Sw.frs for the local purchase of 1500 blankets.

The Congolese Government has placed a considerable amount of medicines at the disposal of the ICRC delegation. These relief supplies have been flown to Goma, the Congolese airport near Ruanda whence they will be taken to Gyangugu. Two doctors of the "Unité médicale suisse" will be arriving there to set up a medical service in co-operation with personnel already on the spot.

## South Africa

Mr. G. C. Senn, ICRC delegate in Africa, has returned to South Africa to undertake a further series of visits to places of detention. He is accompanied by Dr. Simon Burkhardt who joined him on September 23 in Pretoria.

## Vietnam

In August, two ICRC delegates, Dr. Hernhard von Bornstein and Mr. Dominique Borel, visited detention centres, prisoner of war camps, clearing centres and re-educational centres for civilian detainees in the highlands and the Mekong Delta in the extreme South of the Republic of Vietnam.

## Laos

Persons fleeing from hostilities in Laos are continuing at the rate of about 3000 a month to make their way to the regions controlled by the Royal Government, bordering the Mekong.

The ICRC delegate in Vientiane is helping the National Red Cross Society to distribute such prime necessities as mosquito-nets, matting, milk and medical supplies. In addition, funds are being paid to the presidents of local Laos Red Cross committees to enable them to meet the most urgent needs.

**Yemen**

A medical team of the International Committee of the Red Cross was proceeding under escort on August 26 in the Jawi Ibn Nasir region between Boa and Hazm, when the convoy was ambushed by Bedouins. Mr. Frédéric de Bros, in charge of transmissions, was wounded in the left arm by a bullet, causing an open fracture. Steps were taken to repatriate him and on August 28 he was transported to Jeddah for return to Switzerland.

Mr. de Bros is at present undergoing treatment in hospital at Liestal and his condition is considered to be satisfactory.

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

The Neutral Commission of Experts appointed by the International Committee to examine the cases of victims of pseudo-medical experiments in concentration camps under the Nazi regime, to whom the Government of the Federal Republic of Germany is prepared to pay indemnity, again met at ICRC headquarters on September 15 and 16. The meeting was chaired by Mr. William Lenoir, a judge of the Geneva Court of Justice, and was attended by Dr. Alex Muller, Professor at the Geneva University Faculty of Medicine, Dr. Sylvain Mutrux, Assistant Medical Director of the Bel-Air psychiatric clinic, Mrs. Böde, Dr. Bács and Mr. Pásztor, representing the Hungarian Red Cross and Dr. Götz, representing the Red Cross in the Federal Republic of Germany.

The files of a further 77 Hungarian victims were submitted to the Committee. They had been compiled by the Hungarian Red Cross with co-operation from an ICRC mission consisting of Mr. Jean-Pierre Maunoir, Assistant Director of the ICRC and Dr. Félix Züst, Doctor-Delegate. Eight of the claims were rejected.

**Another accession to the Geneva Conventions**

The Federal Political Department has just informed the International Committee of the Red Cross that the State of Kuwait, in a letter received on September 2, 1967, has announced to the Swiss Federal Council its adherence to the four Geneva Conventions of August 12, 1949.

The accession of the State of Kuwait brings to 116 the number of States explicitly parties to the Geneva Conventions of 1949.

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### RED CROSS WELFARE SERVICES

An invitation to look into the future, drew specialists in Red Cross welfare services of 22 National Societies to a holiday isle near Stockholm. Here, during the IVth Red Cross International Seminar on Welfare Service, they met to predict "the prospective role of the Red Cross welfare service in a rapidly-changing world". Within the main theme of the seminar, they took a closer look at contemporary approaches to the elderly, the mentally, physically and socially handicapped and the recruitment of volunteers. Several visits were organised to institutions representing the newest initiatives in Sweden in these fields.

At the close of the Seminar participants' main requests were long-term ones: for ad hoc working groups, outlines of specialised courses and a guide for the training of those in charge of welfare services.

The Seminar, held 28 May-4th June, was organised jointly by the Swedish Red Cross and the League.

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### Jordan

*The League of Red Cross Societies has published in its review Panorama some information collected by its delegate in Jordan, Mr. El-Kechai, Vice-President of the Algerian Red Crescent, who in this capacity has had considerable experience of these relief operations.*

Tens of thousands of refugees streamed across the Jordan River and settled on the vast stretches of the East Bank, following the recent events.

Except in the Jordan Valley itself, where the greenery and crops indicate the presence of water, most of the land on which the camps

for refugees and displaced persons have been set up is on a plateau several hundred feet above sea level. Devoid of vegetation, the landscape is parched and bare and yellow-ochre in colour. Dust, whipped by the wind into swirling clouds is everywhere. During the day the heat is stifling but the nights are cool.

Gradually all the camps, improvised under extremely difficult material conditions, especially concerning sanitation, are becoming better organised. Water is a key problem and in each one throughout the day innumerable women and children can be seen going to and fro, armed with all kinds of containers, to collect the precious fluid.

On 10 August, the League of Red Cross Societies, in close co-operation with the Jordanian Red Crescent, assumed responsibility for operating nine milk stations for a large number of refugees and displaced persons. In reality these stations have been set up in six camps since two stations had to be installed in three of the camps, in view of the population numbers.

The first milk distribution took place on 13 July at Souf, a camp of 13,000 people to the north of Amman, the Jordanian capital. Biscuits, tinned goods, fruit juice and soap were distributed with the milk. This station has been in operation ever since its opening, as has the station opened 29 July in the camp of Karak (5,000 people), in the south near the Dead Sea.

One after the other, milk stations opened on 5 August in the camps of El Karameh and of Shune, near the Jordan, sheltering 8,000 and 8,500 refugees. In these camps used clothing was handed out during the distributions to particularly needy families. On 6 August an "annex" of the Jordanian Red Crescent was set up in the camp of Wadi-Dhlel (6,700 people) for supplementary distributions of condensed milk and tinned goods.

Finally, on 9 August, milk stations were opened in the camps of Wadi Elyabess and Mâadhi, also situated on the eastern bank of the Jordan. At present the two camps have populations of 8,500 and 8,000 inhabitants but these figures will almost certainly increase as a result of their geographical situation. Many of the refugees want to be near the present frontier of the Jordan, to be on hand for the repatriation to the West Bank.

In all a total of 12,000 to 15,000 milk rations is being distributed daily, in priority to children aged between four to sixteen years.

## IN THE RED CROSS WORLD

In each case distributions are held between 6 a.m. and 9 a.m. the best time of the day for many reasons—because it avoids the heat of the day and because immediately after the milk distributions the handing out of food rations by the camp authorities begins, and often lasts well into the afternoon. Obviously if the first clients are served at 6 a.m. the Red Crescent teams have to start work much earlier to prepare the milk under difficult conditions, principally the lack of light and the need to ensure a certain standard of hygiene.

Thanks to one or two specialists, a number of helpers have been trained in a very short period in the preparation and distribution of the milk. In general each station occupies four to five people, preparing and serving, who have been selected by the camp authorities from among the most energetic and conscientious young men.

In all the camps except one the main problem encountered in the preparation of the milk has been the water supply. Small donkeys are hired to ensure the daily transport of this country's most precious commodity.

The basic food supply for all refugees and displaced persons in the camps is provided by the Jordanian government, the UNRWA, the Save the Children Fund and, at Zizia, by the Red Lion and Sun Society which has taken on the entire responsibility. In general the distributions consist mostly of bread rations, plus, in some camps, rice, potatoes or tinned goods. There is no need to stress how important the Red Crescent—Red Cross milk rations are for the children and young people.

These nine milk stations are supplied by the League directly from its 16 depots in Amman; each one is specialised in a particular kind of supplies or foodstuffs—three places are reserved for instance for stocks of skimmed milk.

The enormous quantities of supplies sent to Jordan from all parts of the world—or at least the Red Cross/Red Crescent gifts—called for a corresponding amount of work in sorting, classifying and listing. It faced League and Red Crescent staff with a tough job lasting several weeks. Thanks to the personnel and volunteers of the Jordanian National Society a veritable and much needed administrative service was set up.

## Switzerland

### Motor coach for Invalids

When the Junior Red Cross makes proposals for activities to be undertaken by its members it should never forget its two essential functions, namely *humanitarian action* and *humanitarian education*. In other words the activities suggested should always be both *useful* and *instructive*. They should be understandable to youth, i.e. they should have tangible, specific and immediate effect. For instance, if first-aid instruction is given to a junior member it should be of such a kind that it will be really practical, at least in a not too distant future if not immediately. It should of course include artificial respiration methods, even if the junior should never be called upon to put them into practice. But besides that, he should be taught to take care of the daily cuts and bruises so that he, or she, will see the obvious and immediate proof of how useful such instruction is.

In addition, if the junior is given the opportunity to take part in a relief campaign it will be essential to assign action suited to him so that he may readily observe the effects of his contribution.

This is obvious, although it is frequently very difficult for those responsible for promoting the Red Cross spirit and principles among youth to apply it. On the other hand, it is often not so obvious to those whose main concern is effectiveness and who sometimes tend to "use" juniors in actions designed for adults.

This was the idea behind the suggestion made in 1963 to Swiss school children—in the course of several school programmes on the radio—to find the necessary means for the construction of a motor coach for the disabled, to be handed over to the Swiss Red Cross for operation, on the occasion of its Centenary celebration.

As a consequence, the pupils of some 5,000 classrooms in our country contrived to find the necessary funds. Individually and

collectively our school children summoned their imagination and redoubled their efforts and enterprise.

It was not just a question of asking their parents for money, but of earning money themselves. As a result, 600,000 francs was collected and enabled a fine powerful motor coach not only to be built according to special plans for the conveyance of invalids, but also to ensure operation for several years.

In the actual construction work on the vehicle, the technical service of the postal authorities gave its advice and, on behalf of the Swiss Red Cross, negotiated with the manufacturers. But assistance from the postal authorities was not restricted to the construction phase. For the operation of the coach it has made available the facilities of its garages and regional technical services. Garaging, maintenance or repair work can thus be provided wherever the coach may be.

Passengers unable to board the coach themselves are lifted aboard by special gear at the back of the vehicle. Depending on whether the passengers are recumbent or sitting, the coach can take from 15 to 25 specially designed wheel-chairs, made fast in a rack on the floor. The coach is fitted with special shock-absorbers for the maximum comfort of the passengers. The windows are wide and high to enable even recumbent passengers to have a good view. The coach has a wash-basin and a stewardess looks after the passengers.

The coach operates nine months out of twelve and goes from region to region according to the demand from regional sections of the Swiss Red Cross which offer their services to homes for the disabled and the aged, for whom the coach provides an opportunity to relieve their confinement which sometimes lasts for years. This prospect alone gives enormous pleasure, apart from the joy of the excursion itself, which does not necessarily have to be very long: it is sufficient that it provide a change of scene, the opportunity to return to familiar places and also the possibility of meeting companions in misfortune. But it also furnishes the opportunity—and this is where the Junior Red Cross<sup>1</sup> comes in again—of being welcomed on the trip by school children who have organized shows, snacks, and all sorts of kind gestures, in co-operation with teachers,

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<sup>1</sup> *Plate.* Swiss Junior Red Cross: vehicle for the handicapped.



**Junior Red Cross in Switzerland:** Coach for disabled passengers.

Photo Hans Schlegel, Berr

**Junior Red Crescent in Turkey:** Games at the Çamkoru youth camp.



or who merely line the route to wave a friendly greeting to the passengers.

This is a salutary experience for our junior members. They see the suffering but they also see the joy and gratitude in faces worn by age or in the eyes of a boy or girl of their own age who is a prisoner of a wheel-chair. They see what can be accomplished with " their " motor coach. They realize then that their efforts have not been in vain, not become indistinguishable in the mass of Red Cross work; their efforts have taken form, tangible, visible and beneficent. They realize that their action is in keeping with the byword of the Junior Red Cross: Service.

Jean PASCALIS  
Assistant Secretary-General  
of the Swiss Red Cross

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## Turkey

*The XXth International Conference of the Red Cross, as we know, gratefully accepted the invitation of the Turkish Red Crescent to hold the next International Conference in its country. This will take place in Istanbul in 1969. With this in view we therefore have pleasure in publishing this article kindly sent us by Mr. Nihat Asar. It will complete the information which the International Review recently published on the varied and most effective work carried out in Turkey by the National Society.<sup>1</sup>*

The Turkish Red Crescent has been in the service of humanity for over a century. Symbol of social assistance and humanitarian mutual aid, it has not ceased since its foundation to help, in time of peace and in war, the victims of disasters and all who suffer.

It was founded in 1868 under the name of " The Ottoman Society of Aid to the Wounded " by Dr. Abdullah Bey, Dr. Kirmli

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<sup>1</sup> See *International Review*, April 1966.

## IN THE RED CROSS WORLD

Aziz Bey, Dr. Marko Pasha and the commander in chief of the Ottoman armies, Ömer Pasha. The Act of Foundation was signed on June 11, 1868, the ICRC in Geneva and sister societies being then duly apprised.

It changed its name on two occasions. On April 14, 1877 it became the "Society of the Ottoman Red Crescent". Finally, in 1923 it was called, as it is today, the "Turkish Red Crescent Society".

After the proclamation of the Constitution on July 23, 1908, the Society became considerably more active and on April 21, 1911, the first Women's Committee was created. Several years later, on September 13, 1925, its central committee was transferred from Istanbul to Ankara.

During the war in Tripolitania, the Red Crescent successfully directed the hospitals at Giryan, Humus and Bengazi. During the Balkan war, the First World War and the War of Turkish Independence, it rendered immense services to the wounded and generally speaking to the victims of conflict.

It is actively occupied in resolving the country's medical problems and has taken part in the campaign led by the government against contagious diseases.

Furthermore, it is always ready to aid the victims of disasters throughout the world and to intervene in the alleviation of their suffering.

The Society has 635 sections installed in various parts of the country and possesses seven blood transfusion centres, a nursing school, several youth camps,<sup>1</sup> first-aid posts, central warehouses and transit centres. It also interests itself in welfare and medico-social questions. With its first-aid courses, volunteers, home care services, infant health centres, it can count on a large number of people working under the sign of the red crescent.

Students in poor health and who are without resources are able to stay in summer camps beside the sea or in the mountains where they can rest and prepare their future membership of the Society.

In addition to the six blood transfusion centres in operation, a new centre has just been established in the Province of Zonguldak.

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<sup>1</sup> *Plate.* Turkish Junior Red Crescent: games in camp at Çamkoru.

## IN THE RED CROSS WORLD

A laboratory has been set up for the manufacture of blood derivative products. The information given and recommendations made by specialists of the Swiss Red Cross were most useful in its establishment.

During the Indo-Pakistani conflict and also in Cyprus, the Society, in order to aid the victims, immediately sent doctors, nurses, medicines, food and surgical instruments to the spot. During the earthquake which took place in 1966 in the eastern Turkish provinces, the Society intervened successfully and was able to count on help from neighbouring countries and many Red Cross, Red Crescent and the Red Lion and Sun Societies.

We hope that all mankind will one day be able to live in peace thanks to the efforts of one hundred and six National Societies, several of whom have been in existence for a hundred years.

**Nihat ASAR**

Deputy Director-General  
of the Turkish Red Crescent

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

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## LATIN AMERICAN PROBLEMS

*The 8th Inter-American Red Cross Conference showed, even more than previous ones, the extent and urgency of demographic, social and health problems facing Central and South America. However, it also demonstrated the progress made by our movement in that part of the world. This is therefore cause for encouragement and Mr. H. Beer, Secretary-General of the League wrote in this connection: "In the field of health education and training of medical and para-medical personnel, which is of such great importance in the rural areas of Latin America, Bogotá represents a great step forward".<sup>1</sup>*

*Other institutions, however, have also intervened in those countries to bring the necessary aid. This is the case of the United Nations Children's Fund (UNICEF) which devoted a special number of its review to Latin America.<sup>2</sup> We give some extracts of this likely to interest the Red Cross world.*

*Furthermore, various contributors to that Review insist on the present need for fighting against sickness and malnutrition and for developing the health services. The Inter-American Seminar on Junior Red Cross and Health Education which met in Quito in November 1966 had similar preoccupations, one of the items on the agenda being precisely that of Junior Red Cross and health education in schools and the community.<sup>1</sup> One of the resolutions it adopted dealt with the creation of crash courses for youths wishing to make a career in health protection and social welfare.*

*This is how Mr. Eduardo Frei, President of the Republic of Chile defined the problems and responsibilities of Latin America to be faced in the future:*

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<sup>1</sup> See *International Review*, February 1967.

<sup>2</sup> *UNICEF News*, New York, April 1967, No. 43.

We believe that the time has come when the problems and requirements of children and youth must be considered in relation to development programing. In Latin America, development has become a crying need. Its objectives can be described or quantified in terms of average per capita income; industrial and agricultural production; ratios between the number of inhabitants and the number of medical practitioners, schools, housing units, highways and so forth; or other familiar indicators. But the basic essential is still the Latin American peoples' realization of their present position, and their will to assume responsibility for their own destiny. This self-awareness is the starting-point for the mobilization of their creative energies. The process of economic growth will inevitably force us to cope with certain universal developments. The introduction of the more advanced technologies into the Latin American countries is one of the questions that must be tackled quickly and on a broad front. This gives rise to cultural, social and economic problems which we shall have to solve if we are not to linger on the fringes of progress or become a society which, although more prosperous, is equally dependent upon factors beyond its control . . .

Latin America has vast natural resources at its disposal. Financial resources, although in short supply, can be obtained. But neither will be turned to account if the trained men that can organize and apply them are wanting. We must make the necessary effort to build up the cadres of scientists, professionals, technicians and skilled workers without whom there can be no development in the fullest sense of the term, since it is conditional upon the quality of the human resources available . . .

The world population explosion, as reflected in the striking expansion of the younger age groups in the Latin American countries, constitutes a forcible reminder that the incorporation of their peoples in the process of constructing a new society depends in essence on the rising generations. They must be brought up to take the risks and accept the responsibilities implicit in the launching of national development activities in all fields: in economic affairs; in production; in the organization of the community; in the establishment of new cultural patterns which will breed a modern

## MISCELLANEOUS

attitude of mind, adapted to the changing conditions of our civilization.

*Some figures will show the rapid population explosion to which the President of Chile referred :*

The population of Latin America is growing faster than that of any other major region in the world. Growth rate for the entire area is 2.7 per cent, but in individual countries the population growth rates range from 1.5 per cent to 3.5 per cent. Half of the 250 million people in Latin America are under 18 years of age. And this " young " population keeps getting younger as it gets bigger. By the end of this century, demographers expect the region's population to be tripled, at the least. The impact of the population explosion is strongest in those sectors of Latin American society that suffer most from the ancient ills of poverty, disease, malnutrition and ignorance.

*Difficulties have increased, but as Mr. Jim Breetveld stresses :*

All Latin American governments are formally dedicated to the idea of education for all citizens. In signing the Charter of Punta del Este in 1961, nations of the Alliance for Progress pledged themselves to carry out far-reaching programs to improve the availability and quality of education in the Americas. Enrolment of students and construction of new schools have risen, but not as high as had been expected. The number of children to be educated and the cost of building and equipping schools and training teachers have climbed at an increasingly faster rate in recent years. Few national budgets allot enough money to assure substantial progress in the field of education. The result: stagnation where the need for progress is most urgent.

In 1967, close to 50 per cent of all the people in Latin America are illiterate. Some observers would put the figure much higher. But the grim truth is that the opportunity to obtain even a rudimentary education is still lacking in many Latin American nations. The few schools that are well staffed and adequately equipped are usually concentrated in the great urban centres. Schools are scarce in the rural areas where they are needed the most.

*To him two problems are of equal importance, those of malnutrition and the chronic shortage of drinking water in certain areas. But disease is also a formidable adversary of development:*

Public health problems stemming from diseases seriously hamper a country's development. UNICEF is assisting wide-ranging projects against malaria, tuberculosis, typhus, yaws, diphtheria, syphilis, and other diseases. As part of the general drive to improve public health, UNICEF helps to equip laboratories, schools, training centers, welfare centers, and TB laboratories. UNICEF also trains nurses, midwives, sanitary inspectors, laboratory personnel, and others engaged in the struggle against diseases.

At a special conference on the needs of children and youth in Latin America, held at Santiago, Chile, in 1965, Mr. Henry R. Labouisse, executive director of UNICEF, had this to say about children as future resources:

"We now speak of the development of human resources, in contrast to natural or physical resources. By this, we mean the process of increasing the knowledge, the skills, and the capacity of all people in a society. In economic terms it could be described as the accumulation of human capital and its effective investment in the development of an economy. In political terms, it prepares people for adult participation in political processes. From the social point of view, the development of human resources helps people to lead fuller and richer lives . . .

"To lay a proper foundation for all subsequent development, we must start with the child. The thoroughgoing preparation of the oncoming generation as productive adults and constructive citizens requires very substantial expenditure by the family, as well as public investment in health, nutrition, welfare, education and training. All of those aspects are inter-related in the child's total development and consequently cannot be neglected.

"We must not, however, think of human resources development entirely in economic terms. Investment in the development of human beings is quite different, say, from investment in physical capital. Better health or education, in addition to increasing output, are desirable in themselves. The development of human beings is a means to development and, at the same time, the primary goal of development."

## MISCELLANEOUS

*The health services must be developed and Mr. John Balcomb cites the example of Colombia where it is known that the Red Cross is most active in many fields and UNICEF gives technical assistance.*

Compared to many developing countries, Colombia has a fairly high ratio of doctors to inhabitants (one to 2300), but almost a third of the country's 853 municipalities have no permanent health services of any kind. The object of the government's current health plan is to establish a national network of "integrated public health districts", each district serving a population of about 100,000 through a system of health centers and sub-centers and providing both preventive and curative services. So far, 50 of these districts have been established with 274 rural health centers and 225 sub-centers. The health centers have a permanent medical staff, while the sub-centers are staffed by auxiliaries, with a physician in attendance two or three times a week. The integrated public health districts now cover about 42 per cent of the country's population, and three or four new districts are being established every year.

UNICEF assistance to this project covers supplies and equipment for health centers, laboratories, and immunization services; medical kits for nurses and midwives; teaching equipment and stipends for the training of personnel; and vehicles to enable doctors and nurses to reach outlying districts. UNICEF also provides well-drilling equipment, pumps, and chlorinators for the program's important "environmental sanitation" component. WHO, on its part, provides technical advice and the services of internationally recruited experts.

*In the face of such a complete and rapid transformation in Latin America, the Red Cross is called upon to play an increasingly important rôle especially as regards health.*

*In time of peace as during internal conflicts it must be prepared by its national and international bodies to demonstrate the durability of human values.*

## INTERNATIONAL MEDICAL LAW

*In a previous number we published papers submitted to the Journée d'études de droit international médical which took place in Liège and of which we gave an account. It was concerned with the dissemination of humanitarian law. Below we give a translation of a study submitted to the same meeting by Mr. Marcel Fontaine, Dr. of Law, entitled: L'enseignement supérieur du droit international médical (Higher Education in International Medical Law).*

One of the most effective factors leading to the development and dissemination of international medical law is the teaching of its principles and provisions in civilian and military higher education establishments.

International medical law has all the requirements of a subject for systematic scientific teaching. As the body of international law regulations applicable to doctors, medical personnel, the wounded and the sick, it is a well defined sector of the law of nations. Many and important international agreements confer on it a stage of development more advanced than that of any other branch of international law.

The provisions of international medical law are of two types: some relate to time of peace, others to time of war. To the extent that the latter type of provisions coincides with international humanitarian law<sup>1</sup>, countries which have signed the Geneva Con-

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<sup>1</sup> We have defined *international medical law* as the body of international law regulations applicable to doctors, medical personnel, the wounded and the sick. *International humanitarian law* is construed by us to mean the whole body of international law regulations affecting persons in distress. These two branches have much in common, such as the provisions of the Geneva Conventions relating to the wounded and the sick. International medical law does however have a field of its own, which covers, for example, the legal status of medicine internationally, whilst the status of prisoners of war or civilian populations in time of war, apart from such considerations as hygiene, health and the exercise of the medical profession, come within the scope of international humanitarian law.

## MISCELLANEOUS

ventions are under a legal obligation to give teaching courses on them. This applies to almost every nation in the world. The four Geneva Conventions (article 47 of the 1st, 48 of the 2nd, 127 of the 3rd and 144 of the 4th), provide that signatory States shall " include the study thereof in the programmes of military and, if possible, civilian instruction . . .".

Some progress has been made, but strikingly little. We shall revert to it later. It is no exaggeration to say that, even now, 18 years after the signing of the 1949 Conventions, no scientific effort to teach this branch of international law has gone beyond the chrysalis stage. This is to be regretted. It is a serious shortcoming in universities and in military colleges, for an army whose officers have but a vague acquaintance with the Geneva Conventions can hardly be expected to observe the humanitarian principles strictly.

International humanitarian law should be taught in military medical colleges, for some of the most important principles of the Geneva Conventions are of concern to medical personnel in the exercise of their mission. Systematic teaching should also be given in all officers training colleges, for in the event of conflict officers must decide on the treatment to be given to the wounded, to prisoners, and to civilians.

International humanitarian law, as a branch of the law of nations, should naturally have a place in the curriculum of the law and medical faculties of universities, for which it has a twofold interest. For its sociological interest, the law of Geneva should be taught to students whose ambition is to accede to the ranks of leadership in their country and thus influence considerably their fellow citizens. In addition, it is of scientific interest, for seminars on international humanitarian law would give added impetus to the study of legislative provisions thus bringing out clearly how they are applied and where there is room for improvement.

Wide dissemination of knowledge on the peace-time application of international medical law is not perhaps such an imperative necessity, but these legal rules are a natural corollary to international humanitarian law and would appear essential for any doctor intending to play fully his rôle in the world today, in which events are more and more connected with the international scene.

Interest in scientific teaching of international medical law is not

entirely unrecognized. At several of its meetings, the *Office international de Documentation de Médecine militaire* has stressed the importance of teaching international medical law with a view to disseminating knowledge on the Geneva Conventions. This was particularly the case at the 1955 meeting in Istanbul and the 1959 meeting in Paris. The XVIIth International Congress of *Médecine militaire*, at Caracas in 1963, proposed that university authorities in all countries be requested to include the Red Cross principles as a subject for study.

As early as March 15, 1949, the *Académie nationale de Médecine de Paris* recommended that in time of peace and of war the exercise of the medical profession should be subject to a compulsory code of ethics to be drawn up by some international medical organization, and that courses on this code should be statutory in all medical faculties and schools throughout the world.

Apart from any question of the framing of such an international code of ethics, there already exists a vast body of international medical law providing sufficient matter for teaching and research programmes. The peace-time provisions of international medical law include sections on the international organization of medicine, particularly the World Health Organization and the World Medical Association, their scope and achievements, the study of international health regulations such as those drawn up by the Council of Europe, international agreements on social security and working conditions, narcotics control and pollution of the seas.

The war-time provisions of international medical law are based mainly on the 1949 Geneva Conventions, which themselves provide sufficient matter for study. Apart from any exposition of the Geneva Conventions, their application to the ever-increasing number of non-international conflicts and to any nuclear war which might break out, provide legal experts with two very serious subjects for consideration. Even conventional warfare makes it necessary for legal experts to exert themselves to improve on the 1949 Conventions. As an example we might mention the problem raised by the utilization of aircraft for medical purposes, the present regulations for which are quite impracticable. In addition, what can be done to ensure respect for the Conventions by the United Nations Forces?

## MISCELLANEOUS

These and many other questions are being studied thoroughly by such organizations as the International Committee of the Red Cross, the International Committee of Military Medicine and Pharmacy, the *Commission médico-juridique de Monaco*, National Societies of International Medical Law, the *Centre d'Etudes de Droit international médical*, the International Law Commission of the International Law Association, etc. It is not difficult to see how their efforts would be assisted by the development of international medical law seminars in the higher educational establishment of various countries.

Some measures to this effect have already been taken; that they are few in number makes all the more praiseworthy the efforts of their promoters.

It was the college of Military Medicine in Florence which first, in April 1949, appointed Physician-General voncken, Secretary-General of the International Committee of Military Medicine and Pharmacy and Chairman of the International Medical Law Commission of the International Law Association, to give a course of five lessons on the history and principles of international medical ethics.

On December 10, 1949, the Dean of the Faculty of Law of the University of Aix-Marseille, supported by the University Board of Governors, asked that the Faculty of Medicine take the initiative by organizing public conferences for a year on the international legal status of medicine and the medical profession in time of peace and of war. These conferences were given by Professor P. de La Pradelle.

In 1951, the *Bordeaux Ecole de Santé navale* also decided to give courses on international medical law, the first of which was entrusted to Physician-General voncken.

At about the same time chairs in international medical law were created at the military colleges of Mexico and Havana, then later at the Turkish Academy of Military Medicine at Gülhane. *L'Ecole d'application du Service de Santé*, in the Val-de-Grâce in France, has also organized conferences on international medical law. In the Federal Republic of Germany, international humanitarian law is taught in the Bundeswehr schools by professors of law. German

officer cadets must follow a 15 hour course on the Geneva Conventions.

The Faculties of Law and Medicine of the University of Bordeaux have had a chair in international medical law since 1952; the incumbent is a legal expert, Professor Auby. This chair was created pursuant to a ministerial decree of January 20, 1952 and a decision by the University Board on February 8, 1952. Although optional, Professor Auby's courses are well attended and have prompted several medical students to submit theses on international medical law. The course covers completely the subject of international medical law in time of peace and of war.

The refresher courses for young medical officers at Macolin (Switzerland) in 1959, Florence in 1962, and Madrid in 1965, on the initiative of the International Committee of Military Medicine and Pharmacy, included several papers dealing with various aspects of humanitarian law.

At the University of Louvain, Professor Renaer devotes a large part of his course on international medical law to medical ethics.

The Faculty of Law of the University of Geneva recently appointed Mr. Jean Pictet, one of the outstanding specialists in this field, to give regular courses on humanitarian law. A report submitted by the ICRC to the XXth International Conference of the Red Cross, mentioned a seminar on the Geneva Conventions at the Faculty of Political Science of the National University of Colombia, and also plans for courses in various American universities sponsored by the American Bar Association. The University of Pristina, in Yugoslavia, also gives courses in international medical law.

This list is undoubtedly not complete; we hope so. Much has still to be done. Most universities do not have chairs in international humanitarian law. In too many countries military colleges do not give the Geneva Conventions the place they deserve in their programmes.

The first task is to overcome the ignorance or indifference which prevails in certain circles and to bring about the necessary awakening of conscience. Once this obstacle is crossed, it may be presumed that a number of practical problems connected with the organizing of courses on international medical law in universities will have to be solved. The creation of a new chair requires administrative

authorization; it may set a budgetary problem. As things stand at present courses on international medical law would probably be optional and therefore reach only a small proportion of students.

For this reason it may well be more practical in certain cases to advocate the inclusion of international medical law in already existing courses for students as a whole. In the Faculty of Law, the courses on international public law would normally embody the subject of international medical law. In Medical Faculties, international medical law could be included in the study of medical ethics, but it should be stressed that these rules of international law go beyond those of professional ethics.

The inclusion of international medical law into existing courses should not of course be restricted to a few brief allusions. The scientific and humanitarian importance of the subject deserves to be considered a major section of courses on public international law, on the same footing as medical ethics. It could be the subject of seminars, examinations, monographs or theses for a doctor's degree.

If this limited objective could be achieved to some extent, international medical law would progress to a new phase of development with great promise for the future of the humanitarian cause.

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## A MODERN HOSPITAL

*According to modern theories, a hospital should be better integrated in the community than was previously the case. Vast buildings with forbidding exteriors now give way to more human, more personal constructions. A recent article alludes to this and indicates the main outline of a master plan.<sup>1</sup>*

*We think it to be of interest to reproduce some passages of this text. In fact, medicine is developing so fast that many hospitals which have*

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<sup>1</sup> See *WHO Chronicle*, World Health Organisation, Geneva, 1967, No. 5.

*barely been constructed are already being outstripped. When drawing up plans, therefore, a forward-looking spirit must be shown and future growth must be taken into account.*

A hospital is now seen as not just a place for treating patients who are too ill to be treated at home but as a part of a comprehensive system of preventive and curative medicine, as a centre for outpatient treatment and home-care services, and as an organization for health education and the training of health workers. No longer an isolated unit, the modern hospital is, ideally, part of a regional network that embraces hospitals of all kinds and sizes, maintaining close and cordial relations with the medical and paramedical services within its area. By means of local clinics and outpatient stations it may reach out even to rural communities.

This concept has profoundly influenced hospital design, the tendency being away from the remote and awe-inspiring hospital block towards a more informal style in which the outpatient and domiciliary care departments merge into the life of the community.

The first consideration in choosing the site for a new hospital must be the convenience of the patients. This demands a central position in the town—a requirement that unfortunately often conflicts with the need for a site large enough to permit future expansion. The latter consideration must not, however, be allowed to override the convenience of the patients. Thus, it is often necessary to accept a certain degree of overcrowding on a central site. This may be considered in terms of plot ratio. A plot ratio of one represents a building complex whose total floor area is equal to the area of the site, so that if the hospital is to be a two-storey structure half the site will be covered with buildings and the other half will be available for open space, access roads, car parks, and so on. A plot ratio of two (total floor area twice that of the site) is the greatest that should be considered for hospital development, even in the centre of a city. The ideal is usually a plot ratio of 0.5 or less. These are, of course, rough guides, and the climate and the general character of the buildings in the neighbourhood must also be taken into account. The site must be free from air pollution from nearby industries, and from insect vectors of disease.

**The master plan.** — The first task of the architect is to prepare a master plan for the site, taking account of foreseeable future developments. The master plan is really an exercise in town planning on a small scale. It is mainly concerned with establishing the circulation routes on the site and the relative disposition of the various departments and buildings that make up the hospital. The circulation routes on the site are of prime importance, and the success of the hospital plan largely depends on getting them right.

A great deal of the internal traffic involves the use of trolleys, and vertical communication therefore depends on lifts, the location of which is one of the main features of hospital planning. It is very much more economical and efficient to concentrate lifts than to distribute them among different parts of a building. Four lifts grouped together will give the same service as eight individual lifts distributed at separate points.

The external traffic on the site is also considerable. Ambulances and delivery vehicles need access to the buildings at various points. Staff and visitors to the patients need car-parking facilities. It is desirable to have access roads to all major sections of the hospital and certainly to all independent buildings, to facilitate the transport of heavy items of equipment and the use of fire engines.

In developing the master plan, zones have to be allotted within the site for each major department of the hospital. These zones should always be large enough to allow each department to expand by additional building while remaining properly connected to the circulation networks. In many old hospitals, in which no provision was made for growth, a necessary addition to a department obstructs some vital artery of communication. The parts of the hospital that are most closely linked to the community should be nearest the main entrance to the site. These include the outpatient and casualty services and the offices administering domiciliary services. Next in order of distance from the entrance should be a zone allotted to the medical service departments, such as the radio-diagnosis and laboratory departments, since these receive a great deal of work directly from the outpatient department and need to be close to it. Beyond this should be the zone allotted to in-patient care. A substantial area is required for the housekeeping and domestic services—stores, laundry, kitchens, and boiler house.

These departments should be independent of the main hospital entrance and are best grouped together round a service yard, to which most of the delivery vehicles will go. Staff housing is preferably placed round the perimeter of the site, with easy access to roads and public transport.

In many climates the orientation of the buildings in relation to sunlight or to the prevailing breeze will determine many aspects of the master plan. Sloping sites may sometimes create difficulties but as often as not they offer planning opportunities, making it possible, for example, to separate different circulation routes on different levels.

**Planning for future change.** — The master plan can provide for a very concentrated building, with multi-storey blocks, or for lower buildings covering a wider area. The first approach will lead to a compact hospital in which the distance from point to point is minimized. This type of hospital has many advantages; it saves staff time and encourages collaboration by making it easy for staff members to meet one another. But it leaves little room for growth. To add to a department on, say, the fifth floor of a block is always difficult, since it means taking over space from some adjoining department and this usually leads to a massive redistribution and reorganization of many departments. The advantages and disadvantages of concentrated and loose structures must be weighed very carefully.

The main factor to be taken into account is the amount of change and growth likely to occur in the various departments. The departments most likely to grow are those dealing with outpatients and the casualty and medical services (particularly the radio-diagnostic services and the laboratories), and these should preferably be housed in comparatively low buildings. On the other hand, the accommodation for in-patients may not need to be extended to any comparable degree, if at all, and may be planned in the form of multi-storey buildings. One of the many practical advantages of such buildings is that the services required on each floor can be conveniently and economically designed—for example, lifts can be installed to deliver food trolleys to the ward serveries on each floor, and the lavatories, bathrooms, and sanitary rooms can be placed one above the other, making use of vertical ducts for plumbing.

## MISCELLANEOUS

Although the total in-patient accommodation may well remain static during the life of the hospital, the size of individual clinical departments will probably change. Such changes can be provided for by designing each floor so that an expanding department can then take over beds from a contracting one without any structural alterations. However, certain in-patient accommodation—the paediatric, maternity, infectious diseases, and psychiatric departments—will require special planning.

**Visual impact of the hospital.** — In the past, hospital authorities and architects have been quite willing to treat the hospital as an imposing monument. Lately, however, architects and town planners have felt some concern about the disruption of the visual scale caused by very massive hospital buildings. Moreover, some hospital authorities have begun to think that a huge, monumental building—a “temple of healing”—is the wrong image for the modern hospital, and that it is preferable to stress its links with the community and its human, personal character.

The modern policy of allowing for growth and change tends to soften the visual impact of the hospital. The parts of it that form its “front door” or “shop window” are the buildings for out-patient care, reception, and emergency care. These will be located nearest to the entrance to the site and may very well be planned as comparatively low buildings in the interest of future growth and flexibility. The more massive buildings for in-patient care will be set back behind them and thus be less awe-inspiring.

Ultimately, it is the architect who determines the image of the hospital. He has the choice of emphasizing individual units or of aiming at a uniform effect. For instance, in designing a ward building, he can vary the façade for each nursing unit or use the same architectural treatment for them all. The latter method produces a powerful and monumental building, the former a more irregular building that will look smaller and more human in scale.

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## BOOKS AND REVIEWS

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**Hospital Nursing Services**, *Boletín de la Oficina sanitaria panamericana*, Washington, Vol. LXIII, No. 1.

Among the main characteristics of hospital nursing services in Latin America are the following: wide variation in quality of services; deficient working conditions; the growing sense of professional responsibility among nursing groups; and the rapidity with which changes are taking place.

Among the changes that warrant most careful study, and whose acceptance requires the most time, is the new orientation of nursing activities in today's hospital—in the four major areas of patient care, supervision, teaching, and administration—which will serve as the basis for the restructuring of functions and will be made possible through the training of various levels of nursing staff.

The first level is that of the nurse, who must be prepared to discharge all four of the above-mentioned activities. At the second level, the "nursing auxiliary" serves under the supervision of the nurse and performs those duties that require lesser scientific knowledge and technical skills in nursing. The third level is that of the aide, who is prepared to perform a limited number of nursing procedures, such as taking a temperature and helping patients in other simple arrangements.

The distribution of nursing staff according to the three levels, and also in accordance with the type of unit—general or specialized—will make possible a better quality service for the money invested. For example, one general hospital has assigned the total nursing staff time in the medical and surgical units as follows: nurses 20 per cent, auxiliaries 50 per cent, and aides 30 per cent.

The training required varies in content, method, and duration according to the level of personnel. Once the type and number of staff needed for a program is determined, plans can then be made for their training. This is an activity that must be given priority in view of the changes that are taking place in the programs and the time required for adjustments.

**Children and peace - Assignment Children**, *Paris, 1967, No. 6.*

The world into which children are born today is one of inequality, intolerance and conflict. The immense majority of children suffer, like adults, from the evils of illness, malnutrition and illiteracy in under-

## BOOKS AND REVIEWS

developed countries; war; discrimination bound up with prejudice concerning race, sex, religion, birth, etc., leading to inferior social and personal status for certain groups: and this situation is to be found in nearly all countries, whatever their stage of development.

One of the most important aspects of our task being to prepare children for life—indeed, for a better life—we must, as a matter of urgency, equip them psychologically and morally to enable them to become responsible citizens of their country and of the world; no time must be lost in sowing in their minds the seeds of that desire for justice and peace, that attitude of respect for others, which alone can save the world of tomorrow.

That is why the accent in this issue is on the education of children as a contribution to world understanding, in a series of articles on the fostering of prejudice in children and on how education, by contrast, can guide the minds of children towards international understanding. Programmes aimed at this objective exist in Australia, Belgium, Brazil, France, India, Japan, Malaysia, Morocco, Thailand and the U.S.A.

### **World Anthology, UNESCO Chronicle, Paris 1967, No. 7-8.**

The UNESCO General Conference, at its fourteenth session, showed itself to be in favour, "in order to strengthen peaceful relations... between peoples", of the Secretariat's co-operating in the preparation of a series of world anthologies consisting of sayings or remarks of well-known writers and has decided that these should be selected and provided by the various national commissions. The Director-General has therefore chosen the theme "The horrors of war" for the anthology which will appear in 1967-68.

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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

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

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

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

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

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

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

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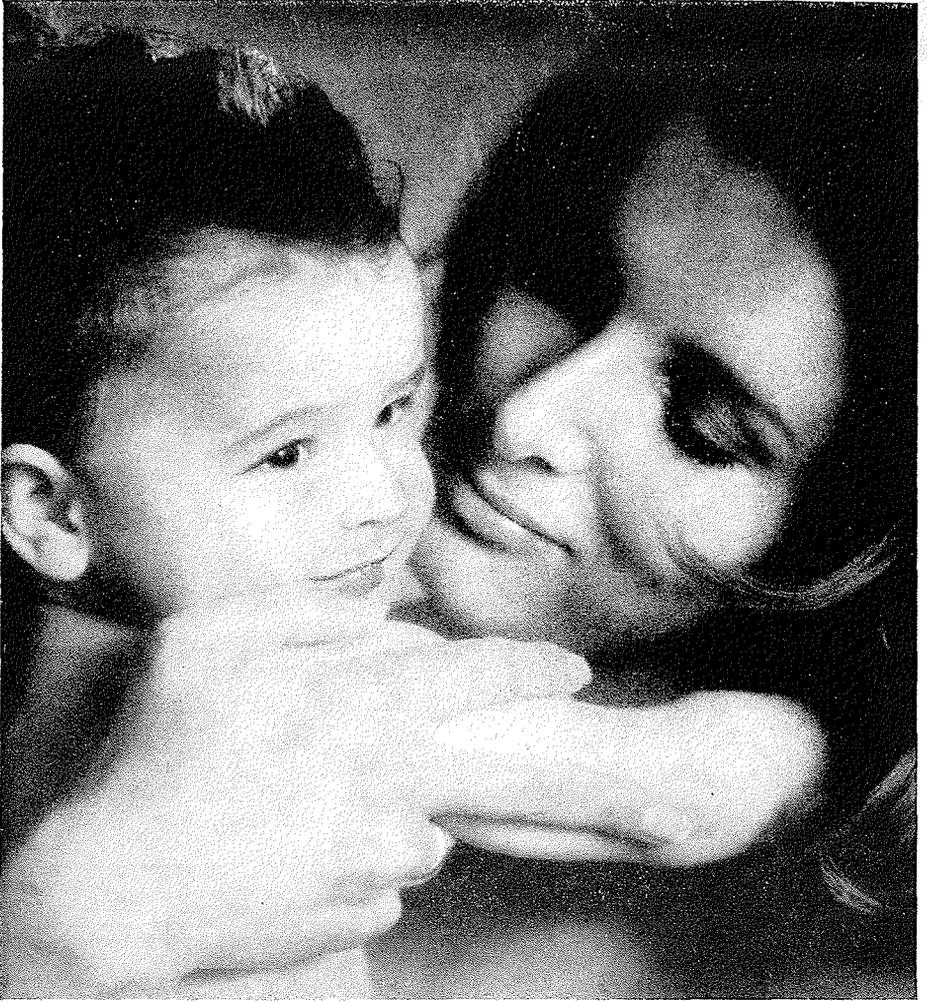
<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “*National Red Cross Societies*” includes the Red Crescent Societies and the Red Lion and Sun Society.

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

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

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

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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Viruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 98, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95, Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.<sup>o</sup> Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggötu 4, *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.

## ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Broad Street, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, *Bamako*.
- MEXICO — Mexican Red Cross, Sinaloa 20. 4º piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2.*
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, Ikoyi, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asuncion*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian Socialist Republic, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hông-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.