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INTERNATIONAL REVIEW OF THE RED CROSS

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THE PROTECTION OF MEDICAL AIRCRAFT
IN TIME OF CONFLICT

by P. de La Pradelle

Last year the International Review *published an article by Général-Major médecin E. Evrard on the legal protection of medical air transports in time of war.*[1] *We now have pleasure in reproducing the text of a preliminary report submitted to the Vth Session of the Medico-Legal Commission of Monaco.*[2] *Indeed, studies must be continued in this sphere in which the provisions of international law are at present inadequate.* (Ed.)

The International Committee of the Red Cross has asked the Medico-Legal Commission of Monaco to prepare draft provisions for the purpose of drawing up, either by revision of the Geneva Conventions or by a special agreement which would be attached to their present texts, a statute of immunity for medical aircraft in time of conflict which is at present inadequately assured and guaranteed by the existing provisions.

This request, which represents for that Commission a token of confidence for the future, coincides with the wishes expressed by a certain number of organizations and writers, who on different occasions have been anxious to place at the disposal of the armed forces' medical services the means, continuously developing, of air transport.

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[1] See *International Review*, July 1966.

[2] This study appeared in the *Annales de droit international médical*, Monaco, 1966, No. 14.

Considered and thought out for many years by military doctors and jurists, amongst whom one should mention Paul des Gouttes who had been Vice-President of the ICRC, the Attorney Charles Louis Julliot and more recently Général médecin Schickele, member of the Medico-Legal Commission of Monaco, the statute on medical aviation according to the letter of the Geneva Conventions has been twice retained but most unsatisfactorily arranged.

In 1929, when the Geneva Convention (known as the Land Convention) was revised at the instigation of the Conference's Secretary-General, Paul des Gouttes who in 1924 had published an essay on the " adaptation of the Geneva Conventions to aerial warfare ", the appearance of aircraft and their employment in safeguarding the wounded and sick in the field was described in an article, hurriedly written and brief, which was far from exhausting the subject and realizing a protective statute.

Article 18 of the Convention of July 27, 1929, for the amelioration of the condition of the wounded and sick in armed forces in the field mentions, without defining their origin (State, private, belligerent or neutral), " aircraft used as means of medical transport ". It lays down their markings and strictly limits their use by prohibiting " in the absence of special and express permission " their flying over the firing line and " generally over all enemy territory or territory occupied by the enemy ". The article also envisages involuntary landing or one imposed by the enemy and the resultant fate reserved to the aircraft and its crew, by restricting itself to placing them under the protection of the Conventions' provisions.

It is evident that the sub-committee charged with drawing up that article adopted a text which was capable of warning belligerents against possible abuses by medical aircraft and not of facilitating their tasks or of developing their employment to the full. No allusion is made in the article to the flight over or access to neutral territory.

From its beginnings, the position of medical aircraft under the Conventions was founded on error, and this was subsequently attacked by General Schickele. Instead of including aircraft amongst any other form of transport vehicle, no doubt moving in a particular element, those responsible for drawing up the article placed it in the

framework of aerial warfare in which, according to his own words, it had no right to be.[1]

In 1929, the Conference had itself admitted the inadequacy of this first attempt at revising the regulation on medical aircraft by inserting in the Final Record the recommendation that " the countries which are parties to the Geneva Conventions should meet in conference at an early date, to draw up detailed regulations governing the use of aircraft for medical purposes in time of war ".

Without going back to the preparatory work which, since the XIVth International Conference of the Red Cross, was to be connected with the implementation of that recommendation it will merely be sufficient to remark [2] that the second official attempt at putting into effect an effective and complete statute on medical aircraft, which should have implemented the promise made in 1929, has resulted in a setback. If the 1929 statute was, as admitted by the Diplomatic Conference, to have merely been a teething stone, the structure erected by the Diplomatic Conference of 1949, originator of the second statute, is far from presenting the desired qualities and from completing the work outlined. Under the appearance of an exhaustive regulation with standard application, the 1949 statute, in fact, presents serious failings.

These gaps and imperfections can be summarized by taking the following points into consideration. These are, in the first place, the *purpose* of the protection to be accorded to medical aircraft, that is to say, the definition of aircraft to be protected, and, secondly, the marking and identification of aircraft. Their conditions of employment must also be considered. This last factor in the statute of medical aircraft is necessarily regulated by the first point, in other words, the treatment of aircraft and their occupants in the event of involuntary or imposed landing, depending on the origin and the assignment of the aircraft concerned.

In various respects, the statute of medical aircraft, drawn up by the 1949 Diplomatic Conference, in spite of its thorough preparation, under the auspices of the International Committee of the Red Cross, presents a certain number of gaps and ambiguities which need filling and clarifying.

[1] See *Revue générale de l'Air*, 1950, p. 848.

[2] See article in *Revue générale de l'Air*, 1949.

1. **The definition of aircraft.**—By describing " medical aircraft exclusively employed for the removal of wounded and for the transport of medical personnel and equipment " article 36 of the First Geneva Convention of 1949 makes use of an ambiguous phrase liable to apply either to *medical aircraft* in the restricted sense of the word, that is to say to aircraft permanently and exclusively assigned to the army medical services, or to designate *operational military aircraft* which could be exceptionally assigned to a temporary medical mission, their normal employment being for purposes of hostilities, notably for the transport of fighting units.

Divergent commentaries which have been made on this paragraph of article 36 tend to accentuate this ambiguity. Some, connecting medical aircraft with hospital ships, tend to restrict application of the text only to the category of aircraft which might be exclusively and permanently assigned to the belligerents' medical services. Others, calling on experience of the last two world wars and subsequent limited conflicts, reserve, on the other hand, definition of the Convention only to aircraft of the armed forces which would thus be liable to serve alternatively for two ends: military operations and transport of the wounded.

Thus, in his study on the legal protection of medical air transports in time of war, Général-Major médecin E. Evrard, raising the question of searching for a realistic statute for medical air transports, does not hesitate to write in a peremptory manner that " medical aircraft do not exist exclusively as such ", but that there is on the other hand the common practice for military air transports developed during the Second World War and the Korean war " of temporarily converting military air transports to medical purposes on their return from missions ". The questions should therefore be raised whether such practice should be confirmed and, if so, a realistic statute for medical aircraft should exclude making similar searches along these lines in forming a medical aircraft park, in the strong sense of the word, which, without condemning the belligerents' practice, would complete it by instituting on a permanent basis for the duration of hostilities a medical air-fleet placed under the control of the belligerents' medical services and which in no case could be used for operations in war.

If such a stationary position can be regarded by its opponents as no longer apposite today, in the light of experience gained in the latest wars, with practical reality, it could however be legally defensible and materially realizable. When supporters of the system of exclusively medical use state that the belligerents, on account of their increasing needs for aerial resources, would never consent to assign, in time of hostilities, a part of their air-park for exclusively medical use, they seem not to take into account a certain number of existing realities. They omit, on the one hand, to take into consideration the future development of civil aviation and more especially passenger transport which will continue to increase in the next decade, either in the form of organized public transport in graded networks on a world level, or as private transport for business or travel which will link and develop inter-town transport from the early days of aviation when no pre-arranged line-flight plans were required.

They also neglect to consider the importance of public and private methods, in liaison with technical advances in aviation, which the *Neutral States* and *International Organizations*, placed by their nature or foundation above conflicts, could be able to make available to belligerents, provided no doubt that they would never be used for military purposes.

Our conclusion on this first weak link in the existing statute will be polyvalent. The definite and precise statute of medical aviation must take into consideration, perhaps as priority, " medical missions " required of operational aircraft of the armed forces. Medical aircraft, especially or exclusively assigned to humanitarian purposes, must furthermore be recognized and widely commissioned.

It is scarcely necessary to say how important we personally consider such recognition and extension of application to be, which in one form or another, either by revision or by an attached protocol, would reinstate the proposals which we submitted to the Geneva Diplomatic Conference, perhaps prematurely in the name of the delegation of Monaco, ably supported by the delegate of Finland. Far from considering, as did the experts in 1947, that the experience of the last war tended to condemn the use of medical aircraft, the Finnish and Monegasque delegates held the view that aviation in conditions of modern warfare offered exceptional

possibilities of ensuring the safety of human lives in peril which the Geneva Conventions obliged to protect. It was therefore urgent to seize the occasion of the Diplomatic Conference of 1949 to implement the recommendations of the Final Record of 1929. The necessity is therefore shown of submitting detailed regulations, for their common purpose, to replace article 29 of the Stockholm draft with the intention of authorizing to the maximum extent the commissioning of medical aircraft on a permanent basis and which would be exclusively assigned to humanitarian missions.

Both Finland and Monaco asked that, independently of public aircraft specially constructed for that purpose which would form a nucleus, private transport, freight or tourist aircraft of the belligerents could be converted, either at the start or during the course of hostilities, into medical aircraft in the strict sense of the term and that neutral private aircraft immobilized for commercial transport, as a result of war, be also offered to the belligerents' army medical services.

The Finland-Monaco amendment submitted to the first Commission (" Wounded and Sick ") on article 29 of the revised Convention of 1929 [1] and then on article 36 of the Maritime Convention [2] were successively rejected. The novelty of such a proposal, lacking adequate preparation, must have had the effect of arousing the mistrust of the majority of delegations who, on the contrary, adopted provisions which evidently had no meaning unless these insisted on solely maintaining the occasional employment for medical purposes of military transport aircraft belonging to operational units. This could also be applied to the rejection, on an amendment submitted by the United States, that aircraft should be painted white as laid down in the 1929 Convention to enable clearer recognition of the protective red cross emblem.

Ambiguity in the definition of article 36 can be dispelled only by firmly adopting the two categories of medical aircraft able to be provided through the increasing growth of air transportation and the disturbing and overwhelming demands of medical missions in time of war, on behalf of military and civilian casualties, which

[1] Final Record of the Diplomatic Conference of Geneva of 1949, vol. II, Section A, p. 85, Sixteenth Meeting, 13 May 1949.

[2] Final Record, vol. II A, p. 89.

will be practically impossible to meet, if aircraft on a large scale are not made available to the medical services.

2. **The marking of aircraft employed for medical purposes.**—A similar ambiguity can be found in the present texts on the question, which is of primary importance, of the marking and identification of aircraft used for medical purposes.

No objection can be made to the Geneva Conventions which stipulate that medical aircraft clearly display on their lower, upper and lateral faces the distinctive protective emblem (red cross, red crescent, red lion and sun). Whatever the development may be in construction techniques and the employment of aircraft and the relativity, according to types of aircraft and the conditions of their use, which methods of recognition on sight may involve, the traditional sign will, in all circumstances, in its use and for belligerents obliged to respect it, preserve a moral symbolic value and the conscious adhesion, in all circumstances, to its maintenance and dissemination. However, it is evident that since the Second World War, guarantees of immunity offered by day by only the visual protective sign at present in force, have shown themselves to be illusionary as regards the new conditions of employing interception aircraft of the armed forces, compelled for tactical reasons to open devastating fire on any unmarked aircraft and presumably suspect once it has been sighted, without putting visual identification into operation and the time involved in doing so would risk being fatal to operational aircraft.

The inadequacy of the traditional emblem and of the sole method of visual identification to ensure the protection of the aircraft against ground or air attack was pointed out at the preparatory Stockholm Conference in August 1948. Article 29, the basis of discussion at the 1949 Diplomatic Conference after referring to the requirements imposed by the historic emblem, added that " they shall be provided with any other markings or means of identification that may be agreed upon between the belligerents upon the outbreak or during the course of hostilities ". To facilitate their identification they would fly " at heights, times and on routes specifically agreed upon between the belligerents concerned ".

If provision was thus made of additional techniques of identification, the means advocated were no less vague and indefinite. Out

of this uncertainty the discussions at the Geneva Conference, held the following year, were to produce a precise but fallacious provision which, under the pretext of seeking efficiency, consisted in transforming the " medical flight plan " into an absolute condition of employment which the Stockholm draft restricted itself to commending in a supplementary capacity.

In Geneva, the system of identification by a flight plan became above all an obligation and, according to the general views of commentators of the 1949 Conventions, the prior agreement between belligerents demanded by the new provisions without discrimination resulted in the impossibility of it being applied.

Since 1949, this shortcoming could be exposed without risk of contradiction. It is sufficient to think of the usual slowness in negotiations between enemies to imagine, in fact, all the difficulties which could be encountered for the conclusion " between all the belligerents concerned " of a prior agreement on either air traffic of a regular character or on occasional traffic by request, not excluding any eventualities in the article suggested in the first part of its amendment [1] by the United Kingdom delegation in Geneva and which was adopted by 14 votes to 1 by the first Committee.[2]

When submitting the Committee's report to the Plenary Assembly confirming this result, Général médecin Lefebvre rightly drew attention to the circumstantial character of that " attempt at improving the distinctive markings on medical aircraft " which, " in the present state of affairs is probably the best calculated to make up for the inadequacy of markings recognizable at sight ". This was an attempt which the rapporteur had shortly before qualified as " a new conception " which had been embodied in the Conventions.[3]

This exigency, however, for the purposes of identification, of a condition impossible to realize has shown itself in fact to be inapplicable and one has the right to ask oneself whether its retention would not indeed prolong an attitude of mistrust towards the humanitarian uses of transport by aircraft. The same Committee which adopted the principle of a plan prior to the temporary

[1] *Final Record of the Diplomatic Conference of Geneva of 1949.* Annex No. 40.

[2] Sixteenth Meeting, Friday 13 May, 1949, *Final Record of the Diplomatic Conference of Geneva of 1949*, vol, II, section A, p. 86.

[3] cf. *Final Record of the Conference*, vol, II, section A, pp. 187 and 197.

opening of medical air routes of all kinds, rejected it for hospital ships on maritime routes . . . " It feared ", reported Général médecin Lefebvre, " that in notifying the enemy of the course they were to follow, this would give valuable information regarding the safety of navigation in certain maritime zones ".[1]

In fact, with the alleged intention of guaranteeing immunity for them by conditions concerning times of flight and altitudes enabling them to be recognized in the air, medical aircraft of all categories are subjected by the Geneva regulation to repressive policing condemning them to inactivity. This was doubtless laid down only for regular operational aircraft, providing the medical services with the means of medical freight facilities on their return journey, after having completed their mission of transporting combatants. A condition of prohibitive exception has thus been substituted for the rule of employment and protection promised in 1929 and attempts at providing safety for medical aircraft operates with a severe restriction on the employment of such aircraft, dependent only on the belligerents' decisions.

This unexpected consequence is all the more regrettable as, by an unusual provision under the Conventions, the hold of the Parties to the conflict over the use of aircraft, either on mission or on medical service, extends to flying over neutral territory, a right which the Diplomatic Conference of Geneva introduced into the 1949 texts. This denotes a certain progress, but the right is only conferred with the permission and under the direct control of the belligerents concerned. These are indeed conditions which, from the point of view of the new provision's effectiveness, are unsatisfactory, whilst from the legal point of view they show unusual misunderstanding of the general rules of public international law, by prescribing the respect for the political independence and territorial integrity of neutral States.

The present article 37 of the First Geneva Convention of 1949 at the end of paragraph 1 contains this inexplicable expression: " They (medical aircraft) will be immune from attack only when flying on routes, at heights and at times specifically agreed upon between the Parties to the conflict and the neutral Powers con-

[1] cf. *Final Record of the Conference*, vol. II, section A, p. 187.

cerned ". This eventual extension of the " medical flight plan " unnecessarily decreases the effectiveness of the system of immunity in force.

Is all hope compromised of improving the distinctive protective markings on aircraft as a result of seeing the failure in making an unbiased examination of this unreal and paradoxical attempt?

A reassuring answer has been given by technicians who had to abandon the unusable " new conception " of recognition based on the medical flight plan in favour of an effective improvement by an immediate and permanent system of identification which, in the conditions of emergency which characterize medical requirements, faced with the rapid development of modern methods of destruction by air-air and ground-air weapons, can alone enable effective application to be made of the principle of immunity accorded by the Geneva Conventions to medical methods of air transport.

It should be for a flying doctor, completely trained, with knowledge based on personal experience and inspired by a feeling of future responsibility, to re-introduce within this context, in humanitarian circles and before public opinion, the classical procedures of the visual identification of medical aircraft by bringing them the indispensable contribution of methods of immediate contact and of very wide range which the excessive limit of modern weapons demands and which is permitted by improved techniques in telecommunications.

Recalling most appositely the reference made in article 36, paragraph 2 of the First Geneva Convention to " any other markings or means of identification " which may be agreed upon between the belligerents, Général-Major médecin E. Evrard advocated [1] the adoption by Conventions concluded already in time of peace of a system of protection of military missions effecting medical evacuations which would add to the affixing of the red cross on military aircraft by electronic and radio-electric equipment enabling the simultaneous recognition and identification of aircraft.

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[1] E. EVRARD, the legal protection of medical air transports in time of war, *Annales de Droit International Médical*, No. 12, 1965, p. 11 and following.

This most interesting study, the essential documentary basis of our files, was the main reason for the International Committee of the Red Cross approaching the Medico-Legal Commission of Monaco.

General Evrard was thus suggesting the international adoption of an audio-visual system of identification and protection which would ensure that medical aircraft, in the wide sense of the term, would avoid the risk of being destroyed by enemy interceptor aircraft by employing either simultaneously or separately the three following categories of identification.

a) *Direct visual methods.*—An electronic system of coloured flashes of frequencies and landings to be arranged for use by aircraft to give direct visual indications of its presence in areas in which there could be risk of interception. This system would be valid for all types of aircraft whatever the altitude in flight. This could also be accompanied for short-range purposes by a system of sound identification, already employed by land ambulances.

b) *Indirect visual methods.*—A secondary radar system of the IFF-SIF (Interrogation Friend or Foe-Selection Identification Feature) type selected by the International Civil Aviation Organization for one of the methods used, in principle method 3A common to civilian and military, would enable operational aircraft or a missile base to make immediate identification on the radar screen at very long distances of humanitarian aircraft.

Such a system which can be expected to be effective to an altitude higher than 3000 ft. would be above all valid for medical transporting by aircraft, but would scarcely be suitable for helicopters. It would be easily observable for interceptor aircraft operating under the control of ground stations or for guided missile bases.

c) *Non-visual radio-electric methods.*—The allocation of wave-lengths in high frequency bands, VHF or UHF, and determined by agreement in the framework of the International Telecommunication Union, to medical aircraft could finally provide a radio-electric method, without special equipment, of instant identification for their immunity. The value of this system has been mentioned however as being very inadequate in practice, as its effective functioning presupposes that all radio sets of the enemy capable of doing damage to medical aircraft are permanently listening-in on the reserved wave-length. This method would also only provide incomplete localization of the flight to be protected.

Whilst maintaining definite reservations on the categorical assertion made at the very beginning of his research by Général-Major médecin Evrard of the impossibility of conceiving the creation and maintenance of aircraft for exclusively medical purposes in time of war, we here wish to pay tribute to the practitioner, doctor and jurist who has succeeded in rousing the attention of the guardians of the Geneva Conventions to the advisability and possibility of effectively revising the present system of identification which condemns medical aircraft to remain grounded. Its immunity can henceforth be technically assured.

Released from the stultifying preliminary flight plan agreed upon by the belligerents concerned, will the medical mission be preserved from any other sort of difficulty?

3. *Conditions for the employment of aircraft.*—The immunity of medical aircraft, identified definitely and beforehand, cannot be guaranteed in all places and circumstances. In operational areas, the presence of medical aircraft, whatever their origin, can raise objections and lead to control measures, going so far as prohibition, whose legality can be disputed with difficulty by those who have drawn up a protective statute inspired by the most liberal intentions.

The present conditions of employment laid down by the Conventions relating on the one hand, as regards flying over territory, to a certain number of prohibitions and in the case of landings, to the authorization of measures of immobilization and restraint, affecting the fate of the aircraft and persons transported therein, vary according to whether such landings are involuntary or enforced.

Drawn up solely for the category practically in use of military aircraft employed at the request of the medical services, the regulation in force should evidently be revised to take into account the diverse origins of the medical airpark whereby an increased and selective commissioning of aircraft, in accordance with the rejected, but not discredited, draft of the Finnish and Monegasque delegations at the 1949 Diplomatic Conference, could be envisaged. It is obvious that aircraft of a relief air fleet, registered and outside all effective nationality in the name of a public or privately recognized international organization cannot, as is the case for aircraft of a Party to a conflict, where aircraft of a neutral State placed under

its control, be abandoned to the discretionary power of the State in which landings take place, which in the circumstances cannot be described as being an enemy power.

The actual text of article 36 of the First Geneva Convention, which certainly does not relate to this last category of aircraft, subjects medical aircraft, under the control of a belligerent in the event of landing, to variable rules according to whether this has been effected involuntarily or under imposed summons. In the latter case, the aircraft with its occupants may continue its flight after examination, if any. Involuntarily landing results in harsh treatment, the injustice of which could well be challenged.

By way of general conclusion and to serve as a basis for discussion, we would propose to take the following directives into consideration.

The development of air transport methods enables and encourages research, already in time of peace, into the complete and polyvalent equipping of medical air resources which will ensure, alongside the services on request, at present carried out by the belligerents' military air transport, the regular and permanent functioning of an aircraft park exclusively reserved for medical missions.

The present definition of medical aircraft is ambiguous and should be given precision.

The designation *medical aircraft* should be reserved for aircraft exclusively and permanently allocated to the medical services under the control of a belligerent State (aircraft of national health services, specially constructed or requisitioned for that purpose, civilian or publicly owned aircraft of neutral States placed under the control of a Party to the conflict), or under the direct control of an international organization (aircraft of inter-governmental organizations and specialized agencies of the United Nations, aircraft of the ICRC).

The employment of medical aircraft and of aircraft on medical missions should be released from the obligation, at present laid down by the Conventions, of a flight plan agreed upon by the belligerents concerned.

Medical aircraft and aircraft on medical missions should, in addition to the distinctive emblem of the Geneva Conventions, be

provided with a permanent system of identification at all times and distances enabling them to have their immunity respected.

Unless a special agreement has been concluded, medical aircraft or those on medical missions will not be able to fly over operational areas, enemy territory or enemy occupied territory. In the event of their flying over a prohibited zone, aircraft will not be the subject of attack but may be summoned to land.

In the event of landing, either involuntary or enforced on the above-mentioned territories, medical aircraft, in the strict sense as defined above, cannot be seized unless these are used by the captor for exclusively medical purposes. Aircraft of international organizations should be handed back to the latter together with their crews.

These are the proposals which seem to us to be capable of giving the most effective realization of the fundamental principle of respect and protection of the victims of war which, since 1864, remains the permanent keystone of the Geneva institution.[1]

Paul de LA PRADELLE
Professor at the Faculty of Law
of Aix-en-Provence
Director of the Institute for
Political Studies, University
of Aix-Marseilles

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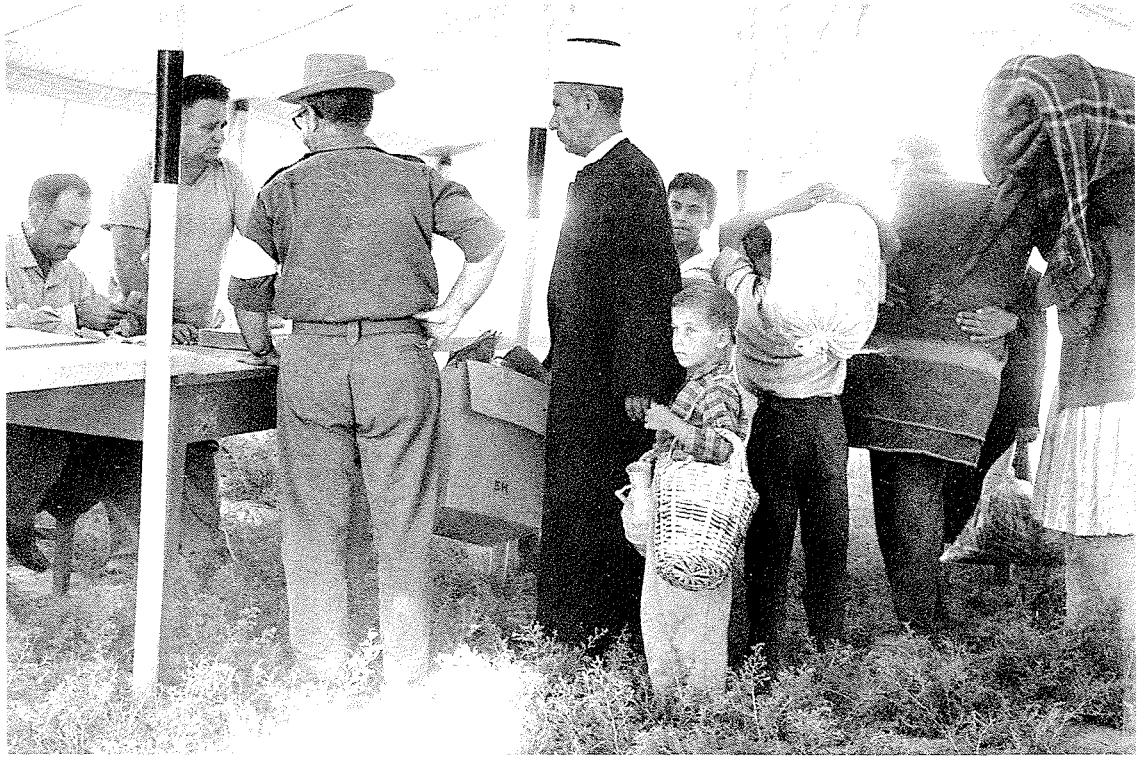
[1] The present report is, in part, based on the results of a Working Party comprising: Général médecin VONCKEN, Professor de LA PRADELLE, Mr. Jean PICTET, Général médecin E. EVRARD and Lieutenant-General (Air) VAN ROLLEGHEM.

During its third meeting the Working Party heard the observations of Mr. PUJADE of the ICAO, Mr. PETIT of the ITU, Mr. BOSSELER, Eurocontrol expert in legal affairs, and Mr. ABELS, Eurocontrol expert in operational air control.

THE REPATRIATION OF REFUGEES

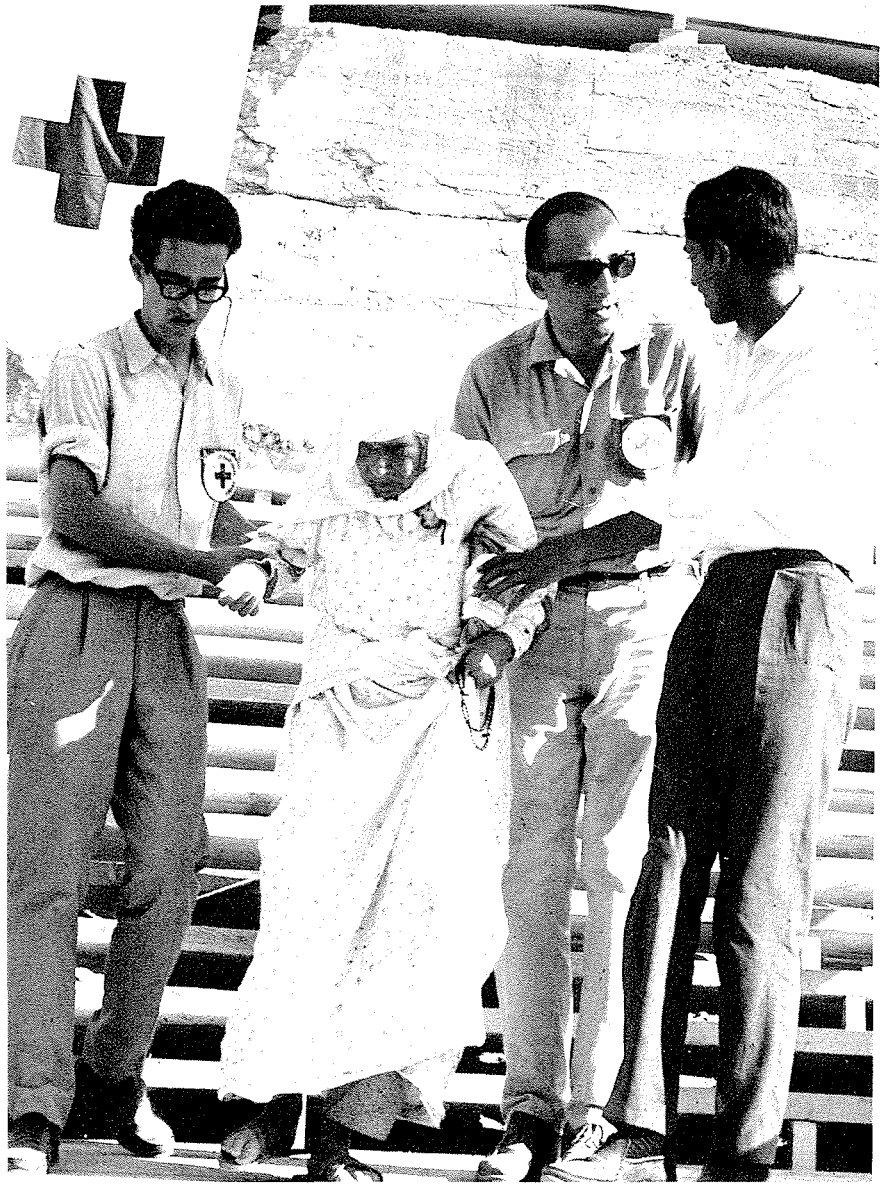
Refugees from Amman arriving near the Jordan.

Photos Albert Flouti, Amman.



Repatriation operations in process.

With the help of the ICRC's delegates...



... the first refugees crossing a bridge over the river.

The International Committee's action in the Near East

In July and August 1967, the *International Review* published general articles on the development of the relief action which the ICRC has undertaken in the Near East countries since the beginning of hostilities.

It is worth describing the situation of various categories of war victims for whom the ICRC has intervened up to August 1967.

On behalf of prisoners and detainees. — The ICRC has actively intervened, under the terms of the Geneva Conventions, in order to arrange for the return home of prisoners of war and detainee civilians.

A total of 226 seriously wounded Egyptian and Jordanian prisoners has so far been repatriated by means of a DC4 aircraft chartered by the ICRC.

On August 10, 33 civilian Lebanese imprisoned by the Israelis were able to return to their homes, whilst one pilot and three Israeli civilians held in the Lebanon were handed over to the Israeli authorities.

The delegates of the ICRC in the Gaza area also intervened in repatriation operations of women and children to the United Arab Republic.

A reciprocal repatriation of Israeli and Jordanian prisoners had previously taken place.

In addition, 361 Syrian prisoners and 328 civilians requested by Syria were repatriated on July 17 under ICRC auspices. The

Syrian authorities, for their part, handed over one Israeli prisoner of war and three civilians to the Israeli authorities.

By the end of August 1967, there remained in Israel 3,503 Egyptian prisoners of war and 386 civilians asked for by Egypt; ten Israeli prisoners of war and six civilians requested by Israel are still in Egypt. These prisoners have, for the most part, been visited by the ICRC delegates, who can see to their treatment conforming to the Conventions' provisions. These delegates are also dealing with a lot of individual cases, aliens either possessing or not possessing domicile in territory under Israeli military control, consular representatives of various Arab countries still in detention, or families whose members have been separated as a result of the events of June.

On behalf of civilians. — The number of family messages transmitted by the delegates of the ICRC on the spot has now exceeded two hundred thousand. Four thousand civilian messages and three thousand requests for inquiries have been transmitted to the Central Tracing Agency in Geneva.

In addition, the difficult material situation in which many civilians find themselves in territory under Israeli military control has obliged the ICRC to intervene in a new sphere.

The disruption since last June of facilities for the remittance of funds from Arab countries to persons living West of the Jordan or in the Gaza Strip has given rise to considerable hardship.

In order to remedy this situation and assist the many families in need, the International Committee, in co-operation with the various authorities concerned, devised a system intended to permit the resumption of cash transfers to territories under Israeli control. A special ICRC account has been opened with a Swiss Bank in Geneva. Funds may be remitted to this account from all countries involved; they will be transferred for payment to beneficiaries through local banks in the main towns of West Jordan, the Gaza Strip, Sinai and Syrian territory under Israeli control.

Recipients receive payment in Israeli currency.

National Red Cross and Red Crescent Societies in the remitting countries have been informed by the ICRC so that they may make

known locally the arrangements for the resumption of cash remittances.

The repatriation of refugees.[1] — However, the most important event in August was the starting of a large-scale operation for the repatriation of refugees who left the West bank of the Jordan at the beginning of June to seek refuge on the other side of the river.

On August 6, 1967, an agreement was signed between Jordan and Israel, under ICRC auspices, in the execution of which the Geneva institution is assisting. This was described in the following press release of August 10, 1967:

The agreement on the repatriation to territory under Israeli control of persons who have sought refuge on the East bank of the Jordan, concluded on August 6, 1967, between Jordan and Israel under the auspices of the International Committee of the Red Cross, will be put into effect with the help of that organization.

After having assumed the rôle of neutral intermediary and assisted the two parties concerned in order to reconcile their two respective points of view, the ICRC remains at their disposal to remove difficulties which may yet arise.

This agreement comprises the following provisions:

1. *Forms to be completed for requests of repatriation shall bear the title-heading of the International Committee of the Red Cross followed by the names of the two countries concerned.*[2]
2. *The date fixed for return to the west bank of the Jordan has been extended to August 31.*
3. *Persons submitting such requests must also present their passports, their UNRWA identity card (for refugees registered with that organization) and a Jordanian identity certificate or any other document considered to be acceptable by the Israeli authorities.*

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[1] *Plate.* — Refugees from Amman arriving near the Jordan. Repatriation operations in process.

With the help of the head of the ICRC delegation in Israel, Mr. L. Marti, and his colleagues, the first returning refugees cross a bridge over the river.

[2] *Folded inset.* — Form of application of repatriation, according to the agreement of August 6, 1967.

4. *The documents mentioned above should bear a photograph of the holder.*

Forms when completed will be handed over on the Jordan bridge by the ICRC delegate in Jordan to the delegate of the ICRC in Israel. The latter will pass these to the Israeli authorities, who will examine them with the least possible delay. Once the examination has been terminated, the forms will then be handed back to the delegate, who will return them to the Jordanian authorities.

It has been arranged that the Jordanian authorities will see to the transporting of refugees as far as the east bank of the Jordan. The crossing of the river will be carried out in the presence of the ICRC delegates.

On their arrival on the west bank, refugees will be taken in charge by the Israeli authorities, who will ensure their transport to their former homes.

The delegation of the ICRC has made contact with the Director-General of UNRWA (United Nations Relief and Works Agency for Palestine Refugees) in Beyrouth, who has offered to provide, if necessary, material and medical assistance to refugees when crossing the Jordan river.

Persons repatriated will receive a certain amount of food on returning to their homes. Furthermore, the Jordan Government will give them some funds to cover their emergency needs.

On August 16, 1967, the repatriation of Jordanian refugees to the west bank of the Jordan started. It is being carried out with the help of ICRC delegates at two bridges over the Jordan (Allenby and Um al Sharot), one of which being allocated to refugees dependent on UNRWA.

On that date, the International Committee's delegates handed over for examination by the Israeli authorities 21,000 application forms for repatriation, representing 80,000 persons.

At the end of August, the operation was continuing, actively supported by the delegates of the ICRC. Informed, however, of the decision taken by the Israeli Government to maintain the expiry date of August 31 for the return of refugees to the west bank of the river Jordan, the International Committee appealed to the Israeli

المملكة الاردنية الهاشمية
הממלכה הירדנית ההאשמית
HASHEMITE KINGDOM OF JORDAN

ועדת הצלב האדום הבינלאומית
لجنة الصليب الاحمر الدولية
INTERNATIONAL COMMITTEE OF THE RED CROSS

מדינת ישראל
دولة اسرائيل
STATE OF ISRAEL

طلب السماح بالعودة الى الضفة الغربية — Application for Permit to Return to the West Bank — בקשה לרשיון לשוב לגדה המערבית

№ A.

1. שם משפחה اسم العائلة Family name	2. שם פרטי الاسم الاول First name	3. שם האב اسم الاب Father's name
4. שם הסב اسم الجد Grand father's name	5. שם האם اسم الام Mother's name	6. מצב משפחתי: (רוק/נשוי/אלמן/גרוש) الحالة المدنية: (اعزب/متزوج/ارمل/مطلق) Family status: (Single/married/widowed/divorced)
7. תאריך לידה تاريخ الولادة Date of birth	8. מקום לידה مكان الولادة Place of birth	9. אזרחות الجنسية Nationality

10. דת الدين Religion	11. משלח יד المهنة Occupation	12. כתובת מלאה בעת הגשת הבקשה العنوان الكامل عند تقديم الطلب Present address in full

13. מקום המגורים הקבוע ביום 5.6.67. مكان السكنى الدائم في يوم ١٩٦٧/٦/٥ Permanent address on 5.6.67	משנת من تاريخ as from	14. המועד בו עבר לגדה המזרחית يوم الانتقال الى الضفة الشرقية Date of passage to the East Bank

B. פרטים בנוגע לבני משפחה הנכללים בבקשה — تفاصيل عن افراد العائلة الذين يشملهم الطلب — Particulars regarding Applicants' family included in Application

15. שם האשה במלואו اسم الزوجة بكامله Name of wife in full	16. מקום לידתה مكان ولادتها Place of birth of wife	17. גילה عمرها Age of wife

18. שמות הילדים עד גיל 18 اسماء الاولاد لغاية ١٨ Names of children up to 18	מין الجنس Sex	מקום לידה مكان ولادتهم Place of birth	גיל عمرهم Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

C. ראיות בדבר מקום המגורים הקבוע בגדה המערבית — بينات لاثبات مكان السكنى الدائم — Proof relating place of permanent residence in West Bank

דרכון/תעודת זהות/תעודה אחרת (למחוק המיותר)
جواز سفر/بطاقة هوية/شهادة اخرى (اشطب الزائد)
Passport/identity card/other documents (delete whichever is inapplicable)

הוצא ב־
اعطى في
Issued at

Name of country اسم المدينة

ביום
في يوم
Dated

בזה הנני מבקש היתר לשוב לגדה המערבית ומצהיר כי הפרטים המפורטים לעיל הם נכונים

ارجو السماح لي بالعودة الى الضفة الغربية واشهد بان التفاصيل التي وردت اعلاه صحيحة

I hereby apply for permission for myself and above mentioned members of my family to return to the West Bank. I declare that the above particulars given by me are correct.

חתימת המבקש
توقيع مقدم الطلب
Applicant's Signature

טביעת אצבע
بصمة الابهام الايمن
Applicant's Fingerprint

התעודות הנ"ל הוצגו בפני
عرضت هذه المستندات على
The a/m documents were produced to me

חתימה توقيع Signature

(תפקיד)
(الوظيفة)
(Assignment)

תאריך تاريخ Date

הערות ملاحظات Remark

№

אישור על הגשת בקשה לשוב לגדה המערבית تصديق على تقديم طلب الرجوع الى الضفة الغربية
Confirmation of submission of Application to Return to the West Bank

שם משפחה اسم العائلة Family name — שם פרטי الاسم الاول First name — שם האב اسم الاب Father's name — שם הסב اسم الجد Grand father's name

הנ"ל הגיש בקשה לשוב לגדה המערבית בבקשה נכללו:—

المذكور اعلاه تقدم بطلب للرجوع الى الضفة الغربية هذا الطلب يشمل على:

The a/m has submitted an application to return to the West Bank
His application includes:

his children ילדיו اولاده — No of children מספר הילדים عدد الاولاد

his wife אשתו زوجته — full name of wife שם מלא الاسم الكامل

Signature of Official חתימת הפקיד שקבל את הבקשה توقيع الموظف الذي تقبل هذا الطلب

Date תאריך تاريخ

Note: This confirmation does not constitute a permission to enter the West Bank

הערה: מופס זה איננו מהוה אישור כניסה לגדה המערבית

ملاحظة هذا النموذج لا يكون تصديقاً للدخول الى الضفة الغربية

Government to reconsider this decision and allow the continuation of this operation in view of the technical difficulties encountered on both sides of the Jordan. Large numbers who had submitted requests for repatriation had not yet received replies. In addition, amongst refugees whose return had been agreed there were many who were still waiting for means of crossing the river.

Relief. — The International Review has already published details of aid brought to the victims of war, in the form of material relief. This (books, clothing, blankets, etc.) whose amount continues to increase reached, from June to the end of August, a value of nearly four million Swiss francs emanating from a large number of National Societies, as well as from other sources. To this should be added relief of a far higher value which donors, belonging or not belonging to the Red Cross, sent to the beneficiary country direct.

The International Committee, as can be seen, remains present in the Near East and its work demands extensive representation on the spot. It has at present in the countries affected by the recent conflict, between twenty-six and thirty delegates and assistant delegates, placed under the control of Mr. Pierre Basset, delegate-general for the Near East, who replaced Mr. Pierre Gaillard on August 12.

The ICRC is thus represented in the UAR, Israel, Jordan, Lebanon and Syria. The headquarters of the general delegation is in Nicosia. In Israel and in territories under Israeli control, the ICRC has established sub-delegations at Kuneitra, Jerusalem (two sub-delegations for the west bank of the Jordan, one north of Ramallah, the other to the south comprising Ramallah) and in Gaza (with residence at Ashqelon) for the Gaza area and Sinai. The delegates of the ICRC are everywhere giving indispensable aid in distressful circumstances where large numbers of the war victims are living.

EXTERNAL ACTIVITIES

Nigeria

As mentioned in the last number of the *International Review*, the ICRC has undertaken an action of importance in Nigeria where troubles had broken out. In July 1967, its delegate-general for Africa, Mr. Georg Hoffmann, on going to Lagos observed the urgent need of humanitarian aid for that country. On his indications the International Committee sent two medical teams to the spot to give assistance to the victims of the conflict. They were placed at the ICRC's disposal by the Swiss Red Cross, thanks in particular to a donation from the Swiss Government.

The ICRC surgical team, installed in the hospital at Makurdi, is continuing its work in co-operation with that establishment's medical personnel. It consists at present of a doctor, an assistant and two male nurses.

Another medical team, also recruited by the Swiss Red Cross and comprising a doctor and a male nurse, has been sent to the eastern part of the country.

The ICRC delegates have noted that there are considerable medical requirements in Nigeria. In order to deal with the most urgent needs, the ICRC sent out, by air, a first consignment of bandages, medicines, antibiotics and surgical instruments of a total value of about 30,000 Swiss francs. However, because of the shortage of medicines and medical equipment on the spot, this first lot was followed by a considerable quantity of emergency relief.

The medical requirements mentioned on both sides by the ICRC doctors have in fact led the Committee, as a first emergency measure, immediately to open a further credit amount of 50,000 francs for the despatch of medicines and surgical instruments.

Medicines for the local Red Cross Branch of East Nigeria (Biafra) sent by the ICRC to Douala (Cameroun) were accompanied

by road to the frontier by a delegate of the ICRC and handed over to an Army representative who had come from the Enugu region to take delivery.

Greece

The delegation of the International Committee of the Red Cross in Greece, consisting of Mr. Germain Colladon and Dr. Jean-Louis de Chastonay, medical expert, received permission from the competent authorities again to visit all places of detention for political suspects.

The two delegates have thus been able to make a third round of visits to internees since May 9, 1967.

During his visits to political internees in Greece, Dr. de Chastonay dealt above all with the medical care of the detainees.

On the conclusion of the visits made by the ICRC delegates to detention camps, the Greek Government agreed to have certain arrangements made to improve conditions for persons interned for political reasons, notably on the island of Yaros. These arrangements include the sending of a medical commission to the spot and the immediate evacuation of the sick requiring special treatment.

Relief sent to Greece by the ICRC for political detainees was as follows: medicines to a value of 10,000 Swiss francs and standard clothing and food parcels whose total value can be estimated to be more than 200,000 Swiss francs.

ICRC financial situation in 1966

Balance sheet (Table I) [1]

I. ASSETS

Liquid assets.—Total liquid assets declined from about Sfr. 12,750,000. at the end of 1965 to about Sfr. 11,155,000. by the end of 1966. The disposal of the securities concerned was necessary for working capital requirements and to meet part of the additional deficit on the year; it also made possible certain short-term interest-bearing investments.

Sundry debtors.—This item includes expenses incurred for activities which the ICRC carries out for account of third parties—these expenses were refunded to the ICRC in the first few months of 1967.

Advances to ICRC delegates.—The increase is due to the growth in the tasks carried out and in the staff engaged, particularly in the ICRC's actions in Vietnam and in the Yemen.

Closing stocks.—These stocks consist solely of medical equipment and supplies in the course of preparation for despatch to Vietnam or held as reserves which the ICRC must have constantly available for emergencies.

[1] The accounts shown in the following tables have been audited and approved by the 'Société fiduciaire romande Ofor S.A.', an auditing company recognized by the Swiss Federal Council and the Federal Banking Commission.

Deficit on relief actions.—This deficit, temporarily covered by a Swiss Government advance to the ICRC which is shown in the liabilities, has increased by the cost of action in Vietnam and a rise in expenditure in the Yemen where the ICRC has had to resume its activities.

The decrease in the 'Nepal' part of the deficit is due to the receipt of a credit for recovered equipment.

II. LIABILITIES

Relief actions.—The amounts available or appropriated demonstrate the extent of the tasks which the ICRC has to assume today throughout the world.

Accounts payable.—The increase under this heading is partly offset by the increase in accounts receivable from sundry debtors; part of the expenses debited to the latter are in fact due to some National Red Cross Societies.

Reserves.—Apart from its special reserve of Sfr. 5,000,000.— the ICRC has only one other reserve, the General Reserve amounting to Sfr. 4,262,000.— which will be exhausted in a short time if income does not increase sufficiently to balance the institution's budget for future years.

2. **Statement of income and expenditure** (Table II)

I. EXPENDITURE

Staff expenses.—In spite of a rise of more than 10% in the cost of living from 1965 to 1966, salaries and allowances have declined from Sfr. 3,275,000.— in 1965 to Fr. 3,000,000.— in 1966. The impact of rationalization in personnel is also shown in the budget for 1967, in which the total estimate for salaries and allowances is Sfr. 2,968,000.—. On the other hand, this constantly rising cost of living has made it necessary to re-adapt the staff pension scheme, with a consequent increase in social security contributions, which

rose from Sfr. 353,000.— in 1965 to Fr. 387.000.— in 1966 and are estimated at Fr. 426,000.— in the budget for 1967.

Activities abroad.—The reduction in expenditure in 1966, in comparison with 1965, was due to the closing of the Cyprus and Léopoldville delegations. The estimate for 1967, which is more or less the same as 1966 expenditure, is significant of the world's need for the ICRC and reflects the wide range of tasks it carries out.

Central Tracing Agency.—This Agency's work has by no means diminished. The reduction of about 20% in expenditure in 1966, by comparison with 1965, was due solely to improved organization and methods.

Commissions of Experts, Conferences.—In 1966, and even more in 1967, this item reveals the extent of the work involved in the implementation of resolutions adopted at the XXth International Conference of the Red Cross at Vienna in 1965. The preparatory work on the regulations for the protection of civilian populations weighs heavily on this section of the expenditure account.

General administrative overheads.—In this section too the efforts to modernize methods and equipment are proving effective, as expenditure, which amounted to Sfr. 497,000.— in 1965, has been reduced to Fr. 465,000.— in 1966, and to Fr. 315,000.— in the 1967 budget estimates.

II. INCOME

Government contributions.—In 1966 eighteen States contributed more than the quotas based on their 1965 payments, hence an increase of Sfr. 128,000.— over the budget figure.

About 55% of the ICRC's income in 1966 was provided by 68 of the 114 Powers party to the Geneva Conventions and one non-signatory, Burma, i.e. 69 in all. Such a situation, if prolonged, could hamstring the ICRC.

National Society contributions.—Thanks to the 14 National Societies which have paid increased contributions in 1966, income

under this heading shows an uplift which is a valuable encouragement to the ICRC in the fulfilment of its humanitarian mission.

Interest from investment of ICRC's own funds.—Although tight control of funds and sound short-term investments enabled this income in 1966 to be maintained at the same level as in 1965, drawings from General Reserves to reduce the deficit have resulted in a decline in the estimated income from this source in 1967.

Relief Actions Fund.—This is a fund kept quite separate from the ordinary Income and Expenditure Account and having a source of income of its own, namely the national collection drive in Switzerland and any donations especially for ICRC relief actions.

In 1966, income received for the Relief Actions Fund totalled Sfr. 1,890,321.—, i.e. Fr. 837,556.— from the national collection drive in Switzerland and Fr. 1,052,765.— donated by National Societies, various institutions and individuals.

The ICRC used these funds for the purchase, transport and distribution of relief to war victims. Expenditure for this relief, mainly medical and surgical supplies, amounted in 1966 to Sfr. 1,278,969.— (including transport and on-the-spot distribution).

In addition, the sum of Sfr. 392,768.— was appropriated from the Relief Actions Fund to meet part of the expenses of the Central Tracing Agency and permanent delegations abroad, each of which provides a form of relief which is part and parcel of the ICRC mission.

3. Contributions to the ICRC in 1966 from Governments and National Red Cross Societies allocated to the Financing of Expenditure in 1966 (Table III)

4. Relief Actions Fund (Table IV)

5. Balance Sheets and Receipts and Expenditure Accounts of special funds as at December 31, 1966 (Table V) namely:

1. Foundation for the International Committee of the Red Cross; 2. Augusta Fund; 3. Empress Shôken Fund; 4. Florence Nightingale Medal Fund.

BALANCE SHEET AS AT

ASSETS	Sw. Fr.	Sw. Fr.
1. CURRENT ASSETS AND MARKETABLE SECURITIES		
1.1 Cash in hand and in cheque accounts	1,113,841.—	
1.2 Public securities	9,019,057.—	
1.3 Other deposits	1,022,340.—	11,155,238.—
2. ACCOUNTS RECEIVABLE		
2.1 Governments	179,202.—	
2.2 National Societies and League of Red Cross Societies	66,032.—	
2.3 Prepaid income tax (refundable)	76,490.—	
2.4 Foundation in favour of ICRC (interest)	38,815.—	
2.5 Sundry debtors	332,226.—	692,765.—
3. ADVANCES TO ICRC DELEGATIONS		260,720.—
4. ACCRUALS AND PREPAID EXPENSES		
4.1 Interest earned in 1966 receivable in 1967	135,430.—	
4.2 Other accrued receivables and prepaid expenses	50,748.—	186,178.—
5. CLOSING STOCKS		
5.1 Relief supplies		82,456.—
6. OTHER ASSETS		
For the record		1.—
7. FUNDS HELD IN TRUST		420,614.—
8. DEFICIT ON RELIEF ACTIONS		
Still outstanding:		
8.1 Action in Nepal	1,360,525.—	
8.2 Action in Yemen	2,483,850.—	3,844,375.—
8.3 Action in Vietnam		358,227.—
Total assets		17,000,574.—
9. SURETY		
Foundation for the organization of ICRC transports		400,000.—

Table I

DECEMBER 31, 1966

LIABILITIES	Sw. Fr.	Sw. Fr.
1. RELIEF ACTIONS		
1.1 Unappropriated funds	1,267,415.—	
1.2 Appropriated funds not yet disbursed	215,773.—	
1.3 Relief actions under way	619,805.—	2,102,993.—
1.4 Advances for the financing of relief actions:		
1. In Nepal	1,298,220.—	
2. In Yemen	2,900,000.—	4,198,220.—
Total funds made available for relief actions		6,301,213.—
2. ACCOUNTS PAYABLE		
2.1 Red Cross Societies and other institutions	242,148.—	
2.2 Others	217,728.—	
2.3 Unexpired ICRC certificates of deposit	48,000.—	507,876.—
3. ACCRUED LIABILITIES		
3.1 Expenses incurred in 1966 payable in 1967	127,280.—	
3.2 Other accrued liabilities	34,654.—	161,934.—
4. FUNDS HELD IN TRUST		420,614.—
5. PROVISIONS		
5.1 For ICRC pension insurance annuities	159,223.—	
5.2 For the XXIst International Conference of the Red Cross	60,000.—	
5.3 For general repairs to ICRC headquarters	67,051.—	
5.4 For other commitments	60,375.—	346,649.—
6. RESERVES		
6.1 General reserve		4,262,288.—
7. GUARANTEE FUND		5,000,000.—
Total liabilities		17,000,574.—
8. SURETY		
Foundation for the organization of ICRC transports		400,000.—

STATEMENT OF EXPENDITURE

EXPENDITURE	1966 Expenses Sw. Fr.	1967 Budget Sw. Fr.
I. ACTIVITIES ABROAD		
(Executive Division: delegates and missions, relief programmes, Central Tracing Agency)		
1. Staff at ICRC headquarters in Geneva	716,312.—	749,400.—
2. Permanent delegations in the field	178,747.—	180,000.—
3. Missions from Geneva	216,152.—	210,000.—
4. Central Tracing Agency	506,394.—	516,400.—
5. Equipment and organization	73,474.—	79,400.—
	1,691,079.—	1,735,200.—
II. HUMANITARIAN LAW AND INFORMATION		
(Division of General Affairs: Geneva Conventions and humanitarian law, information, publications, translations, archives)		
1. Staff at ICRC headquarters in Geneva	1,185,241.—	1,159,800.—
2. Commissions of experts, Red Cross Conferences .	24,165.—	138,700.—
3. Publications and documents, information . . .	83,046.—	98,600.—
4. International Review of the Red Cross	78,318.—	81,800.—
	1,370,770.—	1,478,900.—
III. ADMINISTRATION		
(General administrative services: finance and accounting, personnel and travel, technical services, premises)		
1. Staff at ICRC headquarters in Geneva	1,224,566.—	1,255,000.—
2. Technical equipment	156,669.—	106,000.—
3. Postal expenses, stationery and office supplies . .	120,590.—	91,000.—
4. ICRC headquarters premises (insurance, heating, water, electricity, repairs, upkeep and maintenance)	188,539.—	118,300.—
	1,690,364.—	1,570,300.—
TOTAL EXPENDITURE	4,752,213.—	4,784,400.—

Table II

STATEMENT OF INCOME

INCOME	1966 Receipts Sw. Fr.	1967 Budget Sw. Fr.
I. CONTRIBUTIONS AND GIFTS TOWARDS THE FINANCING OF GENERAL OVERHEADS		
1. Government contributions	2,578,793.—	2,510,000.—
2. National Red Cross Society contributions	559,627.—	560,000.—
3. Other donations	387,703.—	340,000.—
	3,526,123.—	3,410,000.—
II. INTEREST AND INVESTMENTS		
1. Interest from securities and bank deposits	314,348.—	260,600.—
2. Income from the Foundation in favour of the ICRC	38,815.—	30,000.—
	353,163.—	290,600.—
III. PARTICIPATION FROM THE GENERAL ACCOUNT FOR RELIEF ACTIONS	392,769.—	533,800.—
TOTAL INCOME	4,272,055.—	4,234,400.—
DEFICIT FOR 1966		
Written off by withdrawal from General Reserve	480,158.—	550,000.—
	4,752,213.—	4,784,400.—

Table III

Contributions to the ICRC in 1966 from Governments and National Red Cross Societies and allocated to the Financing of Expenditure in 1966

Countries	Governments	Red Cross Societies
	Sw. Fr.	Sw. Fr.
Afghanistan	4,000.—	
Albania		700.—
Australia	72,045.—	27,500.—
Austria	20,040.—	5,000.—
Belgium	10,791.75	12,500.—
Brazil	12,960.—	
Bulgaria	1,000.—	4,500.—
Burma	6,400.—	2,249.80
Cambodia	18,223.79	2,000.—
Canada	60,166.80	40,150.—
Ceylon	3,032.50	
Chile	8,620.—	4,304.95
China		5,000.—
Colombia	17,274.—	3,564.—
Costa Rica		480.—
Czechoslovakia		3,000.—
Denmark	31,336.17	2,000.—
Dominican Republic		2,160.—
Ecuador	1,861.25	2,150.—
El Salvador	3,000.—	386.30
Ethiopia		2,750.—
Finland	8,000.—	3,000.—
France	83,895.35	30,000.—
German Democratic Republic	5,000.—	14,000.—
German Federal Republic	162,144.60	30,000.—
Ghana	6,025.—	2,005.—
Greece	18,000.—	5,500.—
Guatemala		3,328.—
Hungary	1,000.—	3,000.—
Iceland	2,000.—	1,000.—
India	28,350.—	1,704.—
Indonesia	15,000.—	
Iran	20,000.—	5,000.—
Iraq	8,000.—	3,500.—
Ireland	7,500.—	3,500.—
Italy	154,259.45	
Ivory Coast	3,200.—	
Japan	21,800.—	40,000.—
Jordan	2,704.50	
Korea, Democratic Republic of		1.000.—
Korea, Republic of	10,775.—	3,500.—

Countries	Governments	Red Cross Societies
	Sw. Fr.	Sw. Fr.
Laos	8,640.—	
Lebanon	7,013.05	2,500.—
Liechtenstein	7,500.—	2,000.—
Luxemburg	2,000.—	3,000.—
Madagascar	1,599.65	
Malaysia	4,800.—	2,000.—
Mexico	17,280.—	
Monaco	3,961.27	2,006.55
Morocco	3,000.—	
Netherlands	15,000.—	25,000.—
New Zealand	36,300.—	7,531.60
Nicaragua	216.—	1,856.—
Nigeria	4,844.—	2,000.—
Norway	16,000.—	
Pakistan		2,500.—
Paraguay		432.—
Peru		3,550.—
Philippines	14,965.35	5,040.—
Poland	15,000.—	6,000.—
Portugal	13,000.—	
Rumania		6,000.—
San Marino	2,000.—	2,000.—
Saudi Arabia	13,000.—	
Senegal	2,000.—	2,002.20
Sierra Leone	2,414.—	
South Africa, Republic of	36,150.—	15,000.—
Spain	16,000.—	6,058.—
Sweden	83,647.—	10,000.—
Switzerland	1,000,000.—	
Syria		2,000.—
Tanzania	2,000.—	1,010.—
Thailand	18,000.—	3,000.—
Togo	1,745.05	
Tunisia	1,800.—	2,000.—
Turkey	9,631.73	11,000.—
United Arab Republic	30,000.—	
United Kingdom	120,462.15	36,408.75
United States	216,187.50	108,000.—
Upper Volta	878.50	
USSR		16,300.—
Venezuela	19,431.35	
Yugoslavia	4,000.—	3,000.—
Exchange loss on 1965 contributions received in 1966	(78.70)	
Totals	2,578,793.06	559,627.15

Table IV

SPECIAL FUND FOR RELIEF ACTIONS

	Sw. Fr.	Sw. Fr.
Summary of movements in 1966		
1. BALANCE CARRIED FORWARD FROM DECEMBER 31, 1965		2,008.846.—
2. RECEIPTS IN 1966:		
Net product of 1966 public collection in Switzerland	845,820.—	
Other donations for specific actions .	1,044,501.—	1,890,321.—
		3,899,167.—
3. EXPENDITURE IN 1966:		
Purchases of relief material and supplies.	1,267,090.—	
Forwarding and distribution costs . .	315,062.—	
Contribution to the expenses of the Central Tracing Agency	214,022.—	1,796,174.—
4. BALANCE AS AT DECEMBER 31, 1966 .		2,102,993.—

Table V **SPECIAL FUNDS**

1. FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS

BALANCE SHEET AS AT DECEMBER 31, 1966

ASSETS		Sw. Fr.
Public securities, at par:		
— Swiss Funds . (market value Fr. 926,750.—)	965,000.—	
— Foreign Funds (market value Fr. 166,210.—)	172,410.—	1,137,410.—
Deposit with Swiss National Bank, Geneva		75,048.52
Administration fédérale des contributions, Berne (tax paid in advance to be refunded)		7,648.60
		1,220,107.12

CAPITAL AND LIABILITIES		Sw. Fr.
Inalienable capital		1,028,252.52
Inalienable reserve fund:		
b/fwd from 1965	146,190.65	
Statutory allocation of 15% from net revenue in 1966. .	6,849.60	153,040.25
Total value of funds		1,181,292.77
International Committee of the Red Cross:		
Funds in current account .		38,814.35
		1,220,107.12

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1966

EXPENDITURE	Sw. Fr.
Deposit fees for safe custody of securities, auditors' fees and various expenses	448.—
Statutory allocation to inalienable reserve fund: 15% of the net revenue in 1966 (Art. 8 of the Statutes) . .	6,849.60
Allocation to the ICRC of balance of net revenue for 1966 (Art. 7 of the Statutes)	38,814.35
	46,111.95

RECEIPTS	Sw. Fr.
Income from securities in 1966	46,111.95
	46,111.95

2. AUGUSTA FUND

BALANCE SHEET AS AT DECEMBER 31, 1966

ASSETS	Sw. Fr.	CAPITAL AND LIABILITIES	Sw. Fr.
wiss Government Securities (market value Fr. 116,845.–) Sat par	120,000.—	Inalienable capital	100,000.—
		Reserve for fluctuation in value	18,318.45
Deposit at Swiss National Bank, Geneva	9,651.25	Funds available on Dec. 31, 1966	10,361.50
			128,679.95
Administration fédérale des contributions, Berne (tax paid in advance to be refunded)	1,028.70	Creditors (allocations to be withdrawn).	2,000.—
	130,679.95		130,679.95

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1966

		Sw. Fr.
B/fwd. from December 31, 1965		6,833.80
Income from securities in 1966 . .	3,695.70	
Less : Fees for auditors, safekeeping of securities and miscellaneous expenses	168.—	3,527.70
Balance available on December 31, 1966		10,361.50

3. EMPRESS SHÔKEN FUND

BALANCE SHEET AS AT DECEMBER 31, 1966

ASSETS	Sw. Fr.
Swiss Public Securities valued at par (Market value Fr. 184,075.—)	199,000.—
Deposit for 3 months (due 9.2.67) with League of Red Cross Societies	304,998.55
Cash at the Swiss National Bank, Geneva	158,900.74
Administration fédérale des contributions, Berne (tax at source, to be reclaimed)	1,804.30
	664,703.59

CAPITAL AND LIABILITIES		Sw. Fr.
Inalienable capital bt/fwd from 1965	389,081.64	
Extraordinary contribution by Japanese Govt. in 1966	119,232.15	508,313.79
Reserve for fluctuation in value		101,392.60
Reserve for overheads, bt/fwd from 1965	(187.85)	
Statutory allocation from 1966 income	991.30	
	803.45	
less 1966 overheads	839.55	
Excess of 1966 overheads over reserve		(36.10)
Funds available as at Dec. 31, 1966		25,904.70
Total amount of fund		635,574.99
Creditors (allocations to be withdrawn)		29,128.60
		664,703.59

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1966

		Sw. Fr.
Balance brought forward from December 31, 1965		19,070.30
Less: 45th distribution of revenue to one National Society, pursuant to the Joint Commission's decision of March 23, 1966 (Circ. No. 57, April 11, 1966)		12,000.—
Undistributed balance		7,070.30
Income from securities in 1966	19,825.70	
Less: Allocation of 5% of 1966 income for administrative expenses in accordance with Art. 7 of the Fund regulations	991.30	18,834.40
Balance available on December 31, 1966		25,904.70

Table V

4. FLORENCE NIGHTINGALE MEDAL FUND

BALANCE SHEET AS AT DECEMBER 31, 1966

ASSETS	Sw. Fr.
Swiss Government securities valued at par (market value Fr. 28,080)	32,000.—
Deposit at Swiss National Bank, Geneva	4,522.70
Administration fédérale des contributions, Berne (tax paid in advance to be refunded)	259.20
	36,781.90

CAPITAL AND LIABILITIES		Sw. Fr.
Capital		25,000.—
Reserve:		
Balance brought forward from 1965	540.54	
Less: Excess expenditure over receipts in 1966	89.50	451.04
Total value of funds		25,451.04
International Committee of the Red Cross: Funds in current account		11,330.86
		36,781.90

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1966

EXPENDITURE	Sw. Fr.
Printing costs, circular No. 463	870.—
Ribbon for medals	13.20
Fees for auditors and safekeeping of securities	137.50
	1,020.70

RECEIPTS	Sw. Fr.
Income from securities in 1966	931.20
Excess of expenditure over receipts in 1966	89.50
	1,020.70

A month in Jerusalem

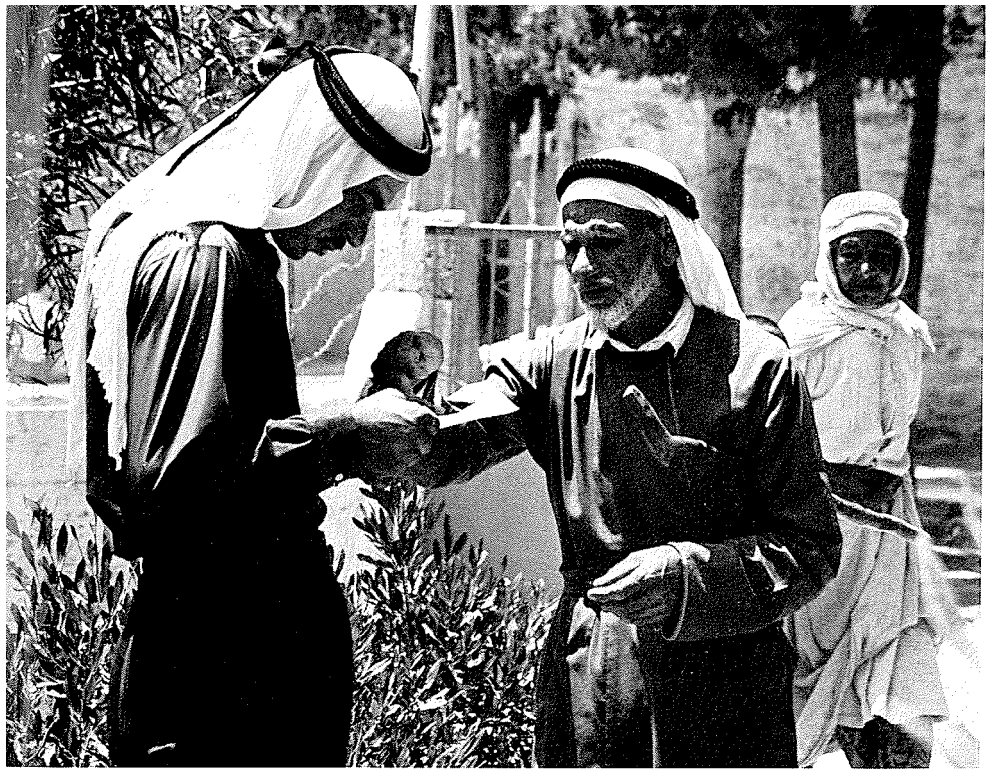
The Red Cross extends its aid to several countries of the Near East where the war wrought much havoc. The ICRC has established delegations there and also sub-delegations in certain places. To give our readers a picture of Red Cross work " on the ground ", we describe the day to day activity of one of these. We therefore put questions to Miss L. Reymond, who stayed in Jerusalem until July 20, 1967, and lived through that period of great anxiety for the inhabitants of the old city and its outskirts.

What mission did she have when she left Geneva on June 15? This was to co-operate on the spot with the work of the Central Tracing Agency. She took with her for that purpose several hundred requests for inquiries from different countries and made by persons who had communicated direct with Geneva in order to obtain news of relatives living in the fighting areas.

After making contact in Tel Aviv with the head of the ICRC delegation in Israel she went to her post, the old city of Jerusalem now under Israeli control.

There she met another delegate of the ICRC, Dr. Hans Bernath, himself assisted by his wife whose knowledge of Hebrew and Arabic was to prove most valuable. For, it will be seen, it was through direct contact with the local population that the Red Cross worked at the outset.

Dr. Bernath, of Swiss nationality like all representatives of the ICRC, has been an honorary delegate of the Geneva Institution for the past eleven years, after having already undertaken the duties of delegate during the 1948-49 Palestine war. Furthermore, as doctor at the Arab hospital in Nazareth, he knows the country very well.



Jerusalem — Advice is given to these writing the ICRC messages.

Photos Jean Mohr — ICRC.

The ICRC delegation had premises in Jerusalem where Arab civilians could ask for message forms, submit requests for the tracing of missing persons and be informed of the procedure to be followed for members of their families who had left the west bank of the Jordan, during the fighting in June, to return there. A secretary, also of Swiss nationality, worked on a permanent basis at the delegation.

Long investigations were often necessary to find, as far as humanly possible, the persons for whom searches were being made.

We would mention that inquiries on persons finding themselves on Israeli territory (limits before June 5, 1967) were passed to the Magen David Adom Society in Tel Aviv, which then transmitted to Geneva the results it was able to obtain.

At the same time, another task was successfully accomplished. This consisted of receiving civilian messages (forms of 25 words with Red Cross title-headings) and transmitting them either to Geneva, after sorting their destination and censorship, or else direct to the addresses in areas under control. In this case, it was necessary to find trustworthy people who would undertake to hand over these messages themselves in towns and villages. Advice also had to be given to those writing these messages.[1] More often than not the delegation received these civilian messages direct from ICRC delegates in the Arab countries, during encounters which took place regularly on Allenby Bridge over the Jordan or elsewhere between the representatives of the ICRC in Israel, Syria and Lebanon or in the United Arab Republic.

One figure will be sufficient to show the extent of these transmissions. At one single time, 60,000 messages collected by the Red Crescent in Jordan arrived from that country through the ICRC delegate in Amman. It should be added that about 200,000 civilian messages have been received by August, 1967, for transmission to the old city of Jerusalem, the Gaza area, occupied territory in Syria (Kuneitra) and also to the west bank of the Jordan.

The mission in Jerusalem had yet a third task to perform. Miss Reymond and Dr. Bernath on three occasions dealt with the

[1] *Plate.* — Advice is given to those writing the ICRC messages.

repatriation to Jordan of children who had been in religious boarding-schools in Bethlehem and in the old city of Jerusalem, whose families were in Jordan.

Lists of children had to be obtained, drawn up on the basis of the parents' requests and which were submitted for approval by the Israeli Government. The school directors were then informed of the day on which the children, with the help of the ICRC, could travel with a view to their shortly rejoining their parents.

A first operation took place in the following manner. The ICRC delegates went to fetch the children who were taken to Tel Aviv airport by Magen David Adom buses. The ICRC aircraft bearing the red cross emblem then transported them to Amman where the Jordan Red Crescent took them in charge. They were accompanied throughout the journey by representatives of the International Committee, responsible for the smooth running of the operation. This was the first journey, carried out on June 21, in which 36 children took part.

Two further repatriation operations took place, one on June 28 (116 children) and the other at the beginning of July (17 children). Vehicles of the Magen David Adom were again made available, not on these occasions to the airport, but to Allenby Bridge. Roll-calls were made by the ICRC delegates who entrusted the children to the care of Mr. Nessi and Mr. Troyon, the ICRC representatives in Jordan, who helped them to cross the bridge and installed them in Jordan Red Crescent vehicles waiting for them on the other side of the river. A certain number of Jordanian civilians whose situation was particularly desperate obtained, as a result of ICRC representations, permission to accompany them. It should also be mentioned that some of the children on arrival in Amman were transported to Lebanon.

It can be seen that Red Cross action under war conditions often consists of improvisation and demands highly alert imagination. This work is necessary, if only on a modest scale, to bind wounds and allay anxiety.

Ecuador

As part of the League Junior Red Cross Bureau's five-year plan (1965-1970) a new formula has been tried out in Ecuador for accident prevention and first aid training. The JRC took the initiative in this pilot project, with the help of an instructor on loan from the American National Red Cross.

For six weeks (13 February to 23 March 1967), 264 persons holding key-posts in education, the police, the army, public health, as well as students, met every day for an hour to learn more about accident prevention at home and at work and the steps to be taken in case of emergencies. After joint instruction on the first day, the participants were organised into five groups, following separate courses.

Three Ecuadorean Red Cross nurses assisted the instructor during the courses; their co-operation had already proved most useful during the preparatory phase in establishing lecture material as well as visual aids which helped to make instruction clearer.

The professional experience of the majority of participants enabled them not only to attend as students but also to help train their course colleagues in subjects such as national health campaigns, fire protection, first aid, accident prevention in connection with electrical installations, etc.

Another fruitful aspect of this course was the involvement of persons from different organisations in round-table discussions and informal talks. Health education, sanitation in public markets, civil defence and safety were thus discussed in detail.

Great Britain

The International Review has on several occasions mentioned the help given by the Red Cross in many countries to the handicapped. It published an article some time ago on the International Games for the Paralyzed organized in Tokyo in 1964. To their success the Japanese Red Cross contributed with effect through its juniors and the interpreters who established contact between competitors of different countries.[1] *We think it to be of interest to give extracts of an article which recently appeared in the British press which proves that the Junior Red Cross is also most active in Great Britain and knows how to sacrifice part of its holidays to handicapped children.*[2]

Thirty Berkshire school children went to school again last week—only a few days after they had broken up.

They were all boy and girl cadets of the Junior Red Cross, selected from volunteers to give a holiday to 26 handicapped children from all parts of the country.

I went down to Heathfield School, near Ascot, where, thanks to the governors, the camp was being held. The girls of Heathfield had sportingly helped to make the camp possible by contributing towards its cost.

The school's beautifully kept grounds were ideal for out-of-doors activities. There was a programme, flexibly planned, for every day of the week, with camp fires, conjuring, games, local trips, handicrafts, drawing and painting, film shows—and daily visits to the school tuck shop.

Each cadet was assigned a handicapped boy or girl to look after (there were also skilled nursing staff on hand in case of need).

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[1] See *International Review*, April 1965.

[2] John Lucas - Sunday Telegraph, London, 6 August 1967.

Many of the children were spastics or victims of muscular dystrophy or polio and had to be taken about in wheel-chairs.

The cadets brought immense patience and understanding to their task. They began the day by bringing their charges a cup of tea in their rooms. They washed the children's clothes, waited on them at table, and helped to put them to bed—touches of luxury for those with little, and in some cases, nothing to look forward to.

The commandant of the camp said the camp—and the 30 other summer camps which the J.R.C. runs for handicapped children in Britain—had three aims: to give handicapped children a " carefree and adventurous " holiday, to give their parents a well-earned week's rest, and to help the cadets to fulfil their motto, " Serve one another."

Many adults gave a hand, too. One of the veterans was a cadet officer who has helped to run five holiday camps of this kind. Part of his job last week was to act as lifeguard at the swimming pool. Handicapped children particularly enjoyed swimming, he explained, because the water " supported " them and enabled them to become more agile and to gain confidence.

On the afternoon I visited Heathfield, the cadets and children were looking on, not jumping in. A lively " water spectacular " was provided for them with as much skill as enthusiasm by young members of a Club.

Pakistan

According to a communication sent by the Pakistan Red Cross to the League, over one million persons were affected by the floods, in July 1967, while 200,000 were left homeless. Even strongly-

built houses were severely damaged by the fierce water currents. The people rendered homeless have been forced to take shelter in hundreds of temporary relief centres set up in school buildings and at other places arranged by the Karachi administration. All social welfare organisations in Karachi mobilised their resources under the Social Welfare Directorate General of the Government of West Pakistan to avoid overlapping and duplication of efforts. The Pakistan Red Cross played its traditional role in alleviating human suffering in co-operation with other organisations having similar objectives and supplemented the Government's efforts in providing succour to the sick and suffering in this calamity.

The Society put into commission two mobile medical units, operated by its Karachi Branch, as an immediate measure to provide medical aid to the flood victims. Under the supervision of qualified doctors and other medical staff these units were fully equipped with all essential drugs and medicines and worked round the clock since the 26th July at eleven places where the homeless people were located. This prompt medical aid has considerably relieved the suffering of the rain victims and mass inoculation of the people against cholera, typhoid and smallpox by the Red Cross medical staff has immunised them from epidemics which were feared would break out.

In addition to the free medical services, the Pakistan Red Cross has distributed through its Karachi Branch large quantities of bedding, new and used clothing for men, women and children, pyjamas and kits of toilet items and is continuing to give what assistance it can to the flood victims.

Turkey

On 22nd July 1967 a serious earthquake caused enormous destruction in the western Turkish Province of Sakarya (previously known as Adapazari). On the main road between Istanbul and Ankara, it was relatively easy to carry out rescue operations and provide relief, and the Turkish Red Crescent immediately sent personnel, a field hospital of 50 beds and 6 generators as the electricity supply was cut, 500 tents, 1,000 blankets, large quantities of foodstuffs and drinking water. The League was advised on the 23rd July that for the time being no international appeal was foreseen. However, tremors continued and the population was afraid to return to their homes even when these were not damaged. Figures received on this disaster as at the 27th July, covering destruction caused in all villages, are 175 dead and 196 seriously injured with 9,000 houses damaged, of which 1,078 completely destroyed, 2,623 uninhabitable and 5,102 with minor damage. Unfortunately, since this information was received another severe tremor has caused more destruction of buildings in the Province of Sakarya placing a further strain on the resources of the Turkish Red Crescent.

The Adapazari earthquake was quickly followed by another serious earthquake on the 26th July in 16 eastern provinces. The epicentres of the disaster were in the towns of Pulumur and Tercan and surrounding villages in the Provinces of Tunceli and Erzincan. The region is very mountainous and communications with the affected villages were disrupted. Unofficial figures indicate that 18 villages were destroyed, killing 116 persons. Red Crescent relief teams proceeded immediately to the disaster area from Erzurum

and Ankara taking food, blankets, and the remaining 800 tents held in stock. The Society then reported to Geneva that with these numerous recent disasters, following other calls on their relief supplies earlier this year for smaller emergencies and help given to the Middle East, their supply of tents was exhausted and SOS for 2,000 tents—now increased to 4,000 tents—and 6,000 blankets was made to the League.

A limited appeal was launched by the League immediately and a number of National Societies have announced help.

BOOKS AND REVIEWS

Reflexions on medicine of yesterday and tomorrow, by R. Villey, *Brussels — Médical, 1967, No. 25*

. . . Like everything else, medicine has perpetually to adapt to scientific and social evolution. One may, if one wishes, consider that it is inadapted. It is easy to find room for criticism as things are at present and to say that everything must be changed and that everything would be better in a new structure.

The traditional organization based on the rights of the individual, the respect of his privacy and on freedom to prescribe in the absence of all constraint, might be challenged by the new concept, socialized and planned, based on the rational organization of detection techniques, industrial scale methods of diagnosis and treatment, to the detriment, if necessary, of individual liberty.

Like other activities, medicine can be stepped up to give higher output—at least in quantity. Flow production techniques can be introduced into medicine; attitudes can be converted; medical training, after following general lines, can concentrate on specialization for technicians in narrowly defined fields. Teams can be assigned official directives. Such organizational structure, conforming to technical priorities, could lead to a compulsory geographic distribution of treatment, under the control of a powerful administration wielding budgetary powers. We can more or less feel ourselves being carried forward into this current under the pressure of events and ideas.

But this is perhaps an illusion. These reforms conceived in terms only of technical and economic factors ignore the psychological aspects of medicine and also, we believe, the nature of things. It is to be feared that the outcome will be the loss of the human touch.

That structural reform is the easy way out is demonstrated by a series of contradictions which come readily to mind; they are convincing because they give a picture of a complex situation of which all the aspects are beyond all but a few people.

The laboratory is compared to the clinic: it is not difficult to give the impression that medical science yesterday was founded on the clinic and that that of tomorrow must be founded on biological techniques; yesterday's medicine depended on the doctor, tomorrow's will depend on equipment. What is to be done, indeed, against anuresis, without an artificial kidney? How is one to cope with anaemia, without hematological laboratories?

The general practitioner is compared to the specialist, and it can be seen that the scope for the former is diminishing: medicine is becoming so complex that it is not possible to know everything and do everything.

Private medical treatment is compared to " socialized " organized medicine, it being implied that the choice is between one and the other: and it is an easy matter to make it understood that the former cannot satisfy every need.

But these contrasts, which do of course contain no little truth, are much more artificial than would appear. They reflect a single point of view and neglect essential but less obvious factors. The laboratory and the clinic? It is pointless to compare the two, to take them as standards characteristic of one medical era or another or of medical ideas: they are and have always been interdependent; the laboratory is a complement to the clinic and often gives it guidance, the clinic collocates data from the laboratory and subjects its findings to analyses. The general practitioner and the specialist? But the specialist is incomplete and may even be dangerous if he has not a good knowledge of general medicine; the good general practitioner is aware of the resources available with each specialist. They too are interdependent and in a manner which is the more productive the better each understands the other and the more similar their professional team spirit. Individual medicine and " social " medicine? But is the ideal not to make medicine available to all who are sick? Are we not trying to " humanize " hospitals and ensure that they provide a welcome, and the understanding and respect for the individual which the patient appreciates from his own doctor? In medicine " output " is a matter of quality. The desired aim will be achieved when the gap between individual and collective medicine will have been bridged.

Les prisonniers de guerre et leurs médecins, by J. Mathieu, *Annales de droit international médical, Monaco, 1965, No. 13.*

. . . The problem of relations between doctors of enemy powers has legal, technical, and ethical aspects. These are interdependent and inseparable from the medical profession.

The jurist defines rights and his role is important in deciding issues at dispute. Conventions which are not respected may be the subject of derision. The function of law is not only passively to record facts; more positively it can create new attitudes. In any case, it postulates a theory to which reference can be made, and any theory influences future action.

Technology opens up perspectives previously unrecognized. It extends co-operation among doctors for the utilization of civilian and military techniques available to the Detaining Powers. Law must define the doctor's rights in this technical field.

Professional ethics must transcend national barriers and guarantee relief to all who suffer. These ethics are a matter of conscience for every doctor confronted with moral and professional problems which arise in the event of armed conflict. Belief that training and education can forge the conscience to give it added strength is not a fallacy. Law, by its prospective and positive action can, here again, spur on evolution.

Conscience-searching by doctors alone will not suffice. The active will of governments and high intellectual and moral authorities is necessary. Only then will populations and even the " war lords " themselves give greater recognition to the dignity and rights of the medical corps.

Aloof from belligerence, concerned only for the good of humanity, doctors of every nationality will then have the moral authority to act in concert following the spirit of their profession, which is to save lives in danger and to alleviate suffering.

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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

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

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

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

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

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

(a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;

(b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

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

(c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;

(d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;

(e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation 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.

JUST PUBLISHED

THE PRINCIPLES OF INTERNATIONAL HUMANITARIAN LAW[1]

by

Jean Pictet

Director-General, International Committee of the Red Cross
Lecturer at Geneva University

In this sixty-page book the writer defines fully and with concision humanitarian law in its widest sense, the laws of war of The Hague and Geneva, and the principles which form the basis for this humanitarian law.

This clear summary is understandable to everybody interested in humanitarian ideas and actions in the world today. In addition, the appendix is a chart of the principles of humanitarian law.

It will be recalled that an earlier work by this author, *The Principles of the Red Cross*, gives the general reader a clear exposition of its subject. Copies of this book, which has already had considerable success, are available in French, English, German and Spanish, from the ICRC Geneva, which published the book.

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[1] **The Principles of International Humanitarian Law** *can be obtained from the ICRC, 7 avenue de la Paix, 1211 Geneva (postal cheque account No. 12-5527). Cost Sw.fr. 8.—.*

RECENT PUBLICATIONS

PUBLISHED BY THE ICRC

Geneva Conventions of August 12, 1949. **Essential provisions,** 1965, 8vo, 3 pp. Sw. Fr. 0,50.—

Claude PILLOUD. **Reservations to the 1949 Geneva Conventions,** 1965, 8vo, 8 pp. Sw. Fr. 2.—

ICRC. **Annual Report 1964.** 1965, 8vo, 80 pp. Sw. Fr. 6.—

PUBLISHED BY THE CENTENARY COMMISSION OF THE RED CROSS IN SWITZERLAND

World Conference of Educators (Lausanne, 19-23 August 1963), 1964, 8vo, 205 pp. Sw. Fr. 5.—

International Red Cross Meeting of First-Aiders, Macolin (Switzerland), 18-24 August 1963, 1963, 8vo, 55 pp. Sw. Fr. 3.—

The Red Cross and Philately (1863-1963), 1965, 8vo, 24 pp., Ill., Sw. Fr. 2.—

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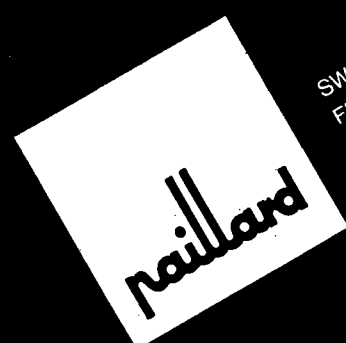

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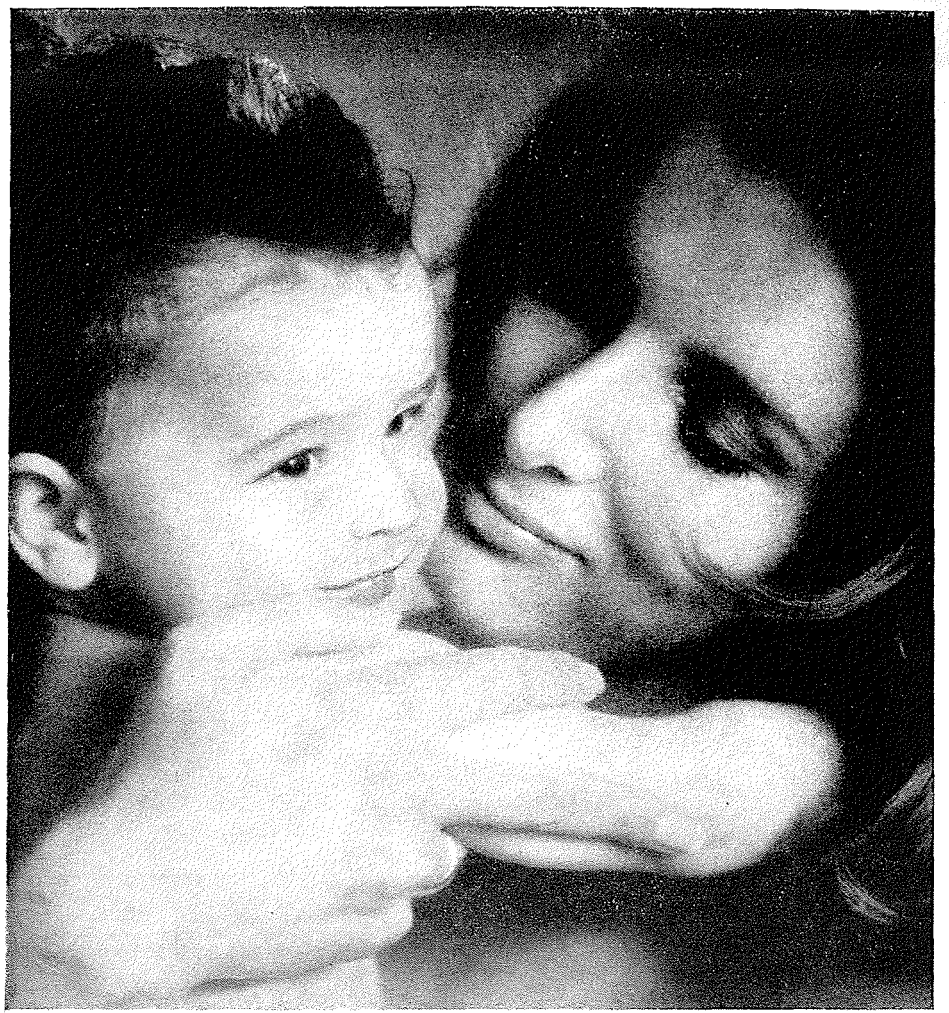

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U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36.*

VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas.*

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