



SUPPLEMENT

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REVUE INTERNATIONALE
DE LA CROIX-ROUGE

ET

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DES SOCIÉTÉS
DE LA CROIX-ROUGE

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*MEETING OF PRESIDENTS OF THE STANDING
COMMISSION OF THE INTERNATIONAL
COMMITTEE OF THE RED CROSS AND OF THE
BOARD OF GOVERNORS OF THE LEAGUE*

In its Resolution No. XIII, the XVIIth International Red Cross Conference recommended that the three Presidents members of the Standing Commission of the International Red Cross Conference should meet at least once between the bi-annual sessions of the said Commission.

A first meeting of the three Presidents took place in Stockholm, shortly after the assassination of Count Bernadotte. This meeting was called specially to consider what measures should be taken in view of Count Bernadotte's untimely death.

The last session of the Standing Commission having taken place in September 1948 and the next being convened for April 1949, the first regular meeting of the three Presidents was held in Geneva on February 2, 1949. It was attended by M. André François-Poncet, President of the Standing Commission, M. Paul Ruedger, President of the International Committee of the Red Cross, and M. B. de Rougé, delegated by the Chairman of the Board of Governors of the League, Mr. Basil O'Connor, who was unable to come to Geneva. M. W. Sloper, Secretary to the Standing Commission, also attended.

Various matters of common interest to the International Committee and the League were discussed, in particular the relief scheme in behalf of Palestine refugees and the repatriation of Greek children. In connection with the first of these items, the following statement was issued :

*RED CROSS ASKS FOR SPEED-UP IN RELIEF
FOR PALESTINE REFUGIES*

M. André François-Poncet, President of the Standing Commission of the International Red Cross Organisation, M. Paul Ruedger, President of the International Committee of the Red Cross and M. B. de Rougé, representing Mr. O'Connor, Chairman of the League of National

Red Cross Societies, met in Geneva on February 2, to examine, amongst other matters, the reports received on the relief work undertaken in behalf of the Palestine refugees. This relief scheme was decided upon in principle by the United Nations at their last Assembly, which entrusted a large part of its execution to the bodies constituting the International Red Cross, without prejudice to their autonomy.

MM. François-Poncet, Ruegger and de Rougé noted that, in spite of numerous, practical, moral and psychological difficulties, the work had started and was progressing satisfactorily. They felt it their duty, however, to recommend that Governments who had agreed to cooperate in the scheme, should give their practical help at the earliest possible moment. The situation of the refugees is still critical; distress is acute and the needs immense. Lack of funds alone hampers and defers the purchase and issue of relief supplies, which are anxiously awaited by several hundred thousand homeless persons who are utterly destitute.

RESIGNATION OF M. G. DUNAND

The International Committee regret to announce the resignation of a member of their Central Management, M. Georges Dunand, Director-delegate, who has returned to the service of the International Labour Office.

M. Dunand took up his duties with the International Committee in October 1944, as their delegate in Bratislava; in the following year he was appointed head of the Committee's delegation in Czechoslovakia. He was appointed Assistant Secretary-General at Geneva in December 1945, and Director-delegate in March 1946. He was responsible for the Relief Division, the Medical Division and the Information Section.

After attending the Pan-American Red Cross Conference at Caracas, M. Dunand visited on behalf of the Committee the Governments and Red Cross Societies of all the States of Latin America (Jan.-July, 1947).

INTERNATIONAL COMMITTEE OF THE RED CROSS

*REMARKS ON THE TRAINING OF RED CROSS NURSES AND VOLUNTARY AIDS, AND THEIR ACTIVITIES IN TIME OF WAR*¹

I. INTRODUCTION

During six years of war and bloodshed in most countries of the world, the medical personnel of the Red Cross laboured without flagging under conditions which were invariably difficult, sometimes very trying and often highly dangerous. The devotion of this personnel was beyond praise and deserves the gratitude of all.

It is not within the province of the International Committee to give an account of the work accomplished so admirably, day after day, by Red Cross Nurses and Voluntary Aids in all belligerent countries. The National Societies alone possess the details for an outline of this fine achievement. The Committee, however, would like to indicate briefly in this Report the rules, on the international plane, which govern the medical services of the Red Cross in time of war, and the problems which have arisen during these recent years relating to the work of Nurses and Voluntary Aids, and which might admit of better solutions.

In general, we feel that the rules which govern the work of Red Cross medical personnel should derive from the basic principles that serve as a foundation for the work of the Red Cross as a whole. Equally, they should be in accord with the "Geneva Convention for the Relief of the Wounded and Sick in Armies in the Field", several Articles of which regulate the

¹ XVIIth International Red Cross Conference, Stockholm, August 1948. — Report of the International Committee of the Red Cross. Under Point III (d) of the Agenda of the Health, Nursing and Social Assistance Commission.

position of the medical personnel who co-operate with the Army Medical Service.

II. FUNDAMENTAL PRINCIPLES OF THE RED CROSS

It is not an easy matter briefly to define the fundamental principles which guide the work of the Red Cross in time of war, nor the aims it has in view. The National Red Cross Societies, which had their origin in the compassion for the wounded dying on the battle-field at Solferino for lack of attention, were set up in every country to support the Army Medical Services by caring for the sick and wounded of the fighting forces, irrespective of nationality or party, and thus to mitigate the sufferings caused by war, or any form of armed conflict. Such support indeed requires, in time of peace, the preparation of ample equipment and the recruiting of considerable numbers of qualified personnel.

Since 1863, this work of relief for wounded men of the forces has remained the paramount aim of the National Red Cross Societies in time of war, but in the course of their development these Societies have by degrees extended their work of mercy to prisoners of war and to the civilians who are victims of war.

In order to avoid any duplication or overlapping, the practical work of every National Red Cross Society has been planned in close co-operation with those official or voluntary bodies of its own country that were working with the same object. This was especially the case with the Army Medical Services, under the orders of which the Red Cross Medical personnel is temporarily placed, in an auxiliary capacity in time of war. Such close co-ordination with the official agencies should, however, leave the National Societies sufficient independence to enable them entirely to preserve their character as private organizations. The Red Cross, which recruits its members irrespective of sex, race, religion or political opinion, must be able to carry on its work impartially and free from any political considerations, in the case both of international warfare and of civil disturbances.

III. THE GENEVA CONVENTION ¹

In order to put into practice the fundamental principles described, and to implement them by practical relief work which might be carried on without obstruction in all countries in case of war, this work had to be given recognition by an international treaty. Such was the origin of the Geneva Convention of 1864. This agreement forms the legal basis of all relief work for the sick and wounded of the forces in war time. Although it does, to a slight extent, limit the sovereign power of the Governments of the belligerent countries in time of war, all the States finally ratified this Convention. Such adherence means then that the signatory States and the peoples whom they represent have voluntarily agreed to this limitation of their sovereign power, because they have recognized the supreme value of the principles of human solidarity which inspired this Treaty. This is a tribute paid by the Governments to the Red Cross.

The Geneva Convention of 1864 lays obligations not only on the sixty-six States which have hitherto signed and ratified it, but also on the medical personnel which it protects. The Convention was revised in 1906 and 1929. As a result of the experience gained in the second World War, it is today once more in process of revision, in order to make it better suited to present-day conditions, but its main principles, laid down in 1864 and confirmed in 1906 and 1929, will not be appreciably altered. It may be hoped that, by the adoption of the new Convention for the protection of civilians, the safeguards which the Convention now restricts to the sick and wounded of the forces, may be extended to cover the civilian victims of war and the medical personnel and equipment required for the satisfactory working of all hospital services.

When the Governments have made known their views on the various draft amendments or additions to the present Conven-

¹ This abbreviation will frequently be found in this paper, and refers to the Geneva Convention for the Relief of the Wounded and Sick in Armies in the Field (1929).

tions, the Committee, in response to a request it has received, proposes to publish a summary which will inform the public of the rulings laid down by the Conventions. It has however appeared useful to the Committee to state briefly for the National Societies the rights conferred by the Geneva Convention upon Red Cross Nurses and Voluntary Aids in time of war, as well as the obligations it lays upon them. The International Committee has frequently observed that this personnel was perhaps not always sufficiently well-informed on these matters.

First, it should be noted that the Convention does not specifically mention Red Cross Nurses and Voluntary Aids, but that the Articles which apply to the "personnel of Voluntary Aid (Relief) Societies duly recognized and authorized by their Government" do in fact refer to them. (Cf. Arts. 9 and 10.) For the sake of concision, this personnel is often called "Protected Personnel".

Since, under the Convention, Red Cross medical personnel are subject to the same rules as the Army medical personnel, the comments which follow therefore apply equally to all Nurses and Voluntary Aids in time of war, in so far as they are under the orders of the Army medical services of the belligerent forces, or of the National Red Cross (Red Crescent, Red Lion and Sun) Societies and other Voluntary Relief Societies recognized by their Government.

According to the Convention, the medical personnel of the belligerent forces and that of the voluntary relief societies which assist them in time of war, have the right—and the duty—to care for the sick and wounded of the forces *without distinction of nationality*. (Cf. Art. 1.)

To this end, the medical personnel shall be respected and protected "in all circumstances". This protection was recognized by the Convention to enable the medical personnel to give aid without hindrance to the wounded and sick of both parties and of all nationalities; but, as a corollary, the medical personnel is under the obligation to give the same treatment and equal care to friend and foe alike. This protection is granted only to medical personnel "engaged *exclusively* in the collection, transport and treatment of the wounded and sick"

of the forces, and to the personnel employed in the administration of medical units under military authority. (Cf. Art. 9.)

The Convention moreover stipulates that "the military authorities may appeal to the charitable zeal of the inhabitants to collect and afford medical assistance, under their direction, to the wounded or sick of armies and may accord to persons who have responded to this appeal special protection and certain facilities". (Cf. Art. 5).

The Convention also stipulates that mobile medical units, as well as the fixed establishments of the medical service shall be respected and protected (Cf. Art. 6); the buildings and equipment of the medical establishments may not be diverted from their purpose or requisitioned, except in case of urgent necessity, and then "only after the welfare of the wounded and sick has been secured" (Cf. Art. 16).

To sum up, the various articles of the Geneva Convention, in general, state clearly that, in order to secure the best care possible for the wounded and sick combatants in time of war, the commanders of the belligerent forces bind themselves, on a basis of reciprocity, to exclude from hostilities not only the sick and wounded themselves, but the personnel who care for them, the buildings which shelter them and any equipment which is for their treatment or use.

Such advantages, however, involve certain obligations for those who benefit by them, and the protection granted to medical establishments ceases, "if they are made use of to commit acts harmful to the enemy". (Cf. Art. 7.) Medical units may therefore not exceed their duty of giving aid: they must not take advantage of their position, to the detriment of the enemy. This means a heavy responsibility for the medical personnel, for any failure to observe this rule imperils the life of all the sick and wounded. It may, however, be noted that medical personnel are authorized to have arms and to use them if attacked, but exclusively in their own defence and in that of the sick and wounded in the care of the unit (Cf. Art. 8).

Even if they fall into the hands of the enemy, medical personnel have the advantage of certain facilities. Throughout the period of their detention, they may continue to carry out

their duties in the care of the sick and wounded under the direction of the belligerent Power, which is bound to provide them with "the same food, the same lodging, the same allowances and the same pay as are granted to the corresponding personnel of their own armed forces" (Cf. Art. 13).

The Convention at present in force stipulates that, while in the hands of the enemy forces, the medical personnel shall "preferably be engaged in the care of the wounded and sick of the belligerent to whom they belong", (Cf. Art. 12), but this does not constitute an obligation on the Detaining Power, and the medical personnel should be ready in all circumstances to care for the sick and wounded combatants without distinction of nationality.

The main principle governing the position of medical personnel who fall into the hands of the enemy is that they should be repatriated. As a rule, "they shall be sent back to the belligerent to whom they belong as soon as a route for their return shall be open and military considerations permit". (Cf. Art. 12). But this Art. 12, par. 2, and Art. 14, par. 4, of the 1929 Convention relating to the Treatment of Prisoners of War allow belligerents to come to an agreement to retain in the camps members of the medical personnel for the purpose of caring for their prisoner fellow-countrymen. During the second World War, repatriation of medical personnel took place only on a small scale, the belligerents having agreed to retain a considerable proportion of them. When drafting the revised text of the Geneva Convention, experts of the various countries have devoted particular attention to this problem. Some would like to see repatriation maintained as a first principle; others would prefer to have it replaced by the principle of retaining such personnel, even to the length of advocating that they should be considered to be prisoners of war. The International Committee, for its own part, is endeavouring to find a solution which would ensure both for the sick and wounded of the forces and the prisoners of war, the benefit of the best possible care. Whatever the course adopted, the revised Geneva Convention should clearly lay down what the treatment of retained medical personnel should be, as the present texts give hardly an indication.

With a view to establishing their identity, all members of the medical personnel (except "temporary" personnel, a relatively small category, whom it is unnecessary to consider here), have to wear an armband bearing a red cross on a white ground, issued and stamped by the responsible military authority (Cf. Art. 21).

Moreover, the personnel proper of the Army medical service shall be provided with an identity certificate consisting either of an entry in their paybook, or of a separate document.

As for the personnel of the National Red Cross Societies who do not wear Army uniform, they have to be provided with an identity certificate with photograph.

In no case may the medical personnel be deprived of their badges or identity certificates; in case of loss, they shall have the right to obtain duplicates.

It is well that Nurses and Voluntary Aids should know that the emblem of the red cross on a white ground is the distinctive emblem of the medical service of the forces (Cf. Art. 19) and of the Red Cross units which are auxiliary to it, and that, under the Convention, this emblem must serve exclusively to indicate the units, establishments, personnel and equipment protected by the Convention (Cf. Art. 24).

In time of war, no one may use the emblem of the Red Cross or hoist its flag without having previously obtained the permission of the competent military authority (Cf. Art. 20). Moreover, the Convention likewise recognizes, with the same reservations concerning its use, the emblem of the red crescent or the red lion and sun on a white ground for the countries which before 1929 adopted these emblems in place of the red cross (Cf. Art. 19).

Finally, it should be noted that the signatory governments are under the obligation to take the necessary steps to instruct not only their armed forces, but also the protected personnel in the provisions of the Convention (Cf. Art. 27).

* * *

We have briefly indicated the principles of the Red Cross and the rulings of the Geneva Convention which govern the work of the medical personnel. These might serve as a guide to the National Societies in deciding, according to the circumstances in each country, on the best means of training the medical personnel whom they enlist.

The International Committee also desires to touch on certain definite problems of the work of the Nurses and Voluntary Aids which arose during the second World War. This report must of necessity have some digressions, since it has to deal with particular and unrelated points, but we hope it may nevertheless provide useful suggestions for the National Societies who are seeking to develop their medical services, and to improve the training of their Nurses and Voluntary Aids.

IV. PRACTICAL APPLICATION OF THE CONVENTION TO VARIOUS PROBLEMS RELATING TO THE WORK OF RED CROSS NURSES AND VOLUNTARY AIDS IN TIME OF WAR

(a) *Protection.* The protection afforded by the Geneva Convention to Red Cross medical personnel in time of war has not always been clearly understood by Nurses and Voluntary Aids, who have often only a rather vague and sometimes mistaken conception of the rights and duties which are theirs by the terms of the Convention. As seen above, such protection is limited to the medical personnel which works in the hospital units under the orders of the Army medical service. Since their formation, certain National Societies have greatly extended their field of activity: they have undertaken work which goes far beyond the original aim of the founders of the Red Cross. Thus, in certain countries, the National Societies have organized and directed relief schemes in behalf of civilian war victims, such as refugees and evacuees, or even for the combatant forces, for whom the Red Cross has opened recreation centres, canteens and supply centres in the railway stations, and so on. All the staff assigned to this relief work wore Red Cross uniform, and the emblem of the Red Cross on a white ground was

used to indicate the premises where this welfare work was carried on.

This use of the emblem, contrary to the very terms of the 1929 Convention, caused a certain amount of confusion, in particular amongst the women workers enrolled by the National Societies to do this welfare work. Since they wore Red Cross uniform the Voluntary Aids thought, in all good faith, that they were placed under the protection of the Geneva Convention, and when captured by enemy forces, they asked to be repatriated under Articles of the Convention which could not apply to them. It is true that the experts who are engaged in drafting a new Convention for the protection of civilians in time of war, are anxious that the personnel working in civilian hospitals in time of war should have protection similar to that of the personnel of military hospitals. We trust that this draft Convention will be accepted, but at present it has not yet been submitted for the approval of the Governments. With regard to the personnel employed in welfare work for combatant forces, it should be realized that they will not be able to enjoy any special protection. Their duties lie outside the scope of the specifically neutral and impartial activities which are provided for under the Convention. It appears desirable that this form of work should be carried out under some emblem other than the Red Cross, even when used in its "descriptive" sense only. This would avoid confusion with the emblem used in its "protective" sense, which must retain its full value in time of war for persons, establishments and equipment that are legitimately entitled to use it. (In this connection see Report No. 8 of the International Committee).

(b) *Obligations of Nurses and Voluntary Aids.* — In time of war or civil disturbances, when Nurses and Voluntary Aids join the Red Cross to work in medical units, they should be duly informed that, in addition to their responsibilities towards the sick and wounded in their care, they have definite duties towards the authorities of their own country and, at the least, moral obligations associated with the emblem of the Red Cross, under the protection of which they carry out their work.

It is not our intention here to define the professional duties of nurses towards the sick and wounded in their care, nor their duties towards the doctors under whose orders they work. They have been instructed in these duties during the course of their years of training. During the recent War, however, they were too often ignorant of the fact that the laws of their own country might in due course be applied to them.

In time of war, it is difficult to forecast the course of events : many countries were invaded at such speed that before the Governments withdrew from office, abandoned the country, or made submission to the enemy Power, they were unable to make a sufficiently wide circulation of instructions to Nurses and Voluntary Aids as to the attitude they should adopt to the occupying authority. This uncertainty created much difficulty and distress. Some Nurses and Voluntary Aids, taking their stand on the principles of neutrality which form the basis of the Convention, believed they had the right to join the Red Cross or the medical service of the occupying Power—a course which entailed grave consequences for them. At the end of the war, when they returned to their own country, they were arrested, tried and in many cases convicted for having broken the laws of their own country. The International Committee ventured to call the attention of the National Societies and Governments to this debatable problem (Cf. Report No. 15, submitted to the Legal Commission of the Stockholm Conference, Point III of the Agenda).

To avoid a repetition of such distressing incidents, it would be advisable that Nurses and Voluntary Aids receive instructions on the attitude they should observe towards the occupying Power. We should therefore like to urge that every National Society, in agreement with the responsible Government authorities, should consider how it may best instruct Red Cross Nurses and Voluntary Aids in their war-time responsibilities under the laws of their own country.

It seems, too, that Red Cross Nurses and Voluntary Aids should be better acquainted with the practical significance of the moral obligations associated with the emblem of the Red Cross which protects them, and the duties incumbent on them

in applying the Geneva Convention signed by their Governments. We have seen that, besides nursing the sick and wounded of the forces both of friend and foe, with equal care, they have to refrain from any "acts harmful to the enemy". Do Nurses and Voluntary Aids fully realize the meaning of the expression "acts harmful to the enemy"? It seems to us necessary that every National Society should, in agreement with its Government, define this term, and that clear instructions should be given to all members of the medical personnel on this point.

To give an instance, there can be no question of using a dressing station or a hospital to shelter combatant forces or members of a resistance movement who are neither wounded nor sick, to hide ammunition, or to transmit information which might serve the forces of one or the other party. Such action is incompatible with the clauses of the Convention, and does harm to the Red Cross, by destroying the confidence upon which it rests.

In order to avoid errors of this kind occurring through ignorance of the terms of the Convention, it seems imperative that, in application of Art. 27, Red Cross Nurses and Voluntary Aids should be duly informed of the clauses of the Convention which they have to observe. It might even be advisable for them to sign an undertaking in this sense when joining the active service of the Red Cross in time of war.

In addition, it would be useful to have a copy of the Geneva Convention issued to each medical unit of the Red Cross. This document should be available to nurses, particularly when, to avoid infringement of the Convention, they must refuse access to their unit by persons who have no right to take refuge there. We are aware that, in certain circumstances, the strict application of the clauses of the Convention demands much self-sacrifice and discipline on the part of Red Cross personnel. We fully understand, for instance, that Nurses and Voluntary Aids, who may suffer greatly when their country is occupied by enemy forces, find it very difficult to observe a neutral attitude which prevents them from taking part in national resistance movements, and allows them only to tend the sick and wounded. A great sacrifice is thus demanded of the per-

sonnel by the Convention which protects them—the greater since, during the recent World War, feeling ran so high and was so strong that the neutral attitude imposed on the medical personnel was not always understood by the public. In certain instances, this attitude was interpreted as an expression of sympathy towards the enemy or the occupying forces; the result was that offence was given and accusations made which were very painful to those who were the subject of such criticism.

To-day, three years after the end of the war, feelings of hatred are far from being allayed everywhere. It seems that the National Societies and Governments should take active steps in order to make known to the public the obligations implicit in the Geneva Convention, and to show the dignity of the actively neutral attitude which all members of the medical personnel protected by this Convention have to observe in case of war. The public should be convinced that, although they take no part in the defence of their land in time of war, Red Cross Nurses and Voluntary Aids serve their country equally well by their devotion to the care of the sick and wounded, by their loyal observance of the terms of a Convention signed by their Government, and by their defence, on the international plane, of those principles of mutual aid which it is to the credit of nations to observe.

(c) *Identity Certificates.*— In time of war, the personnel protected by the Convention must wear conspicuously on their left arm an armband bearing the emblem of the Red Cross, issued and stamped by the military authority. This rule was laid down in order that medical personnel should be duly placed under the military authority, alone competent to issue the armband which, in the eyes of the fighting forces, confers the right to respect and protection. Even though the wearing of an armband is not practical in a medical unit, it is a duty in time of war, in the fighting zones in particular, and the National Societies would do well to see that this rule is observed. Moreover, if the military authorities, after stamping the armbands, give the National Red Cross the task of issuing them, care

should be taken that the brassards are handed only to persons who, under Arts. 10 and 21 of the Convention, are legally entitled to wear them.

We have already seen that, in order to be recognized as protected personnel under the Convention, Red Cross Nurses and Voluntary Aids must be provided by the competent military authority with an identity certificate with photograph. It may be recalled in this respect that, after thorough consideration by the International Standing Commission for the Study of Medical Equipment, the International Red Cross Conference adopted a standard type of identity certificate, which is described in the annexe (Cf. Annexe 1). The Draft Revised Geneva Convention lays down conditions for identity certificates, in future to be standardized, on the model of that approved by the International Red Cross Conference, with the addition of finger-prints.

During the recent War, a considerable number of Red Cross Nurses and Voluntary Aids who were taken prisoner with the medical units to which they were attached, were unable to produce the regulation documents certifying their status as members of personnel protected under the Convention, because the formalities which should have been carried out by the military authorities had too often been disregarded. For this reason they were unable to get the advantages to which they were entitled in captivity, or to be repatriated: they applied thereupon to the International Committee to claim the certificates. These applications of course had to be forwarded to their country of origin, where the military authorities were alone competent either to supply the identity certificates which had not been issued when the personnel took up their duties, or else to provide a duplicate of those which had been lost during the war.

In many cases, negotiations to obtain these certificates took several months, and it was often impossible to get Red Cross Nurses and Voluntary Aids repatriated, in default of proof that they had actually been enrolled in the Army or Red Cross medical services. The International Committee ventures to draw the attention of the National Societies to the need, in

time of war, for issuing an armlet and identity certificate to every Red Cross Nurse and Voluntary Aid before she leaves on active service.

It should be remembered that it is of paramount importance that Red Cross Nurses and Voluntary Aids should know that, in case of capture by the enemy forces, the Convention entitles them to keep their armlets and identity certificates, and that these should not be given up.

In addition, we consider that the National Societies would find it of great advantage to ask their Governments to make out every identity certificate in duplicate, one copy being handed to the owner and the other kept on record in a safe place, to serve as a substitute in case of need.

(d) *Use of the Red Cross Emblem.*—The Red Cross emblem was adopted in order to indicate the presence of sick and wounded combatants to the enemy, with a view to his giving them protection, as well as to the personnel, buildings and equipment required for the transport and care of the said sick and wounded. The emblem was assigned in the first place to the medical services of the forces, and then to the National Red Cross Societies and other recognized voluntary relief societies, which carry on the same work as auxiliaries of the medical service. On condition that they abide by the terms of the Convention, National Red Cross Societies have the right to use the Red Cross emblem in time of war for their work in behalf of the sick and wounded of the forces, but neither the National Societies nor their personnel are entitled, from a strictly legal point of view, to use the Red Cross emblem for any other purpose.

However, no Government has to our knowledge denied the right to a Red Cross Society to continue in time of war to use the emblem in the descriptive sense, in the course of the traditional work which they carry on in peace time (such as the care of sick civilians). The Draft Revised Geneva Convention, while safeguarding the use of the emblem as far as possible, aims at bringing the law on this point into line with practice and common sense.

In any case, it cannot be too often stressed that the emblem

of the red cross on a white ground is, above all, the symbol of the Geneva Convention. This treaty gives it a high significance, by making it in fact the symbol of the protection surrounding the sick and wounded of the forces, the buildings which shelter them, the personnel which brings them relief and the equipment devoted to their care. Therefore every precaution should be taken in order that the emblem be used only within the limits fixed by the Conventions, or by an *ad hoc* agreement between the Powers concerned. It is only on these terms that respect for it can be maintained and its authority safeguarded.

The fact must be admitted that, in the course of the recent wars and usually through ignorance, many abuses of the emblem of the Red Cross have occurred. The International Committee has deplored this fact, for any improper use of the Red Cross has the immediate effect of arousing the mistrust of the enemy, who then considers that he has the right to disregard the immunity conferred by the Red Cross. Whenever it was possible, the International Committee has taken steps to see that the improper use of the emblem should cease.

V. NEW METHODS OF AID TO THE SICK AND WOUNDED

(a) *Functional Training*. — Particular mention should be made of the fact that during the war, the medical services of the forces assisted by the medical branch of the Red Cross, sought to give the sick and wounded combatants the benefit of the best and most up-to-date therapeutic methods. But in some countries these aims were considerably hampered by the shortage of medicaments and medical equipment. Red Cross nurses have had opportunity, in the course of the intensive work of these last six years, to learn the technique of certain new methods of treatment, particularly in the field of functional training of the war-disabled, and their re-settlement in independent life. Great progress has been made in this branch of therapy. The functional training of injured limbs starts at the bedside of the wounded as soon as treatment begins, and is now part of the daily attention given by nurses and nursing auxiliaries.

(b) *Social Assistance*.—The type of service which the National Societies have given the Army medical service varied widely from one country to another, but great efforts have been made by all to give the most efficient form of help to the sick and wounded. In general, it should be remembered that there has been a great development of the social assistance services, since it is now generally understood that the worry caused by personal or family difficulties too often hinders the recovery of a patient. The social worker now has an important part to play in war-time Army medical units : she is an essential factor in the satisfactory working of such establishments.

(c) *Occupational Therapy*.—With the purpose of hastening the recovery of the wounded and sick suffering from atrophy, ankylosis or partial paralysis, and of making their recovery more complete, some military hospitals have introduced what is known as “occupational therapy”. This service, placed under medical supervision, provides the patients with minor manual tasks, such as embroidery, weaving, plastic moulding, carpentry, pottery, etc. Their purpose is to give graded exercise to injured or stiffened limbs and to restore their strength and suppleness. Excellent results have been achieved by these means.

(d) *Hospital Libraries*.—Mention should also be made of the recent development of libraries in military hospitals. Reading matter has always been given to the wounded and sick to help them to bear the tedium of idleness in any long-term treatment. Now, however, much more care is being given to the choice of such books and publications. In some cases, the attention of the patients should be drawn to subjects which may give them moral support and comfort ; in others, general education, cultural knowledge and technical training are required. The direction of hospital libraries is now in the hands of trained staff and psychologists, who advise the patients in the choice of their reading matter. This education by reading is often supplemented by short talks on a variety of subjects.

(e) *Artistic Education*. — Some hospitals have decorated their wards and the patients' rooms with reproductions of

famous works of art. Exhibitions of this kind, which are frequently changed, have apparently met with great success, and many patients belonging to all classes and walks of life now display an interest in the history of art.

These few examples of recent developments in treatment given in military hospitals are not recommended for adoption without modification in all countries. Each country has its own traditions, customs, and habits, as well as its own culture : to these the methods of intellectual aid and social work must therefore be adapted. It seems useful, however, to illustrate by examples the practice now in favour of completing physical care by therapy in the psychological, intellectual and moral fields. Despite the skill shown in care of this kind, many sick and wounded will never wholly regain their former strength. Patients should have not only medical treatment, but also the teaching and encouragement that will help them professionally, intellectually and morally, and in their work for a livelihood. They will then be able to look forward to the future with greater courage.

Certain National Red Cross Societies have been successful in doing admirable work of this kind during the War. However, to achieve such effective results in so many varied fields, a large, well-trained and properly qualified staff is required.

VI. TRAINING OF NURSES AND VOLUNTARY AIDS

Professional Training. — We will not refer here to the general question of additional training for certified nurses for service in time of war, nor to the theoretical and practical First Aid courses in sick-nursing which should be followed by Voluntary Aids who wish to serve as nursing auxiliaries. These questions have already been dealt with in reports to the last two International Red Cross Conferences (Cf. Document No. 18 : Training of Nurses and Voluntary Aids for service in case of War or Public Calamity, submitted in Tokyo, 1934 ; and Document

No. 1: Establishment of Relief Services, submitted in London, 1938). The principles laid down in these Reports still appear to hold good, provided National Societies adapt them to present-day circumstances and current therapeutic methods. But in the light of experience gained within the last ten years, we should like to add to these Reports details on certain specific points which we consider have an important bearing on the work of the Red Cross medical services in time of war.

(a) *Development of the Nurse's resourcefulness.* — In the Red Cross medical services, nurses are often confronted by unforeseen circumstances. During the recent war, in certain forward areas and at certain times, the shortage of medical equipment and medicaments was very serious, and the nurses had to give effective treatment with makeshift means. Nurses who have had long years of service in well-equipped hospitals are ill prepared for work where ingenuity and improvisation are required. We therefore stress once more how important it is for Red Cross nurses to take courses in first aid, and to develop their enterprise and talent for improvisation.

(b) *New Tasks.* — As we have already seen, great progress has recently been made in the functional training of injured, stiff and atrophied limbs. The role of Nurses and Voluntary Aids in this field of therapy is most important and the Nursing Department of all National Red Cross Societies should, we feel, devote particular attention to training Red Cross Nurses and Voluntary Aids for this specialized care.

Social work too, having gained the important place it deserves in the service of military hospitals in time of war, the National Societies would find it useful to train qualified personnel to undertake this duty, or to employ the requisite number of trained social workers to provide such attention.

The same observations apply to the branch of "occupational therapy"; here again, qualified staff is required to ensure the successful working of these services.

Lastly, there should also be provision for engaging staff competent to organize lending libraries in the hospitals, and

having the skill and experience needed for planning intellectual and moral welfare work to help the recovery of the sick and wounded combatants.

In time of war, Nurses and the Voluntary Aids who assist them as Nursing Auxiliaries are entirely absorbed by the work of caring for the sick, and it is clear that they should leave a great part of the services mentioned above to Voluntary Aids who have specialized in social and intellectual assistance.

In order that all these services may work smoothly and simultaneously in a hospital, great care must be given to their co-ordination. Attention must also be paid to the direction of the Red Cross staff, to strict discipline and to adherence to a single aim, that of giving care in the most effective way to the victims of war, this duty coming before any other consideration.

VII. DIRECTION AND CO-ORDINATION OF WORK IN TIME OF WAR.

(a) *Central Direction of Women Members of Medical Personnel.* — To ensure the efficiency of Red Cross services in the field in time of war, it would be advisable to set up a central organization in each country for all the women members of medical personnel of the Red Cross. The central direction should be entrusted to qualified women representatives who have the confidence of Nurses and Voluntary Aids, working in close contact with the corresponding official departments of the Government and Army services. In certain countries, it is the Nursing Department of the Red Cross that, in time of peace, accepts the responsibility of enrolling the requisite number of Nurses and Voluntary Aids, of fixing their respective duties and training them for the work they may be called upon to do in time of war or calamity. It seems, therefore, appropriate for the Head of the Nursing Department to undertake responsibility for the central organization of the said Red Cross medical personnel in time of war. She should see to it that the allocation

of staff amongst the medical units is made with care and that a sufficient number of nurses are enlisted to direct and supervise the voluntary aids, who assist them as voluntary nursing auxiliaries. This acceptance of authority is logical and necessary, if the Red Cross is to escape criticism when mistakes are made in the treatment of a patient. It is a matter for regret that this rule was not always observed during the recent War: there were instances of medical establishments run with a staff composed exclusively of voluntary nursing auxiliaries. In those circumstances these voluntary aids had to undertake duties which were beyond their capacity, and in these hospitals the sick and wounded did not always receive the required care.

During hostilities it frequently occurs that the number of wounded brought in necessitates the opening of auxiliary hospital units: at other times the number of wounded falls, and it is then possible to close certain hospitals temporarily. Staff headquarters should therefore provide for a flexible organization and a sufficient reserve of medical personnel to meet the most severe emergencies. If the Red Cross does not possess reserve teams, ready for duty, it then becomes necessary to withdraw nurses from hospitals which are relatively overstaffed. Such nurses form new units and are replaced by the most qualified of the voluntary nursing auxiliaries. In time of war, arrangements of this kind are frequent, but the organization of such transfers is one of the difficult duties of Staff headquarters, and calls for a knowledge of the individual qualifications of every nurse and voluntary aid in the Red Cross service. To meet these demands, it would be necessary in time of peace to draw up in each Red Cross Nursing Department a card-index, recording full particulars of all members of the medical personnel whom the National Society can call upon.

We should also like to point out how important it is for the staff management to be kept accurately informed, through regular reports, of the work accomplished by the Nurses and Voluntary Aids in each appointment they hold. Such reports should be supplemented, as often as possible, by visits from members of the Central Direction to the personnel on duty in

the medical units. These talks are necessary to enable the Management to arrange for suitable allocations of staff, and they serve to encourage the nurses in their work, often thanks enough, by reminding them of the spiritual significance of the most humble duties, carried out as part of the Red Cross task of service.

(b) *Team Work*.—In each medical unit, co-operation between Doctors, Nurses, Nursing Auxiliaries and other classes of Voluntary Aids of the Red Cross should be flawless. For general good relations, there must be a cultivation of good will at all times between the various groups of the medical personnel. With this end in view certain National Societies build up teams composed of all the necessary elements to run a hospital unit. By constant practice, the members of these teams train for working together, co-ordinating their particular duties and carrying them out with discipline and in a spirit of fellowship. These conditions prove to be essential for accomplishing the often arduous and trying task that will face the teams in time of war.

It must however be admitted that it is not always easy to get Nurses and Voluntary Nursing Auxiliaries to work harmoniously together, as their respective duties with the patients may give rise to a certain amount of competition. When, however, there is understanding and mutual trust between these two groups of the medical personnel, differences quickly fade. To promote this good will it seems advisable, as far as possible, to give the practical training of the Nursing Auxiliaries into the hands of the Nurses who will later have to direct them in Red Cross service in the field. In time of war, it would be a pity if through ignorance of the qualifications of their assistants, the Nurses discouraged them by using them only for menial tasks of doubtful value. If, on the other hand, the Nurses give work to the Voluntary Aids for which they have inadequate experience, unfortunate consequences may result for the patients.

If efficient and smooth co-operation is to be established between members of the staff of a medical unit, the duties of each one should be clearly fixed, strict discipline should

be observed by all, and staff headquarters should encourage the team spirit, so necessary for members of a Red Cross medical unit.

VIII. RESPONSIBILITY OF THE NATIONAL SOCIETIES TOWARDS NURSES AND VOLUNTARY AIDS

(a) *Civil Responsibility.*—Even in the medical services which have the best organization and direction, it may sometimes happen, especially when the personnel is overworked, that through an oversight or by an accident, errors in giving treatment occur, and that serious and may be irremediable results follow for the health of the sick and wounded. The Committee wishes to draw the attention of the National Societies to the legal consequences which such errors or accidents may have. In some countries, the National Societies, Nurses and Voluntary Nursing Auxiliaries themselves can be held responsible financially for such errors. It would therefore be advisable for the National Societies to study the relevant laws of their country, so that the Red Cross personnel in their employ may be safeguarded against the risk of being sued for damages. That might be done, for instance, by taking out appropriate civil liability policies in their behalf.

(b) *Accident and Sickness Insurance.*—It is advisable that Red Cross Nurses and Voluntary Aids should be insured against risks in their work in time of war. In several countries, if our information is correct, agreement has been reached between the National Society and its Government, and all Red Cross personnel working in units covered by the Geneva Convention are insured against sickness, accidents and disablement, in the same way as members of the medical service of their national armed forces. Likewise, if a Nurse or Voluntary Aid loses her life on active service, the next of kin receives compensation similar to that given to the next of kin of a member of the medical personnel of the armed forces who dies in similar circumstances.

If a Red Cross unit is captured by the enemy forces, and the Nurses or Voluntary Aids of that unit fall ill or sustain an accident in the performance of their duties under the direction of the enemy Power, we consider that Article 13 of the Geneva Convention should be applied in the spirit, if not the letter, and that the Detaining Power should give them medical treatment, daily care, maintenance and the compensation to which they are entitled until their return to their own country.

It may occur that, as a result of illness or accident during captivity, Red Cross Nurses or Voluntary Aids may continue after repatriation to be totally or partially disabled. In such a case they should be awarded compensation or pension. In their interests, it would be preferable that the payment of such allowances be guaranteed to them by some organization in their own country. Also, if a Red Cross Nurse or Voluntary Aid dies in captivity, compensation should be paid to her next of kin through some national organization.

The Committee is fully aware of the great courage and self-sacrifice of nurses who volunteer for work in medical units at the front without being deterred by any danger or risk. It has too, had experience of the distressing position of members of medical services who have become disabled as a result of illness contracted in captivity. Consequently, it wishes to draw the attention of the National Societies to these questions of social insurance, which were not fully settled in all countries during the second World War.

(c) *Remuneration of Red Cross Personnel.*—Finally, we should like to touch on a difficult question which has been of concern to several National Societies : it is that of remuneration of staff employed in Red Cross services in time of war. The said Societies have asked the Committee if Red Cross principles allow them to pay wages or give allowances to their staff, particularly to the Nurses and Voluntary Aids.

In 1863, when the founders of the Red Cross recommended the creation in every country of relief societies, with a view to training "voluntary" male nurses to care for the wounded on the field of battle, it was clearly meant that these men should

not only offer their services for work which they considered of high moral significance, but that they should perform it without remuneration. This was probably the intention at the time, but the economic situation in those days was not what it is now. At that period, in all countries, there were many people who were sufficiently well off to enable them to offer their services without remuneration.¹ To-day, the number of people who can work without salary is much smaller. On the other hand, in time of war, National Societies have increased responsibilities and duties, and it is imperative that they enlist the requisite number of Nurses and Voluntary Aids who are best qualified by efficiency, character and devotion to the ideal of the Red Cross. At first sight, it would seem that the National Societies should have latitude in the matter of paying, in some way or other, those who cannot regularly give their services without remuneration. But the problem requires study, and the Advisory Committee of Nurses of the League of Red Cross Societies has asked that the study which was begun, on the principle of voluntary service in the Red Cross as applied to Nurses and Voluntary Aids in time of peace and in time of war, should be pursued by the League and the Committee. The Advisory Committee also recommended that in connexion with this study, National Societies should send in to the Secretariat of the League a full report on the organization of the services and training of their voluntary personnel. (Cf. in this connexion Recommendation No. II of the IXth Session of the Advisory Committee of Nurses).

IX. CONCLUSIONS.

During the second World War, the Committee received only scanty information about the work done in each country by the Nurses and Voluntary Aids of the Red Cross. The Committee

¹ It is of interest to note that in the meeting of the "Committee of Five" held on March 17, 1863, Henry Dunant suggested that the voluntary male nurses "should be enrolled for temporary service and receive pay for the duration of their employment".

See *Revue*, Dec. 1948, p. 870.

is nevertheless aware that their devotion to duty was beyond all praise and that the immense amount of work accomplished by them was of a very high order. In our opinion, the few errors or confusions which did occur could be avoided in future by a stricter application of the clauses of the Geneva Convention, better training of the medical personnel, and a more clearly defined and improved organization of the medical services of the National Societies.

To find a solution to questions of administration and training is relatively easy. This is not so with the difficulties that arise in time of total warfare, when it comes to applying the main principles of the Red Cross. We are then faced with differing points of view, which are hard to reconcile as long as the hatred aroused by inhuman methods of warfare still persists.

Immediate and protracted efforts are required in this field, since public opinion in the countries most seriously stricken by invasion and occupation is not prepared to admit that Red Cross personnel must in time of war preserve a non-belligerent attitude. We admit that neutrality of this kind, the logical outcome of the obedience to Conventions signed by the national governments, goes beyond the immediate requirements of national defence. Yet we must emphasize that such a policy serves the best interests of the country, since its objects are to relieve the distress of victims of the war and to conserve the highest moral values of mankind.

It is because it remains outside all conflict of a national, political, economic or social character, that the Red Cross can perform its work of relief in time of war or civil strife, and it is because it respects private convictions and the individual rights of all, without distinction, that the Red Cross opens the way to international reconciliation. The Red Cross should patiently seek to restore respect for these fundamental rules of conduct and should make them known not only to the personnel enlisted by the Red Cross Societies, but also to all classes of the population in all countries. When the day comes that the peoples of all nations adhere with conviction and loyalty to those principles of solidarity and mutual aid which underlie all Red Cross work, then war will cease; the Red Cross will

have achieved its primary aim, and it will then be able to devote all its efforts to relief in time of peace.

* * *

ANNEXE

IDENTITY CERTIFICATES

- (A) *Neutrality Armlet.* (Prescribed by the Geneva Convention of 1929, Art. 21.)
- (B) *Identity Certificate.*
- (1) The certificate of identity, required by Art. 21 of the Geneva Convention for medical personnel not wearing army uniform, consists of the document known as the identity card.
- (2) This document may be either a simple or a folded card. The front and back may only be used for recording standard details applying equally in all countries. The inside of the folded card may bear the items which each country considers advisable (period of validity, special duties of the bearer, possible transfers, and so on).
- (3) The card shall be of cardboard or stiff paper and may be put in a case to keep it in good condition.
- (4) The card shall bear the emblem of the Geneva Convention.
- (5) Recommended dimensions: length 14 centimetres; breadth 10 centimetres. ($5\frac{1}{2} \times 4$ inches).

Obverse

- (6) The items shall be numbered as follows,
- (a) *Top:*
- Country
Organization to which the bearer belongs
The words " Identity Card "
Number of the card
- (b) *Underneath in the following numerical order:*
1. Name of bearer
 2. First names
 3. Place of birth

4. Date of birth
5. Height
6. Colour of eyes
7. Visible distinguishing marks
8. Signature of the bearer
9. Signature of the Chairman of the organization attesting to the accuracy of the particulars given
10. Place and date

N. B. — In no case may the medical personnel be deprived of their badges or identity certificates. (Extract from Art. 21 of the Geneva Convention, par. 5.)

Back.

11. Photograph firmly affixed. Length of head shown 2 cm. at least
12. Stamp of the organization, partly covering the photograph
13. Embossed stamp of the military authority
14. Name of the responsible military authority and signature
15. Place and date.

REVISION OF THE TENTH HAGUE
CONVENTION OF OCTOBER 18, 1907 FOR
THE ADAPTATION TO MARITIME WARFARE
OF THE PRINCIPLES OF THE GENEVA
CONVENTION OF 1906

TITLE

CONVENTION
FOR THE RELIEF OF WOUNDED,
SICK AND SHIPWRECKED MEMBERS
OF ARMED FORCES ON SEA ¹

CHAPTER I

General Provisions

ARTICLE I

The High Contracting Parties undertake ² to respect, and to ensure respect for the present Convention in all circumstances.

Respect of
the Convention

¹ In view of the peculiarly technical nature of the Revised Draft Maritime Convention, the Legal Commission of the XVIIth International Red Cross Conference left its study to a Sub-commission of naval experts. The said Sub-commission stressed the desirability of revising the Xth Hague Convention and adapting it to the Geneva Convention. Such revision was, however, a task requiring the most careful scrutiny, owing to the circumstances which are particular to maritime warfare. Seeing the number and importance of the amendments tabled by members of the Sub-commission, and as several maritime Powers were not represented by naval experts, the Sub-commission passed a recommendation that a further meeting of Government Experts be held before the coming Diplomatic Conference.

² The words " in the name of their peoples " have been deleted.

ARTICLE 2

Application of
the Convention

In addition to the stipulations which shall be implemented in peace time, the present Convention shall apply to all cases of declared war or of any other armed conflict which may arise between two or more of the High Contracting Parties, even if the state of war is not recognized by one of them.

The Convention shall also apply to all cases of partial or total occupation of the territory of a High Contracting Party, even if the said occupation meets with no armed resistance.

If one of the Powers in conflict is not party to the present Convention, the Powers who are party thereto shall notwithstanding be bound by it in their mutual relations.

¹ In all cases of armed conflict not of an international character¹ which may occur in the territory of one or more of the High Contracting Parties, each of the adversaries shall be bound to implement the provisions of the present Convention. The Convention shall be applicable in these circumstances, whatever the legal status of the Parties to the conflict and without prejudice thereto.

ARTICLE 3

Obligatory
character

In case of hostilities between land and naval forces of belligerents, the provisions of the present Convention shall apply only to forces on board ship.

Forces put ashore shall immediately become subject to the provisions of the Geneva Convention (date) for the Relief of Sick and Wounded in Armed Forces in the Field.

ARTICLE 4

Application by
neutral Powers

Neutral Powers shall apply by analogy the provisions of the present Convention to the wounded and sick, and to members of the medical personnel and to chaplains of belligerent armed forces interned in their territory.

ARTICLE 5

Special
agreements

Besides the agreements expressly provided for in Articles 23, 26, 33 and 35, the Parties to the conflict may conclude special agreements for all matters concerning which they may deem it

¹ The words "especially cases of civil war, colonial conflicts, or wars of religion" have been deleted.

suitable to make separate provision. Such agreements shall in no case adversely affect the situation of the wounded and sick, or of the members of medical personnel and of chaplains, as defined by the present Convention, nor restrict the rights which it confers upon them.

Wounded, sick, and shipwrecked as also members of medical personnel and chaplains shall benefit by such agreements as long as the Convention is applicable to them, subject to express stipulations to the contrary in the said or subsequent agreements, or again subject to more favourable measures taken in their behalf by one or other of the Parties to the conflict.

ARTICLE 6

Wounded and sick, as also members of the medical personnel and chaplains, may in no circumstances abandon¹ partially or wholly the rights conferred upon them by the present Convention, and, should the case arise, by the particular agreements provided for in the foregoing Article.

Acquired rights

ARTICLE 7

The present Convention shall be applied with the co-operation and under the supervision of the Protecting Powers whose duty it is to safeguard the interests of the Parties to the conflict. To this effect, the Protecting Powers may appoint, apart from their diplomatic staff, delegates from amongst their own nationals, or from amongst the nationals of other neutral Powers. Such delegates shall be subject to approval by the Power near which they will carry out their duties. *The said Power may only refuse its approval if serious grounds are adduced.*

Protecting Powers

The Parties to the conflict shall facilitate to the greatest extent possible the task of the representatives or delegates of the Protecting Powers.

ARTICLE 8

The provisions of the present Convention constitute no obstacle to the humanitarian activity which the International Committee of the Red Cross may undertake for the protection of wounded, sick and shipwrecked, medical personnel and chaplains, and for their relief, subject to the consent of the Parties to the conflict concerned.

Activity of the International Committee of the Red Cross

¹ The words "be induced by constraint or by any other means of coercion" have been deleted.

ARTICLE 9

Substitutes for
Protecting
Powers

The Contracting Parties may at any time agree to entrust to a body which offers all guarantees of impartiality and efficacy the duties incumbent on the Protecting Powers by virtue of the present Convention.

Furthermore, if wounded, sick and shipwrecked, members of the medical personnel and chaplains do not benefit, or cease to benefit, by the activity of a Protecting Power or of the said body, the Party to the conflict in whose hands they may be, shall be under the obligation to make up for this lack of protection by inviting either a neutral State or an impartial humanitarian agency, such as the International Committee of the Red Cross, to assume in their behalf the duties devolving by virtue of the present Convention on the Protecting Powers.

Whenever the Protecting Power is named in the present Convention, such reference also designates the bodies replacing the said Power in the sense of the present Article.

ARTICLE 10

Procedure of
conciliation

Whenever the Protecting Powers consider it desirable in the interest of wounded, sick and shipwrecked, and of members of medical personnel and chaplains, particularly in the event of disagreement between the Parties to the conflict regarding the application of the provisions of the present Convention, the said Powers shall lend their good offices in order to facilitate such application.

To this effect, each of the Protecting Powers may, either at the invitation of one Party, or of its own motion, propose to the Parties to the conflict a meeting of their representatives, in particular of the authorities responsible for the wounded, sick and shipwrecked, medical personnel and chaplains, eventually in suitably chosen neutral territory. The Parties to the conflict shall be required to give effect to the proposals made to them for this purpose. The Protecting Powers may, if necessary, submit to the approval of the Parties to the conflict the name of a person belonging to a neutral Power, or delegated by the International Committee of the Red Cross, who shall be invited to take part in this meeting.

CHAPTER II

Wounded, Sick and Shipwrecked

ARTICLE I I

Members of the land, sea and air forces and *the other* persons designated in Article 3 of the Convention of relative to the treatment of Prisoners of War who may be on sea and who are wounded, sick or shipwrecked, shall be respected and protected in all circumstances.

Protection
and care

They shall be treated humanely and cared for by the belligerent in whose power they may be, without any distinction of race, nationality, religion or political opinions, or any other distinction founded on similar criteria. *Priority treatment is permissible only for urgent medical reasons.*

Women shall be treated with all consideration due to their sex ¹.

ARTICLE I 2

Subject to the provisions of the foregoing Article, the wounded, sick and shipwrecked of a belligerent who fall into enemy hands shall be prisoners of war, and the provisions of international law concerning prisoners of war shall apply to them. The captor may decide, according to circumstances, whether it is expedient to hold them, or to convey them to a port in the captor's own country, to a neutral port or even to a port in enemy territory. In the last case, prisoners thus returned to their home country may not serve for the duration of the war.

Status

Uninjured shipwrecked persons found at sea who do not freely surrender shall not be captured or detained against their will on board a hospital ship.

ARTICLE I 3

All warships of a belligerent Party shall have the right to demand that the wounded, sick or shipwrecked on board military hospital ships, hospital ships belonging to relief societies

Surrender of
wounded

¹ In connexion with this Article and in all similar cases, i. e. whenever reference is made to an Article or a paragraph of another Convention, the Sub-commission of naval experts recommended that the final draft of the Maritime Convention should quote as foot-notes the full text of the Article or paragraph to which reference is made.

or to private individuals, merchant vessels, yachts and other craft shall be surrendered, whatever their nationality, provided that the wounded and sick are in a fit state to be moved.

ARTICLE 14

Wounded taken
on board a
neutral warship

If wounded, sick or shipwrecked persons are taken on board a neutral warship *on the high seas*, it shall be ensured that they can take no further part in operations of war.

ARTICLE 15

Wounded
landed in a
neutral port

Wounded, sick or shipwrecked persons who are landed by the warships, *hospital ships or merchant vessels* of belligerents in neutral ports, with the consent of the local authorities, shall, failing arrangements to the contrary between the neutral and the belligerent Powers, be so guarded by the neutral Power that the said persons cannot again take part in operations of war.

The costs of hospital accommodation and internment shall be borne by the Power on whom the wounded, sick or shipwrecked persons depend.

If wounded, sick or shipwrecked persons are landed in a neutral port by neutral or private merchant shipping, vessels, or aircraft, which have assumed no obligation towards one of the belligerent Powers, the said wounded, sick or shipwrecked persons shall be free.

Any warship arriving in a neutral port shall have the option, with the consent of the neutral Power, of landing wounded, sick or shipwrecked persons who may be on board.

ARTICLE 16

Search for the
shipwrecked
and the dead

After each engagement, belligerents shall without delay take all possible measures to search for and collect the shipwrecked, wounded and sick, to protect them against pillage and ill-treatment, and ensure their adequate care, and to search for the dead and prevent their being despoiled.

ARTICLE 17

Communication
of information
Prescriptions
regarding the dead

Belligerents shall communicate to each other as soon as possible, according to the procedure described in Article 112 of the Convention of relative to the

Treatment of Prisoners of War, the names of the wounded, sick, shipwrecked and dead discovered and collected, together with any indications which may assist in their identification.

They shall establish and forward to each other, by the same channel, certificates of death or, in lieu thereof, duly authenticated lists of the dead, *together with one half of the identity discs of the dead, which should be of a standard pattern, the other half to remain attached to the body.*

They shall likewise collect and exchange by the same channel, all articles of a personal nature having an intrinsic or sentimental value which are found in captured vessels or on the dead.

Bodies shall not be cremated, except for imperative reasons of hygiene or for motives *based on the religious tenets of the deceased.* In case of cremation, the circumstances and motives shall be stated in detail in the death certificate of the cremated person.

Belligerents shall ensure that burial on land or at sea, or cremation of the dead, *carried out individually as far as circumstances permit,* is preceded by a careful, and if possible medical examination of the bodies, with a view to confirming death, establishing identity and enabling a report to be made.

They shall further ensure that the dead are honourably interred, if possible according to the rites of the religion to which they belonged, that their graves are respected, assembled if possible and marked so that they may always be found. To this effect, they shall organize at the commencement of hostilities an official graves registration service, to allow subsequent exhumations and to ensure the identification of bodies, whatever the ulterior site of the graves, and the possible transportation to the home country. These stipulations likewise apply, so far as may be, to the ashes, which shall be kept by the graves registration service until the close of hostilities.

As soon as circumstances permit, and at latest at the end of hostilities, these services shall exchange the lists of the graves and of the dead interred in their cemeteries and elsewhere.

Should wounded, sick, shipwrecked or dead be collected by neutrals, the latter shall assume towards the belligerents the obligations indicated in the preceding paragraphs.

ARTICLE 18

The belligerents may appeal to the charity of commanders of neutral merchant vessels, yachts or other craft, to take on board and care for wounded, sick or shipwrecked persons, and to collect the dead.

Appeals to
merchant and
private vessels

Vessels responding to this appeal, and those having of their own accord collected wounded, sick or shipwrecked persons shall be granted, *as far as possible*, special protection and facilities to carry out such assistance.

They may in no case be captured on account of any such transport ; in the absence of any promise to the contrary they shall, however, remain liable to capture, *should facts occur which justify such capture by virtue of the rules of maritime warfare.*

CHAPTER III

Hospital Ships

ARTICLE 19

Military
hospital ships

Military hospital ships, that is to say, ships built or equipped by the Powers specially and solely with a view to assisting the wounded, sick and shipwrecked, may in no circumstances be attacked or captured, but shall at all times be respected and protected by the belligerents, *on condition that their gross tonnage is not less than one thousand tons, that their names and descriptions have been notified to the belligerent Powers and that the handing out of this notification has been confirmed by the Protecting Power thirty days before the said ships are employed.*

ARTICLE 20

Red Cross
and private
hospital ships

Hospital ships utilized by National Red Cross Societies, by officially recognized relief societies or by private persons shall likewise be respected and exempt from capture, if the belligerent Power on which they depend has given them an official commission, *in so far as the provisions of Article 19 concerning tonnage and notification have been complied with.*

These ships must be provided with certificates of the responsible authorities, stating that the vessels have been under their control while fitting out and on departure.

In the same conditions, coastal life-boats of low speed, not exceeding twelve knots, of small tonnage and attached to a fixed base, which are employed by private persons or officially recognized relief associations, shall benefit by the same protection as the vessels described in paragraph 1.

ARTICLE 21

Hospital ships utilized by National Red Cross Societies, officially recognized relief societies, or private persons of neutral countries shall be respected and exempt from capture, on condition that they have placed themselves under the control of one of the belligerents, with the previous consent of their own Governments and with the authorization of the belligerent concerned, *in so far as the provisions of Article 19 concerning tonnage and notification have been complied with.*

Neutral
hospital ships

ARTICLE 22

Notification of a hospital ship, as provided for in Articles 19, 20 and 21, shall not be effective if, at the time of the communication made by the Protecting Power to the belligerent Powers, the ship is in a port which is besieged by land or sea and in imminent danger of being occupied.

Hospital ships
in besieged
ports

ARTICLE 23

When circumstances permit, local arrangements may be entered into between the belligerents for the removal of the wounded and sick by sea from a besieged or encircled area and for the passage of medical personnel and equipment intended for the said area.

Removal of
wounded

ARTICLE 24

Any hospital ship in a port which falls into the hands of the enemy shall be authorized to leave the said port.

Hospital ships
in occupied
ports

ARTICLE 25

The ships described in Articles 19, 20 and 21 shall afford relief and assistance to the wounded, sick and shipwrecked of the belligerents, without distinction of nationality.

Use of
hospital ships

Governments undertake not to use these ships for any military purpose.

Such vessels shall in no wise hamper the movements of the combatants.

During and after an engagement, they will act at their own risk.

ARTICLE 26

Rights of
belligerents

The belligerents shall have the right to control and search the vessels mentioned in Articles 19, 20 and 21. They can refuse their help, order them off, make them take a certain course, and put a commissioner temporarily on board ; they can even detain them for a maximum period of seven days *from the time of interception*, if the gravity of the circumstances requires.¹

As far as possible, the belligerents shall enter in the log of the hospital ship, in a language he can understand, the orders they give the captain of the vessel.

Belligerents may, either unilaterally or by particular agreements, put on board their ships neutral observers who shall verify the strict observation of the provisions contained in the present Convention.

ARTICLE 27

Stay in a
neutral port

Vessels described in Articles 19, 20 and 21 are not assimilated to warships as regards their stay in a neutral port.

ARTICLE 28

Transformation
of merchant
vessels

Merchant vessels which have been transformed into hospital ships cannot be put to any other use throughout the duration of hostilities.

ARTICLE 29

Lapse
of protection

The protection to which hospital ships and sick-bays are entitled cannot lapse unless they are used to commit acts harmful to the enemy, and after due warning, naming a reasonable time limit, which warning is unheeded.

In particular, hospital ships provided with wireless or any other means of communication shall not be in possession of a secret code. All their communications shall be made in clear.

The following conditions shall not be considered as justifying the withdrawal of protection :

(1) The fact that the crew of these ships is armed for the maintenance of order and for the defence of the sick and wounded.

¹ The Sub-commission of naval experts considered it desirable that the status and powers of the commissioner named in this Article should be subsequently defined.

(2) The presence on board of apparatus exclusively intended to facilitate navigation or communication.

(3) The discovery on board hospital ships or in sick-bays of portable arms and ammunition taken from the wounded, sick and shipwrecked, and which have not yet been handed to the proper service.

(4) The fact that the humanitarian activities of hospital ships and sick-bays or of the crews extend to the care of wounded, sick or shipwrecked civilians.

CHAPTER IV

Personnel

ARTICLE 30

The religious, medical and hospital personnel of hospital ships and their crews shall be respected and protected ; they may not be captured during the time they are pursuing their duties, whether or not there are wounded and sick on board.

Personnel of
hospital ships

ARTICLE 31

The religious, medical and hospital personnel of any captured ship shall be respected and protected ; they may continue to carry out their duties as long as this is necessary for the care of the wounded and sick.

Personnel of
captured ships

The members of such personnel shall be held in captivity only in so far as the state of health, the spiritual needs and the number of prisoners of war demand. Under the authority of the Detaining Power and particularly of its medical service, the personnel thus detained shall continue to carry out their medical or spiritual duties, in accordance with their professional ethics, for the benefit of prisoners of war, preferably those of their own nationality.

The foregoing provision does not relieve the Detaining Power of its obligations to provide medical and spiritual care to prisoners of war.

Members of personnel designated in the present Article shall not be deemed to be prisoners of war, but shall enjoy all the rights of the latter. To allow them to carry out their humanitarian duties under the best possible conditions, the detaining authorities shall grant them, as far as is necessary, certain privileges, particularly

as to correspondence relating to their special duties, the election of a spokesman from amongst themselves and such travel facilities, with or without escort, as may be necessary for their work. Belligerents shall grant such personnel the same allowances and the same pay as to the corresponding personnel in their own forces.

Upon the outbreak of hostilities, belligerents shall make agreements as to the corresponding ranks of medical personnel.

ARTICLE 32

Return to the
belligerents

Members of personnel designated in Article 31, whose detention in captivity is not made indispensable by the exigencies mentioned in the said Article, shall be returned to the belligerent on whom they depend as soon as a route is open for their return and military considerations permit. Pending their return, they shall not be regarded as prisoners of war, but shall enjoy all the rights of the latter.

On their departure they shall take with them the effects, instruments, arms and means of transport belonging to them.

ARTICLE 33

Selection of
repatriates

The selection of repatriates by virtue of the foregoing Article shall be made irrespective of any consideration of race, religion or political opinion, but preferably according to the chronological order of their capture and their state of health.

As from the outbreak of hostilities, belligerents may determine by special arrangement the percentage of personnel to be retained captive, in proportion to the number of prisoners and their distribution in the camps.

CHAPTER V

Material

ARTICLE 34

Protection of
sick-bays

Should fighting occur on board a warship, the sick-bays shall be respected and spared as far as possible. Sick-bays and their equipment shall remain subject to the laws of warfare, but may not be diverted from their purpose so long as they are required for the wounded and sick. Nevertheless, the commander into whose power they have fallen may, after ensuring the proper care of the wounded and sick who are accommodated therein, apply them to other purposes in case of urgent military necessity.

CHAPTER VI

Medical Transports

ARTICLE 35

Ships chartered for that purpose shall be authorized to transport medical equipment, provided their routes and duties have been notified to the adverse Power and approved by the latter. The adverse Power, duly advised, shall preserve the right to board, but not to capture them.

Transport of
medical
equipment

By agreement amongst the belligerents, neutral observers may be placed on board such ships to verify the medical equipment carried.

Hospital ships may be used to transport medical personnel and equipment in addition to those which they usually require.

ARTICLE 36

Hospital aircraft described in the present Article and used as a means of medical transport, in particular seaplanes, may not be the object of attack, but shall be respected by belligerents, in so far as they are exclusively employed for the removal of wounded, sick and shipwrecked, or the transport of medical personnel and material.

Hospital
aircraft

They shall be painted white and bear, clearly marked on their lower, upper and lateral surfaces, the distinctive emblem prescribed in Article 38, together with their national colours. They shall be provided with any other markings or means of identification which may be agreed upon between the belligerents upon the outbreak or during the course of hostilities.

To facilitate their identification, they shall endeavour to inform the enemy of their route, altitude and time of flight.

Unless agreed otherwise, flights over enemy or enemy-occupied territory, territorial waters, likewise any enemy military objectives or formations on land or sea, are prohibited.

Hospital aircraft shall obey every summons to land.

In the event of involuntary landings in enemy or enemy-occupied territory, the wounded and sick, as well as the crew of the aircraft shall be prisoners of war. The medical personnel shall be treated in conformity with Articles 31 and following.

Any aircraft which is compelled to alight on land or water may continue its flight with its occupants, after examination if required.

ARTICLE 37

Flight over
neutral countries

Subject to the provisions of paragraph 2, medical aircraft of belligerents may fly over the territory of neutral Powers, land thereon in case of necessity, or use it as a port of call. They shall give neutral Powers prior notice of their passage over the said territory, and obey all summons to alight, on land or water.

The neutral Powers may, however, place conditions or restrictions on the passage or landing of medical aircraft on their territory. Such possible conditions or restrictions shall be applied equally to all belligerents.

Unless otherwise agreed between the neutral Power and the belligerent Powers, the wounded or sick who are landed with the consent of the local authorities on neutral territory by medical aircraft shall be detained by the neutral Power, so that they cannot again take part in operations of war. The cost of their accommodation and internment shall be borne by the Power on which they depend.

CHAPTER VII

The Distinctive Emblem

ARTICLE 38

Use of the
Emblem

The emblem of the Red Cross shall be displayed on the flags, armlets and all equipment employed in the Medical Service, with the permission of the competent military authority.

ARTICLE 39

Identification
of medical
personnel

The personnel designated in Articles 30 and 31 shall wear, affixed to the left arm, a water-resistant armlet bearing the distinctive emblem; issued and stamped by the military authority

Such personnel shall also carry an identity card attesting their status, and which can be put in the pocket. This card, *worded in the national language, likewise in French and in English*, shall be water-resistant, bear the photograph and finger-prints of the owner, and be embossed with the stamp of the military authority.

The identity card shall be uniform throughout the same armed forces, and, as far as possible, of a similar type in the armed forces of the Contracting Parties. At the outbreak of hostilities, belligerents shall inform each other of the model in use in their armed forces. Identity cards shall be established

at least in duplicate, one copy being given to the owner and the other kept by the home country.

In no circumstances may the said personnel be deprived of their armbands or identity cards. In case of loss, they are entitled to duplicates.

ARTICLE 40

The ships designated in Articles 19, 20 and 21 shall be distinguished by being painted white on all the exterior vertical surfaces and furthermore on such exterior horizontal and sloping surfaces as may be required to make plainly visible the red crosses hereunder prescribed.

Marking of
hospital ships

Vermilion red crosses shall be painted and displayed as follows :

(a) *Three (3) crosses three metres high at least on each side of the hull, so placed as to permit identification to the greatest extent from ahead, astern and abeam.*

(b) *Two (2) crosses of maximum practicable size on the horizontal surfaces, so placed as to afford the greatest visibility from the air.*

(c) *One (1) cross of maximum practicable size placed vertically above the level of the main deck, in such a position as to be clearly visible from astern.*

(d) *One (1) cross of maximum practicable size placed vertically above the level of the main deck, in such a position as to be clearly visible from ahead.*

In order to allow their character to be recognized during darkness and in times of reduced visibility, hospital ships shall be illuminated as follows :

(a) *The centre and aftermost crosses on each side of the hull shall be floodlit, so as to ensure adequate and uninterrupted luminosity, unless this hampers navigation. Ships may also floodlight the crosses placed on the forepart of the hull.*

(b) *A luminous red cross of maximum practicable size to be placed as high as possible above the superstructure, in such a manner as to ensure maximum visibility from all points of the horizon, both on the surface and from the air. This cross shall consist of three luminous members, of which one is vertical and two horizontal. Of the horizontal members, one shall be placed lengthwise to the ship and the other at right angles. The cross may have an automatic switching mechanism to provide flashing and alternating illumination of the two horizontal members.*

Lifeboats of hospital ships and all small craft used by the medical service shall be painted white with vermilion red crosses prominently displayed and shall, in general, comply with the identification system above prescribed for hospital ships.

All hospital ships shall make themselves known by hoisting, besides their national flag, the white flag with a red cross and further, if they belong to a neutral State, by flying at the mainmast the national flag of the belligerent whose direction they have accepted.

Hospital ships which, in accordance with Article 26, are provisionally detained by the enemy, must haul down the national flag of the belligerent on whom they depend.

As soon as technically possible, all hospital ships shall be provided with radar and underwater sound apparatus, to permit their identification by the detecting apparatus of belligerents and neutrals.

CHAPTER VIII

Execution of the Convention

ARTICLE 41

Implementing
Prohibition of
reprisals

Belligerents shall ensure, through their naval commanders-in-chief, the proper implementing of the foregoing Articles and shall arrange for unforeseen cases, in accordance with the instructions of their Governments and in conformity with the general principles of the present Convention.

In no case shall reprisals be taken against the wounded, sick and shipwrecked persons, the vessels, personnel or equipment protected by the Convention.

ARTICLE 42

Dissemination
of the
Convention

The High Contracting Parties undertake, in time of peace as in time of war, to disseminate the text of the present Convention as widely as possible in their respective countries, and, in particular, to incorporate the study thereof in their programmes of military and, if possible, civil instruction, so that the principles thereof may become known to the entire population, in particular to the armed fighting forces, the medical personnel and the chaplains.

CHAPTER IX

Repression of Abuses and Infractions

ARTICLE 43

Within a maximum period of two years the governments of the High Contracting Parties shall, if their penal laws are inadequate, enact or propose to their legislative assemblies the measures required to make unlawful in time of war any act contrary to the provisions of the present Convention. The misuse of the distinctive markings named in Article 40, by vessels not protected by the present Convention shall be punished as an illegal use of military markings.

Legislation

The Contracting Parties shall communicate to one another, through the Swiss Federal Council, *any such legislative provisions.*

ARTICLE 44

The Contracting Parties shall be under the obligation to apprehend persons charged with acts contrary to the present Convention, regardless of their nationality. They shall furthermore, in obedience to their national legislation or to the conventions for the repression of acts which may be defined as war crimes, refer such persons for trial by their own courts, or *if they so prefer*, hand them over for trial to another Contracting Party.

Penal sanctions

ARTICLE 45

In addition to the procedure indicated in Article 10, any High Contracting Party alleging a violation of the present Convention may demand the institution of an inquiry.

Investigation procedure

Such inquiry shall be undertaken as soon as possible by a Commission appointed for each particular case, comprising three neutral members chosen from a list of qualified persons, drawn up by the High Contracting Parties in time of peace, each Party nominating four such persons.

The plaintiff and defendant States shall each appoint one member of the Commission. The third member shall be designated by the other two and, in case they cannot agree, by the President of the Court of International Justice, or if the latter is a national of a belligerent State, or *incapacitated*, by his substitute, or *failing the latter*, by the President of the International Committee of the Red Cross.

As soon as the inquiry is closed, the Commission shall report to the Parties concerned on the reality and nature of the alleged facts, and may make appropriate recommendations.

Final Provisions

ARTICLE 46

Languages The present Convention is established in French and in English. Both texts are equally authentic. In case of doubt as to the interpretation of any particular stipulation the French text shall be considered as authoritative.

ARTICLE 47

Signature The present Convention, which bears the date of this day, is open to signature for a period of six months, that is to say, until the, in the name of all the Powers represented at the Conference which opened at Geneva on ; furthermore, by Powers not represented at that Conference, but which are party to the Xth Hague Convention of October 18, 1907, for the adaptation to Maritime Warfare of the principles of the Geneva Convention, or to the Geneva Conventions of 1864, 1906 or 1929 for the Relief of the Wounded and Sick of Armies in the Field.

ARTICLE 48

Ratification The present Convention shall be ratified as soon as possible. The ratification shall be deposited at Berne.
A procès-verbal of the deposit of each instrument of ratification shall be drawn up, copy of which, certified to be correct, shall be transmitted by the Swiss Federal Council to the Governments of all the Powers in whose name the Convention has been signed, or whose accession has been notified.

ARTICLE 49

Effect The present Convention shall come into force after not less than two instruments of ratification have been deposited.

Thereafter, it shall come into force for each High Contracting Party after the deposit of the instrument of ratification ¹.

ARTICLE 50

The present Convention shall replace the Xth Hague Convention of October 18, 1907, for the adaptation to Maritime Warfare of the principles of the Geneva Convention of 1906, in relations between the High Contracting Parties.

Effect on previous Conventions

ARTICLE 51

From the date of its coming into force, the present Convention shall be open to accession, duly notified, by any Power in whose name this Convention has not been signed.

Accessions

ARTICLE 52

Accessions shall be notified in writing to the Swiss Federal Council, and shall take effect after the date on which they are received.

Notification of accessions

The Swiss Federal Council shall communicate the accessions to the Governments of all the Powers in whose name the Convention has been signed or whose accession has been notified.

ARTICLE 53

The situations defined in Article 2 shall give immediate effect to ratifications deposited and accessions notified by the Parties to the conflict before or after the outbreak of hostilities. The Swiss Federal Council shall communicate by the quickest means any ratifications or adhesions received from Parties to the conflict.

Immediate effect

¹The XVIIth International Red Cross Conference decided to leave to the Diplomatic Conference the care of fixing the periods named in the present Article, adding a recommendation that these periods named in the present Article, adding a recommendation that these periods should be as short as possible. The same applies to Article 52.

ARTICLE 54

Notice of
termination

Each of the High Contracting Parties shall be at liberty to denounce the present Convention. The notice of termination shall not take effect until one year after the notification thereof in writing has been made to the Swiss Federal Council. The Council shall communicate such notification to the Governments of all the High Contracting Parties.

The denunciation shall have effect only in respect of the High Contracting Party which has made notification thereof.

Furthermore, this denunciation shall not take effect during a conflict in which the denouncing Power is involved. In such a case, the present Convention shall continue binding beyond the period of one year, until the conclusion of peace, and in any case until the operations connected with the release and repatriation of the persons protected by the present Convention are terminated.

Lastly, the denunciation shall in no way affect the other obligations, even if similar, by which the denouncing Party is bound by virtue of any other rules of international law.

ARTICLE 55

Transmission
to the United
Nations

*The present Convention shall be transmitted by the Swiss Federal Council to the United Nations Organization, for the purpose of registration*¹. Similarly, ratifications, accessions and notices of termination which are notified to the Swiss Federal Council shall be communicated by them to the United Nations Organization.

¹The words "A certified copy of the present Convention shall be deposited in the archives of the United Nations" have been deleted.