



SUPPLEMENT

VOL. V

REVUE INTERNATIONALE
DE LA CROIX-ROUGE

ET

BULLETIN INTERNATIONAL
DES SOCIÉTÉS
DE LA CROIX-ROUGE

SUPPLEMENT

June, 1952

Vol. V, No. 6

CONTENTS

	Page
International Committee of the Red Cross	
Principal Items of Interest	147
Annual Audit of Accounts for the Year ended December 31, 1951	150
Lucie Odier <i>Member of the International Committee of the Red Cross.</i>	
Training, Duties, Status and Terms of Enrolment of the Medical Personnel assigned to the care of the Wounded and Sick of the Armed Forces	156

INTERNATIONAL COMMITTEE OF THE RED CROSS

PRINCIPAL ITEMS OF INTEREST

Korea. — The work of the ICRC Delegation in South Korea was carried on in a normal manner during the month of May. It consisted mainly in visits to camps and places of internment.

The attention of the Delegation was more especially directed to the general consequences which might ensue from the incidents which had occurred in Koje Island. Numerous exchanges of views on the subject took place between the detaining authorities of the prisoners of war and the Head of the ICRC Delegation in South Korea. In addition, M. David de Traz, Assistant Executive-Director of the International Committee of the Red Cross, proceeded on a short mission to Tokyo early in June, bearing instructions from the ICRC and its President to Dr. Otto Lehner, Head of the ICRC Delegation. He had various interviews, notably with General Clark, Chief of the United Nations forces.

Far East. — In order to be in a position to give rapid assistance to war victims in North Korea, the International Committee had constituted a stock of medical relief supplies in Hong Kong. These supplies, which included a large quantity of medicaments presented by the Swiss Federal Government, had been brought to the spot by the mission to the Far East headed by the President of the ICRC in March 1951. On several occasions these medicaments were offered to the Chinese Red Cross for distribution to the wounded and sick of the armies in the field, prisoners of war and civilian war victims. The Chinese Red Cross informed the International Committee that any such distribution through its intermediary depended first of all upon the approval of North Korea itself ; but this approval was never given. The efforts of the ICRC having been unsuccessful, it was decided to remove the relief supplies from Hong Kong for use elsewhere in the Far East, as and when the necessity occurred.

Repatriation of Children. — On May 15 a convoy of 211 “Volksdeutsche” children from Jugoslavia, awaited by their families in Austria, Germany and France, passed the Austrian border. Up to this point of their journey the children were accompanied by a delegation of the Yugoslav Red Cross, and from there onwards were taken in charge by two delegates of the International Committee of the Red Cross, as well as by representatives of the Austrian and German Red Cross Societies. A second convoy is expected to leave in July.

Middle East. — During the month of May the ICRC Delegate for the Middle East, M. Pierre Gaillard, visited Bengazi and Tripoli to pay a first visit to the national authorities of the Kingdom of Libya.

In the course of the mission M. Gaillard met His Excellency Fathy el Kikhia, Minister of Justice and Acting Prime Minister, His Excellency Mohammed Osman, Minister of Health and the Governors of Cyrenaica and Tripolitania.

These various interviews were more particularly concerned with the question of adhesion to the 1949 Geneva Conventions and the founding of a Libyan National Red Cross Society.

Indonesia. — The ICRC Delegate in Djakarta, Dr. Pflimlin, who is returning to Europe, has been replaced by M. Munier. Before leaving his post Dr. Pflimlin, accompanied by his successor, visited the Amboyna and Ceram Islands, where contacts were made with the local authorities and representatives of the Indonesian Red Cross. The delegate visited the camps where prisoners of war of the Southern Moluccas forces are held, Amboyna Prison and a leper colony. The Report of these delegates is now being studied in Geneva.

Indochina. — In April M. Durand, ICRC Delegate, visited the following camps :

Phuc-Yen,
Vin H-Yen,
Phu-Lo,
Camp No. 13, Hanoi,
Camp No. 21 Gia Lam.

Reports concerning these visits are now under consideration in Geneva.

Information. — In response to an invitation from the Netherlands Red Cross, M. R. Bovey, Head of the ICRC Information Service, travelled to The Hague, where on May 17 he attended a meeting for the purpose of interesting the Netherlands Press in the annual propaganda campaign of the Netherlands National Society. He indicated to the Netherlands journalists some of the international tasks of National Red Cross Societies, in particular in connection with the entry into effect of the new Geneva Conventions.

ANNUAL AUDIT OF ACCOUNTS FOR THE YEAR
ENDED DECEMBER 31, 1951

The Annual Accounts of the International Committee of the Red Cross are audited each year ¹ by the " Société Fiduciaire Romande OFOR S. A. ".

The Society's Report for the year ended December 31, 1951, is given below.

Gentlemen,

On your Committee's instructions, we have audited the Annual Accounts to December 31, 1951, of the International Committee of the Red Cross and of its subsidiary relief works.

On the basis of the vouchers, books and supporting documents placed at our disposal, we have made numerous spot checks and examinations of documents concerning the operating of the Committee during the year 1951.

We then checked the figures of the General Balance Sheet as on December 31, 1951, which served in drawing up the Consolidated Balance Sheet and the General Income and Expenditure Account for 1951. These two documents which are shown in annex are in conformity with your Committee's books. The existing assets were proved and the income for the 1951 financial year had been effectively received.

We recall that in the course of the year sundry commitments and extraordinary expenditure, not provided for in the Committee's budget, as well as certain amounts received for the refund of expenditure incurred by your organisation during the second World War have been attributed or assigned to the " Provision for General Risks " Account, of which the balance as on December 31, 1951, Fr. 2,884,889.06 has been entered under Liabilities on the Balance

¹ See *Revue internationale*, English Supplement, June 1951, p. 105.

Sheet, having taken over the balance of the deficit of Fr. 3,003,017.19 carried over at the end of 1950.

We also recall that we have already verified the Annual Accounts for 1951 of the various Special Funds entrusted to the International Committee, namely :

- The ICRC Foundation
- The Augusta Fund
- The Empress Shôken Fund
- The Florence Nightingale Medal Fund.

The auditing of these Accounts, which were found to be accurate, was the object of our special Reports of January 14 and 15, 1952.

All documents and information required for the execution of our work have been readily supplied.

Geneva, April 7, 1952.

INTERNATIONAL COMMITTEE

CONSOLIDATED

ASSETS

AS ON

AVAILABLE AND REALISABLE	Sw. Fr.
Cash in hand	28,489.58
Postal Cheque Account	153,290.88
Balance at Swiss Banks	651,058.07
Foreign currency holdings	35,091.91
Public and other securities deposited at the Swiss National Bank	13,577,066.50
<i>Total</i>	<i>14,444,996.94</i>
 EARMARKED	
Advances to ICRC Delegations and Delegates abroad	378,971.87
National Red Cross Societies. Governments and official organisations	24,398.80
Sundry debtors, advances of funds and costs for recuperation	824,752.12
Temporary assets (costs paid in advance)	128,271.80
Stocks of pharmaceutical relief supplies	47,401.89
<i>Total</i>	<i>1,403,796.48</i>
 RESERVE STOCKS	
Relief Section (foodstuffs and clothing)	69,324.60
Pharmaceutical Section	7,002.85
Office Supplies Section	93,058.70
<i>Total</i>	<i>169,386.15</i>
 OTHER ASSETS	
Sundry securities, of nominal value only, presented to the ICRC	1.—
Capital shares in the Foundation for the Organization of Red Cross Transports	1.—
Legacy, M ^{me} E. M. Domke (bare ownership)	1.—
Equipment and furniture	1.—
<i>Total</i>	<i>4.—</i>
 TEMPORARY ACCOUNT	
Advance to the ICRC Personnel Provident Fund (redeemable in 20 years)	1,321,166.24
<i>Gross Assets</i>	<i>17,339,349.81</i>
 DEBIT BALANCE AS ON DECEMBER 31, 1951	
Debit Balance for 1951	3,129,097.31
<i>Grand Total</i>	<i>20,468,447.12</i>
Debtors for security	<u>400,000.—</u>

OF THE RED CROSS

BALANCE SHEET

DECEMBER 31, 1951

LIABILITIES

COMMITMENTS	Sw. Fr.
General Relief Account	2,155,106.29
ICRC Delegations and Delegates abroad	109,900.10
National Red Cross Societies, Governments and official organisations	169,277.73
Sundry creditors and temporary assets	558,721.55
Swiss Confederation Loan	3,000,000.—
<i>Total</i>	<i>5,993,005.67</i>
SUNDRY PROVISIONS	
Provision for specific action in case of a general conflict	5,000,000.—
Provision for general risks	2,884,889.06
Provision for the XVIII International Red Cross Conference	100,000.—
Provision for writing off reserve stocks	169,386.15
<i>Total</i>	<i>8,154,275.21</i>
TEMPORARY ACCOUNT	
Funds allocated to the ICRC Personnel Provident Fund (to be restituted to the provision for general risks)	1,321,166.24
RESERVE FUND	
ICRC Reserve Fund as on December 31, 1951	5,000,000.—
<i>Grand Total</i>	
	<u>20,468,447.12</u>
Guarantee Foundation for the Organization of Red Cross Transports	400,000.—

EXPENDITURE

GENERAL INCOME AND EXPENDITURE

	To 1951 Sw. Fr.	To previous years Sw. Fr.	Total Sw. Fr.
EXPENDITURE RELATIVE TO GENEVA HEADQUARTERS			
PERSONNEL			
Staff remuneration	2,036,788.45	—	2,036,788.45
Family and cost of living grants	147,770.55	125.—	147,895.55
Participation Personnel Provident Fund	91,330.40	—	91,330.40
Social Insurance (Old Age and State)	44,875.20	—	44,875.20
Accident & Unemployment Insurance, Social Aid	26,089.80	274.40	26,364.20
Share in staff transport expenses (Geneva-Pregny)	57,343.30	100.—	57,443.30
<i>Total</i>	<i>2,404,197.70</i>	<i>499.40</i>	<i>2,404,697.10</i>
GENERAL OVERHEAD EXPENSES			
Postage, telegrams, telephone	116,054.16	78.95	116,133.11
Heating and lighting	26,594.—	—	26,594.—
Stationery, photostats, office supplies	46,371.50	208.80	46,580.30
Office equipment (purchase and upkeep)	44,867.97	125.50	44,993.47
Equipment, supervision and upkeep of premises	46,228.36	1,838.30	48,066.66
Upkeep of cars and lorries, Geneva	60,860.65	84.23	60,944.88
Reception of visitors	10,940.50	350.05	11,290.55
Press subscriptions, etc.	10,515.09	3.25	10,518.34
Travelling expenses, Switzerland	24,152.50	6,992.95	31,145.45
Sundry	64,143.62	2,664.15	66,807.77
<i>Total</i>	<i>450,728.35</i>	<i>12,346.18</i>	<i>463,074.53</i>
SPECIAL EXPENSES			
Printing and publishing, Revue ICRC	98,575.31	—	98,575.31
Wireless and films	45,058.55	—1,251.40	43,807.15
Allowance for expenses, members of the Presidency Council	53,760.—	—	53,760.—
Red Cross Conferences and Meetings (including 25,000 francs to the provision for the XVIII International Red Cross Conference)	69,598.36	—	69,598.36
Missions abroad	237,561.29	11,333.05	248,894.34
<i>Total</i>	<i>504,553.51</i>	<i>10,081.65</i>	<i>514,635.16</i>
DELEGATIONS			
Staff remuneration	310,894.05	2,105.—	312,999.05
Travelling expenses, insurance, Delegates' maintenance and overhead expenses of delegations	865,058.64	52,587.37	917,646.01
<i>Total</i>	<i>1,175,952.69</i>	<i>54,692.37</i>	<i>1,230,645.06</i>
<i>Total of Expenses</i>	<i>4,535,432.25</i>	<i>77,619.60</i>	<i>4,613,051.85</i>
DEBIT BALANCE AS ON DECEMBER 31, 1951 CARRIED FORWARD			
	—	3,285,535.24	3,285,535.24
<i>Grand Total</i>	<i>4,535,432.25</i>	<i>3,363,154.84</i>	<i>7,898,587.09</i>

OF THE RED CROSS

ACCOUNT AS ON DECEMBER 31, 1951

RECEIPTS

	To 1951 Sw. Fr.	To previous years Sw. Fr.	Total Sw. Fr.
CONTRIBUTIONS AND DONATIONS FOR GENERAL PURPOSES			
Contributions of Governments and of National Red Cross Societies			
	1,032,472.43	223,240.30	1,255,712.73
Sundry contributions and gifts			
	27,261.32	13,111.75	40,373.07
	<i>Total</i> 1,059,733.75	236,352.05	1,296,085.80
INCOME FROM CAPITAL INVESTMENTS			
Interest from Public Securities			
	44,049.05	17,932.80	61,981.85
ICRC Foundation			
	27,993.20	—	27,993.20
Bank interest			
	12,418.80	18,646.30	31,065.10
	<i>Total</i> 84,461.05	36,579.10	121,040.15
SUMS RECOVERED AND SUNDRY RECEIPTS			
Reimbursements and payments towards Headquarters and Delegations expenses			
	120,866.44	30,682.15	151,548.59
Sundry Refunds			
	67,703.56	56,524.35	124,227.91
Sundry Receipts			
	73,570.14	—	73,570.14
	<i>Total</i> 262,140.14	87,206.50	349,346.64
	<i>Total Receipts</i> 1,406,334.94	360,137.65	1,766,472.59
LEVY ON PROVISION FOR GENERAL RISKS FOR WRITING OFF			
1950 DEFICIT BALANCE			
	—	3,003,017.19	3,003,017.19
<i>i.e.</i>			
Deficit as on December 31, 1950, carried forward Fr. 3,285,535.24			
<i>Less:</i>			
Surplus on accounts entered in 1951 for previous years 282,518.05			
Debit Balance 1950 <u>Fr. 3,003,017.19</u>			
DEFICIT FOR 1951 3,129,097.31			
<i>Grand Total</i> <u>4,535,432.25</u> <u>3,363,154.84</u> <u>7,898,587.09</u>			

LUCIE ODIER

Member of the International Committee of the Red Cross

*TRAINING, DUTIES, STATUS AND TERMS OF
ENROLMENT OF THE MEDICAL PERSONNEL
ASSIGNED TO THE CARE OF THE WOUNDED
AND SICK OF THE ARMED FORCES*

On 15 October 1951, the International Committee of the Red Cross asked the National Red Cross Societies to assist the Committee in completing their records on the following items :

Training and Duties of nurses, medical orderlies, assistant nurses and voluntary aids, enrolled in wartime by the National Red Cross Societies and the Medical Services of the Armed Forces ;

Status and Terms of enrolment of such personnel.

With its request the International Committee of the Red Cross enclosed questionnaires for the purpose of making clearer to the National Societies the points upon which the Committee required enlightenment, and so facilitating the classification of replies.

On the 25th of the same month the International Committee of the Red Cross sent a similar request, enclosing similar questionnaires, to the Heads of the Medical Services of the Land, Sea and Air Forces of the countries signatories to the Geneva Conventions ; and a few days later they informed the responsible Ministries of the steps which had been taken, so that the Committee might be in a position to supply correct answers to any enquiries which might come in from National Red Cross Societies and Medical Services.

The questions concerning the staff tending the wounded and sick seem to have aroused interest among a large number of States and of National Red Cross Societies. On 30th April 1952 the International Committee of the Red Cross had received a total of 65 replies from 47 different countries. They were from the :

— *National Societies of:* Australia, Austria, Belgium, Canada, Chile, Cuba, Ecuador, Ethiopia, Finland, France, Germany, Greece, Guatemala, India, Iraq, Ireland, Liechtenstein, Luxemburg, New Zealand, Nicaragua, Pakistan, Peru, Portugal, Sweden, Switzerland, Union of South Africa, United States of America, Uruguay, Venezuela, Yugoslavia ;

— *Medical Services of the Armed Forces or of the responsible Ministries of:* Afghanistan, Australia, Belgium, Bolivia, Brazil, Bulgaria, Canada, Costa Rica, Cuba, Egypt, Greece, Guatemala, India, Indonesia, Iran, Ireland, Italy, Jordan, Netherlands, New Zealand, Norway, Pakistan, Panama, Philippines, Portugal, Spain, Sweden, Switzerland, Thailand, Union of South Africa, United Kingdom, United States of America, Uruguay, Venezuela, Yugoslavia.

Among those replies, 9 Red Cross Societies and 3 Governments supplied incomplete or merely general data, since their Services were in process of organisation or reorganisation and some of them had asked the Committee to make suggestions in that connection.

On the other hand, 14 Red Cross Societies (Australia, Austria, Belgium, Chile, Ethiopia, Finland, Great Britain, Greece, India, Ireland, New Zealand, Switzerland, Union of South Africa, Yugoslavia), and 20 Medical Services (Brazil, Canada, Costa Rica, Egypt, Greece, Indonesia, Iran, Ireland, Jordan, Netherlands, Pakistan, Philippines, Portugal, Spain, Switzerland, Thailand, Union of South Africa, United Kingdom, United States of America, Yugoslavia), sent the Committee detailed replies, often accompanied by additional documentation of a very interesting nature.

The International Committee of the Red Cross is anxious at once to thank all these correspondents for the valuable information they have supplied. Other replies are on the way ; but pending their arrival the International Committee of the Red Cross finds it advisable to summarize the substance of the material already available, and to submit forthwith to the XVIII International Red Cross Conference certain conclusions upon which it would welcome comments.

TREATMENT OF THE WOUNDED AND SICK OF THE ARMED FORCES IN WARTIME

A. *Work of the National Societies in this connection*

Out of the 31 replies received from the National Societies to date (30 April 1952), we note that only six Societies undertake (in the capacity of auxiliary of their Army Medical Services) responsibility for the management of hospital establishments, or for the supply of qualified medical personnel to the military hospital of their forces in wartime. On the other hand, most National Societies supply the wounded and sick of the armed forces with the social assistance and moral comforts which rank as an indispensable complement to modern therapeutics. These include, primarily, social assistance in its manifold forms, distribution of small gifts, planning of therapeutic exercises, healthy entertainment and lectures of all kinds.

Several National Societies have not included in the programme of their activities assistance to the wounded and sick of their armed forces, either because the Medical Services of their armed forces themselves undertook that responsibility, or because their country had no army, or because they had never been involved in international warfare for the past twenty or thirty years and the need for work of that kind did not appear to be urgently necessary.

This marked diversity of the conceptions by the National Societies of their functions, and the renunciation by several of them of a function which was considered fundamental at the

time the Red Cross was created, may at first sight seem surprising, but is easily explained by subsequent developments.

In 1859 Henry Dunant found on the battlefield of Solferino that the wounded and sick were dying for want of care. A few years later he published his book "A souvenir of Solferino" to arouse public opinion in regard to the deficiencies of the Medical Services of the armed forces in Europe, and to the need for setting up relief societies to fill the gap. The National Red Cross Societies, which were rapidly formed throughout the entire world, at once set to work and played an important part as pioneers in this connection. Since that time the Medical Services of the armed forces have been thoroughly reorganised, and now operate according to the most up-to-date methods, and are able in many countries to meet all the demands which will be made upon them in wartime. Since the Army Medical Services no longer require the assistance of auxiliary nursing personnel, it is only natural that the Red Cross Societies should have renounced activities which are no longer necessary, and turned their attention to other victims who so far receive no relief. In so doing they are adapting themselves to the very different circumstances prevailing in their respective countries, and in agreement with their Governments are preparing to supply the utmost possible aid to the victims who are most in need of it. They endeavour to avoid any overlapping with official services, and to fill in any existing gaps, in such a way as to enable properly coordinated relief work to render the greatest possible service to the victims.

B. ACTIVITIES OF THE MEDICAL SERVICES OF THE ARMED FORCES

From the many exhaustive replies which the ICRC have received from the various Medical Services of the Army, Air and Sea Forces, some idea can be gained of the very great development and the improved organisation which the majority of these have undergone. As a general rule, these Services have available a first-class medical corps of specialists in the various branches of surgery and medicine, a corps of fully trained

nurses from the best schools of the country, and the requisite number of medical orderlies selected from amongst volunteers from the troops and trained in the medical detachments and hospitals of the army, air and sea forces. The hospital establishments of the armed forces are now of the highest standard: they possess the most up-to-date equipment, and all the auxiliary therapeutic units, such as laboratories, radiotherapy, physiotherapy, dietetics equipment, etc. In short in certain countries the State has made a considerable financial effort to endow the Medical Services of the armed forces with the means of accomplishing the heavy tasks which are liable to be laid upon them in wartime. With a view to that eventuality many army Medical Services now have large reserves of medical personnel, well trained and immediately available to be called up in case of necessity.

Not all army Medical Services of course have yet reached a satisfactory degree of organisation, and many are even far from the target they have set themselves. In certain countries these services are still embryonic. But it is reassuring to see that the Medical Services of the armed forces cooperate closely with one another, and that they are seeking to standardize their working methods, and have made a considerable effort to reorganize their services along the most modern lines. These efforts have already produced excellent results in many countries.

CLASSIFICATION OF MEDICAL PERSONNEL

The terms used to define the various categories of nursing personnel vary widely from one country to another. Sometimes the terms are identical, though they designate different categories. To avoid any confusion or misconception, the International Committee of the Red Cross has classified such personnel roughly into four large groups which have been defined as follows:

1. *Nurses* (infirmières): Persons who hold a certificate after a full course in a duly recognized nursing school;

2. *Medical Orderlies* (infirmiers) : Male members of the medical personnel employed in collecting, transporting and nursing the wounded and sick ;
3. *Assistant nurses* (aides-infirmières) : professionals who are duly authorized to assist nurses in caring for the sick and who have received the necessary training ;
4. *Voluntary Aids* (auxiliaires-volontaires) : Non-professionals who have received elementary training, and who place their services at the disposal of the Red Cross (Red Lion and Sun, Red Crescent), or of the armed forces.

INSTRUCTION AND TRAINING OF MEDICAL PERSONNEL

I. *Nurses*

It is very gratifying to note that in most countries three years' study is in general considered indispensable for obtaining the professional nurse's certificate. All nursing schools under the State, the Red Cross or private bodies now comply with this rule. Since 1864 the International Red Cross Conferences have always sought to develop the training of medical personnel, and have passed many Resolutions on the subject. They have recommended in particular that the National Societies, which are responsible for nursing schools, should be guided by the report drawn up by the Education Commission of the International Council of Nurses in planning their training syllabus. (Brussels 1930, VI., I., 10). In general, all the Resolutions recommend National Red Cross Societies not to employ any but nurses of the highest professional standard. We consider that the National Societies bear a responsibility in this respect, and that their example may exert a great influence in improving the professional training of nurses.

Furthermore, to improve their preparation for the difficult task which may await them in emergency work in time of war or catastrophe, the Conference of Red Cross experts, which met in Paris in 1937 to study the training of nursing personnel, recommended that professional nurses should be given finishing

courses in the theory of the most recent methods of emergency relief, as well as practical exercises at frequent intervals to give them an opportunity of developing their initiative and ingenuity in creating emergency apparatus (Provisional Conclusions of the Conference of Experts, page 286).

Nurses who are candidates for enrolment in the Medical Services of the armed forces must be State registered Nurses—that is to say, they must all have had three years' training in one of the best schools of their country. In addition, if their candidature is accepted, they must follow, under the direction of the Medical Services of the armed forces, several months of finishing courses to become familiarized with military discipline and nursing methods in the medical establishments of the army, air and sea forces. If the results of this test period are mutually acceptable, the nurse is then given a final enrolment in the Medical Services of the armed forces.

In addition, to develop the training of their personnel and avoid too much routine, some Medical Services have finishing courses for their nurses in one or other of the different branches of nursing. These courses are spread over various stages of their career, and the nurses thus specialized have additional responsibility and the opportunity of reaching higher grades.

2. Medical Orderlies

In the hospital services and in relief work in cases of catastrophe, there are a certain number of tasks and treatments which require great physical strength. In such cases, it is a great advantage to employ medical orderlies, provided the latter know how to combine gentleness with strength. Medical orderlies can be excellent nurses, and it is not surprising that in certain countries custom demands that all wounded and sick of the armed forces should be tended exclusively by male nurses. However in most States the Medical Services of the armed forces employ both medical orderlies and nurses, and divide the work between them according to their capacities. The National Societies enrol principally nurses, and exceptionally medical orderlies, for treatment to be given in hospital

establishments of the Red Cross ; but in practice they sometimes ask the Medical Services of the armed forces to supply them with medical orderlies as stretcher-bearers.

The training of medical orderlies varies as from one country to another. As a rule the training they receive is shorter and more elementary than that of nurses. The Medical Services of the armed forces select from amongst the recruits who offer voluntarily to enrol in the Medical Services those candidates who seem suitable, on condition that their general education is sufficient to enable them to become good medical orderlies. The recruits are then incorporated in the medical detachments, and receive their training as prospective medical orderlies in the military hospitals of the land, sea and air forces. The period of training ranges from a few weeks to one year, but is much longer in countries where it is the practice to use only medical orderlies for all care of wounded and sick of the armed forces. Several of these army Medical Services have even schools for medical orderlies with a study programme covering two or three years.

Some army Medical Services moreover give special training as stretcher-bearers and first-aid auxiliary workers to certain elements of the rank and file, who are liable to be called upon to serve as orderlies, should the number of wounded so require. Such auxiliary personnel does not enjoy the protection of the Geneva Convention except when it is actually employed upon medical duties.

We venture to draw attention in this connection to the great importance of giving elementary training in hygiene and in the care of the sick, not only to auxiliary orderlies, but to troops as a whole. In the lesser developed countries such training would undoubtedly contribute little by little to raising the general level of public health of the populations concerned. It would seem particularly necessary to disseminate such instruction as widely as possible amongst the native troops of certain countries.

3. *Assistant Nurses*

In modern nursing, the tasks which fall to nurses are becoming more and more numerous, intricate and absorbing, and

require an ever-increasing number of nurses. Unfortunately the recruitment and training of young nurses has not followed the requisite improved standards, and a shortage of nurses is threatening to paralyse the work in hospitals and in public health services. To overcome this crisis which, it is to be hoped, is only temporary, certain countries have been forced to improvise a new group of professional medical personnel, for the purpose of relieving the nurses of certain daily routine tasks, and enabling them to devote more time to delicate treatments and work entailing responsibility. This new group of professionals, whom we have called "assistant nurses", follow a one or two-year course to train them for the proper discharge of routine duties, but work only under the supervision of nurses. Their duties are limited, and they are not allowed to undertake responsibilities which go beyond their competence. Many of these assistants are engaged in civilian hospitals, convalescent homes and establishments for the aged; but according to the information received by the International Committee of the Red Cross, only one army Medical Service is contemplating the enrolment of assistant nurses. All the others refrain. Such a measure is easily understood, as long as the army Medical Services are able to find the requisite number of nurses. In time of war or calamity the medical personnel of the armed forces often work in difficult and unforeseen conditions, and have heavy responsibilities. They must be very competent, if they are to distinguish between the initiatives they may, or may not, take. Mistakes are easily made; and they may have serious consequences for the wounded and sick, and therefore entail heavy financial liabilities for the army Medical Services who are responsible for the personnel they employ.

The National Red Cross Societies have the same responsibilities towards the staff they enrol in their services; and none of those who replied to the Committee employ professional assistant nurses. But they train and enrol a very large number of voluntary aids, one group of these being specially trained to assist nurses in their care of the wounded and sick.

4. *Voluntary Aids*

Voluntary Aids are the invaluable and even indispensable element without which the National Societies could not cope with the practical duties which fall to them in time of war, civil strife or calamities. At such tragic times all the available forces of the nation must cooperate ; and the work to be done is so variegated that all willing men and women can render useful service. Many hands enrol at the Red Cross, and undergo preparatory training for the work their National Society may require them to do in future.

This brief Report considers only the group of voluntary aids, who are intended to assist the Medical Services in the care of wounded and sick of the armed forces. The training of this group is generally carried out under the auspices of the Red Cross ; but in some countries it is under other agencies such as St John's Ambulance Brigade or the State.

The syllabus of courses for voluntary aids varies according to countries and the work they may be called upon to do ; but the basic training, everywhere includes theoretical and practical instruction in first-aid and in home welfare work. This instruction is spread as widely as possible throughout the population. The courses are held mostly in the evening to allow those in employment to follow them. The elementary training is subsequently completed in the different countries by very varied courses in general health or mother and child welfare, therapeutics, dietetics, etc. Male volunteers follow courses as stretcher-bearers.

RECRUITMENT AND ENROLMENT OF MEDICAL PERSONNEL

It is interesting to note that voluntary enrolment is always the basis upon which medical personnel is recruited by the Red Cross and by the armed forces. Everyone has not the required vocation to nurse the sick. Therefore in the interest of the sick themselves it is very desirable that the volunteer principle should continue to be observed.

But rational publicity, making known to all the organisation of the Medical Services and the material, professional and cultural advantages they offer to their staff is fully justifiable. In this connection certain army Medical Services show great ingenuity in appealing by means of official advertisements, Press articles, illustrated leaflets, appeals by radio, and lectures to the public and in the schools, to attract qualified candidates to the nursing schools and Medical Services. We feel however that emphasis should be laid, not only on the material advantages, but on the moral satisfaction gained by all those who devote themselves to these services.

Among the offers of services they receive the army Medical Services and the National Societies make a selection; and the successful candidates chosen are enrolled finally only after a test period and additional training.

The army Medical Services also build up many reserve groups of medical personnel. As a rule, they transfer to these groups nurses and medical orderlies who have concluded their service in the regular army, and are then automatically incorporated into the reserve corps.

The National Red Cross Societies generally have the responsibility of enrolling the requisite voluntary aids, either (in some countries) to complete the personnel of the Medical Services of the armed forces in wartime, or to carry out emergency Red Cross work in the event of catastrophes. In proceeding with such enrolment they take into account, not only the training of each candidate, but her physical strength, disposition and personality. The voluntary aid can render invaluable service by punctually and gently carrying out the daily routine care which is so important in the life of the patients; but she must also show common sense, devotion, discipline and a cheerful disposition in the performance of her duties.

Service Regulations

According to information received by the International Committee of the Red Cross, all Medical Services of the land, sea and air forces consider it useful to hand to all medical personnel a set of Regulations setting forth their duties towards

their armed forces and home country. The Committee consider that a similar set of Regulations is most necessary for the auxiliary personnel of the Red Cross, who are not always aware of their obligations towards their own armed forces, or of the rules with which they must comply under pain of penalties. This question seems to have engaged the attention of the National Societies and responsible authorities, for in many countries it is at present under consideration.

STATUS OF MEDICAL PERSONNEL

I. *Nurses*

In some countries nurses have the rank of officers, in others of non-commissioned officers. Elsewhere they have no rank, but work in their uniform of civilian nurses. In some countries again voluntary aids have officer's rank, while nurses do not. These divergencies of rank are a source of preoccupation to the Committee. If in the course of a war nurses of different nationalities are called upon to work together, it would not seem fair that the nurses of some countries should be compulsorily placed under the orders of their colleagues belonging to another country, even though their professional qualifications are higher, merely because their own armed forces do not give them ranks corresponding to those of their colleagues. Moreover, during their time off or leisure hours they will not be able to enjoy the same privileges, or to go out together.

A further point is that nurses do not live only in hospitals. They have sometimes to travel alone, either to go on leave, or to join a new post, or for some other official reason. Travelling in a country at war is not always easy; and in proximity to the front it is often slow and hazardous. If in such cases the nurse is not allowed the facilities in respect of transport, accommodation and meals which are exclusively the privilege of officers, she will have to travel with the troops, and sometimes amidst troops of other races, with whose language and customs she is not familiar. Such circumstances sometimes make the position of the nurse difficult, and may be detrimental to the respect which is her due and to the dignity of her profession.

If army rank is granted to nurses, it would seem that the three years of training they have had to undergo in a nursing school to acquire their certificate, and the several months of finishing courses under army discipline which they must follow in most countries if they are to be enrolled in the army, ought to be considered equivalent to the training required of army officers. Such at any rate are the motives which have actuated the great majority of army Medical Services in their regulations. There are certain Medical Services which do not share their opinion. In their case the Committee feel that the nurses would be better off by having no rank, being designated merely by a title corresponding to their duties—nurse, head-nurse, matron, etc. They would wear the uniform of their nursing school, to enable them (as in certain armies in the last World War) to have a special status equivalent to that of officers and of their colleagues of other armies in matters of accommodation, transport and food supplies.

2. Medical Orderlies

As a rule, the recruits of the Medical Services who begin their probation as orderlies have the status of privates in their own army. Later, they may rise to the various ranks of non-commissioned officers ; but it is only in certain countries that they can rise higher than this, when long training has fitted them for specialised work or for duties entailing responsibilities similar to those of officers. In some armies the medical orderlies of various categories are not designated by rank, but by titles corresponding to their duties and responsibilities (assistant orderly, probationer orderly, chief orderly). These titles confer on them the same privileges as on non-commissioned officers of equivalent ranks.

3. Assistant Nurses

According to the information at our disposal, professional assistant nurses have not yet been included in the Medical Services of the armed forces, or in the relief services of the National Red Cross Societies. Consequently, we have no

precise data as to the status which is likely to be given them in wartime.

4. *Voluntary Aids*

The position of voluntary aids varies according to the countries and the duties they undertake. In most cases they have only temporary duties. In wartime they remain under the orders of the Red Cross, which lends its units or personnel to the Medical Services of the armed forces. The voluntary aids are then designated by titles corresponding to their duties, rather than by rank. But some army Medical Services employ regularly in their army hospitals a small number of voluntary aids to attend to the welfare work and social assistance of the soldiers who are hospitalized there. The few women who hold these posts have army rank and enjoy the privileges which their rank confers. There is one country, in which voluntary aids work on a solely voluntary basis, and in recognition of their services the Government grants them officer's rank.

PAY

In army Medical Services medical orderlies generally receive the same pay as soldiers of the same rank. But in several Asiatic countries medical orderlies receive extra allowances, e.g. where they perform specialized duties which have required previous training over a long period.

On the other hand the regulations governing nurses' pay are variable. Sometimes nurses have the same pay as combatants of the same rank; but this rule is not applied everywhere. Several countries employing large numbers of women in their armies have two scales of pay, one for the male personnel, the other at a lower rate for the female personnel. Nurses are naturally classified in the latter category and receive the pay which corresponds to their rank:

With regard to voluntary aids, in some countries their work is voluntary: in others they receive allowances, or their maintenance is wholly or partly covered. Elsewhere, they receive normal pay, either direct through the army or from the Red Cross.

UNIFORM

According to the replies received, in wartime in all countries members of the Medical Services, who are regularly assigned to the care of wounded and sick of the armed forces, receive a uniform or at least the over-coat of a uniform, issued by the Red Cross or army in which they are incorporated. This arrangement has many advantages. In particular, it facilitates speedy identification of the members of the medical personnel of the belligerent countries, when they are away from their medical unit. It should however be remembered that, to benefit by the protection of the Geneva Conventions, medical personnel must be in possession of the identity papers stipulated by the Convention for the Relief of the Wounded and Sick in Armies in the Field (Article 21 of the Convention of 1929, or Article 40 of the Convention of 1949), and must wear on the left arm the armband bearing the distinctive emblem and stamped by the military authority.

As a rule, the uniform is supplied free of charge to nurses incorporated in the armed forces; but some Medical Services prefer to give them a special allowance, on the strength of which they are required to provide themselves with the regulation uniform.

Voluntary aids generally wear the uniform stipulated by the Red Cross, since they remain under the orders of their National Society. In most countries this uniform is supplied to them free of charge by the Red Cross, or they receive allowances for the purpose.

WORKING CONDITIONS

In principle, and subject to special circumstances, all armies and all National Red Cross Societies have adopted for their medical personnel the 8 hour day and the 48 to 52 hour week. In certain countries the usual time-table is however 7 hours; and in one country it is 6½ hours, with a weekly average of 36 hours. The work in certain tropical countries being particularly fatiguing, it is felt that countries need not adopt too strict a rule on this point. In any case the interest

of the wounded and sick to be cared for transcends any regulations ; and it is certain that in wartime circumstances will often demand an effort of the personnel which will far exceed the stipulated working day.

The number of wounded and sick to be looked after by nurses and medical orderlies varies according to the type of hospital and the number of voluntary aids in each service. But in the majority of countries the army Medical Services count 10 beds per nurse.

Regulation leave similar in length to that of combatants of corresponding rank is in force almost everywhere.

Food arrangements for medical personnel are generally in the hands of the hospital or army commissariat ; and, if the nurses have no canteen of their own, they are allowed to use the officers' canteen in all Medical Services of armed forces which confer on them officer's rank. Voluntary aids generally work in detachments and have their own canteen, either in the establishment where they work, or in the place where they are quartered. Rules in this connection cannot be standardized, for customs and circumstances vary in wartime from one country to another.

INSURANCE AND PAYMENT OF ALLOWANCES

In wartime medical personnel are exposed to danger and, when wounded or sick, they require treatment which is often long and costly. Sometimes their wound or sickness results in infirmity or more or less permanent disablement. All countries have not yet made the necessary arrangements to cover these war risks as far as possible. But as a rule nurses, who are regularly incorporated in the Medical Services of the land, sea and air forces are assimilated to combatants, and receive free of charge the same treatment or allowances for treatment. Like the combatants, they receive disablement grants, and their families are compensated in case of their death. The same provisions apply to auxiliary personnel enrolled in wartime in the Medical Services of armed forces. There are however

certain Governments which have decided that in wartime victims amongst the civilian population are to have the benefit of allowances more or less similar to those of combatants; and any such legal provisions would be applicable to the auxiliary Red Cross personnel. It matters little which Government service compensates medical personnel, provided they are fairly compensated and receive support where needed.

In some countries the State alone bears the whole financial cost of these insurances and allowances: in others insurance premiums are paid to the half of their amount by deduction from the pay of the personnel.

* * *

CONCLUSIONS

The International Committee of the Red Cross are not yet in possession of all the replies which have been announced from countries with regard to medical personnel employed in the Medical Services of armed forces and of the National Societies of the Red Cross, Red Crescent and Red Lion and Sun. But on the basis of the extensive information which has already come in it is thought possible to draw the following preliminary conclusions:

FUNCTIONS

1. *The care of wounded and sick combatants* in wartime must remain the primary object of the National Societies of the Red Cross (Red Crescent, Red Lion and Sun) in countries which have not yet an army Medical Service sufficiently developed and organised to assume the entire responsibility alone. In order that wounded and sick combatants may benefit by all the resources of modern therapeutics, the National Societies, in cooperation with the army Medical Services, will make every effort from peacetime onwards to recruit, and, if need be, to train in sufficient numbers, qualified medical personnel, and to prepare all the medical equipment required in that connection.

2. To achieve quick and favourable results, medical assistance ought to be supplemented by *social and moral assistance* for the purpose of helping war victims to overcome the difficulties and worry caused either by sickness or wounds, or by the temporary or permanent disablement which sometimes results from these. It is most desirable that the National Societies should supply such social and moral aid to wounded and sick combatants, if it is not supplied by the military personnel.

TRAINING

1. In wartime, as in peace, a complete training lasting 3 years is considered necessary for the medical personnel who carry responsibility in the medical services and hospitals. The syllabus in nursing schools is generally drawn up according to instructions received from the Education Committee of the International Council of Nurses. To avoid too much routine or specialization in the performance of their duties, it is desirable that during their career nurses should have the opportunity of completing their training by additional courses, finishing instruction and practical exercises to develop their ingenuity and powers of organization.

2. With regard to the training of the voluntary aid personnel who assist nurses in wartime in the care of wounded and sick, it seems difficult to standardize it at international level, the duties of such personnel and the working conditions varying too widely as from one country to another. In agreement with the nurses of their country, each Red Cross should draw up one or more training programmes corresponding to the duties which are likely to fall to voluntary aids and transport personnel. When mapping out a general plan of assistance to wounded and sick, it should be remembered that voluntary aids have only limited competence, and must always work under the orders of nurses who are fully qualified. But the valuable service which voluntary aids can render depends, not only on the training they have received, but mainly perhaps on their disposition, personality, devotion and discipline.

3. In addition, all members of Red Cross personnel who may have to work in the Medical Services of the land, sea and air armed forces ought to be instructed in the principles of the Red Cross, whose emblem they wear, as well as in the army rules and regulations to which they are subject in wartime, and in their rights and duties under the Geneva Convention which protects them.

STATUS

1. The Medical Services of the Armed Forces have rightly incorporated in the army units a large number of female medical personnel ; but the status which has been given these nurses is so different in the different countries as to render any international collaboration between medical teams very difficult in wartime.

The great majority of Medical Services of armed forces have given the rank of officers to nurses, and they wear the badges of such rank on their uniforms. In principle however the International Committee of the Red Cross does not consider it indispensable to give army rank to nurses, provided that a special status is recognized in their case, and that with regard to transportation, accommodation and food supplies at least they benefit by the same facilities as officers. The Committee is however afraid that any lower army rank, which would compel nurses to share the living conditions of the troops, would be detrimental to the respect to which they are entitled and to the authority they must retain in connection with their nursing activities. The Committee therefore, very much hopes that the question of the status of female personnel will be studied by the army Medical Services on an international plane, and that they will come to an agreement that similar professional training for nurses should imply everywhere a more or less equivalent status.

2. In the case of Red Cross voluntary aids, who are employed in wartime in the Medical Services of the armed forces, it has been noted that they work generally in detachments and remain under the orders of the National Societies. They will

naturally therefore retain the status acquired in their detachment ; and, in agreement with the military authorities, their National Society will take all the necessary steps to ensure that their living conditions correspond to their situation and to the devotion they show in the service of their country.

TERMS OF ENROLMENT

1. The terms of enrolment of medical personnel vary considerably as between countries. The Medical Services of armed forces, who engage their personnel to meet the requirements of their army in normal times, offer terms of enrolment which are more or less similar to those in force in the civilian hospitals of their country while in wartime they mobilize their reserve personnel on the same terms.

On the other hand, the National Societies have methods of engagement which differ widely in the different countries. In some National Societies service is voluntary : in others there are allowances or pay at very diverse rates. It would seem advisable for the National Societies to preserve their liberty on this point, and to retain the particular methods they consider suitable. It would however be desirable that no person really qualified, devoted and desirous of serving the victims of war should be barred by the fact that his or her financial position does not permit of acceptance of an unpaid position or too low a salary.

2. Moreover in wartime medical personnel run risks ; and, to meet so far as possible the dangers to which they are exposed, it would be appropriate that all countries, which have not already done so, should make arrangements to ensure that all medical personnel are given adequate medical and surgical treatment in case of sickness, wounds or accident. As long ago as 1869 the International Red Cross Conference passed the following Resolution : " A pension shall be granted to persons who by nursing the wounded and sick in wartime have become disabled for earning their living, and to the families of those who have given their lives in similar circumstances." Practically

all countries have adopted this principle, and the necessary provisions have been made.

* * *

In conclusion we should like to draw the attention of Governments and of National Red Cross Societies to a point of primary importance, which appears to us to arise logically out of this report.

The experience of recent wars in the countries affected by the hostilities shows that the loss of life was higher in the case of the civilian population than in the case of the combatants. Yet the relief of the civilian population was considerably less effective than that provided for the wounded and sick of the armed forces. Men, women, children and old people died for lack of care on the roads or in the bombed cities, just as the wounded combatants died unheeded on the battlefield of Solferino. Here is a new category of victims who ought to be helped ; and their help falls within the field of Red Cross work.

Undoubtedly the National Societies should take part in the general effort to bring peoples together and to preserve peace, and each member of the Red Cross has a mission to fulfil in this respect. But, if by misfortune all efforts fail, and a new widespread conflagration cannot be avoided, the civilian populations will certainly be very severely hit. It is therefore necessary for the National Societies at once to place their services at the disposal of their Governments, and to cooperate to the utmost in the study and organisation of relief work to civilian populations in case of need. Such a study, with the possible measures of preventive organisation it may entail, could in no case be considered as "preparation for war". On the contrary, by enlightening public opinion, and by demonstrating in tangible form the devastation and unjust suffering which will be caused by modern combat methods, it will afford an incentive to all nations to avoid the repetition of a catastrophe which can, and ought to be averted.