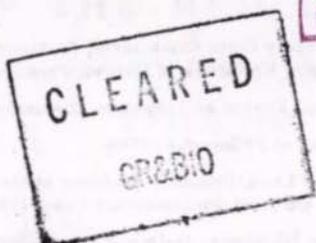


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International Review of the Red Cross



Inter arma caritas

1967

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INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863

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INTERNATIONAL REVIEW OF THE RED CROSS

SEVENTH YEAR — No. 72

MARCH 1967

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FRENCH EDITION OF THE REVIEW

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

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SUPPLEMENTS TO THE REVIEW

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SPANISH

VIII Conferencia Interamericana de la Cruz Roja. — Seminario Interamericano de la Cruz Roja de la Juventud y de Educación Sanitaria. — Para el 8 de Mayo de 1967.

GERMAN

J. Pictet : Die Grundsätze des humanitären Völkerrechts (V).

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The Canadian Red Cross Blood Transfusion Service

by R. H. Gluns

This year the Canadian Red Cross Society commemorates the twentieth anniversary of the birth of its national blood transfusion service.

It was in February, 1947 when the first Red Cross Depot was opened in Vancouver, British Columbia. It was the prototype of 16 similar depots that would be established throughout Canada in the next 15 years. The Canadian Red Cross Blood Transfusion Service became truly national in scope with the opening of a depot in Quebec City in 1961.

Throughout its two decades of service, the Canadian Red Cross has maintained one policy. The blood is the gift of voluntary donors and must be transfused at no cost to the patient in hospital.

Today, the Blood Transfusion Service provides supplies of whole blood and blood products for every hospital in Canada. The extent of the service is reflected by the fact that some 300,000 Canadians receive transfusions of blood collected by the Red Cross every year. In 1966 the men and women of Canada came forward and donated almost 900,000 units of their blood.

The blood donors of Canada come from every walk of life. They are men, women and young people of many races, many creeds and varied political opinions.

Their generosity and willingness to share their good health has been the key factor in the success of the Canadian Red Cross Blood Transfusion Service over so many years.

THE CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE

The number of patients who have benefited by this unique Red Cross service now runs into the millions. The number of lives saved cannot be estimated. Countless others have had their health restored. Thousands of newborn babies have been given a chance for a normal, healthy life.

The Blood Transfusion Service involves more adult Canadians than any of its many services and programmes. In addition to the hundreds of thousands of donors there are thousands of men and women who serve as Red Cross volunteers and give freely of their time in the organization and the actual operation of more than 5,000 urban and rural blood donor clinics every year.

Thousands of others play an important part in the recruitment of donors. This is a never-ending task to ensure an ample supply of whole blood and blood products to meet the needs of every Canadian hospital.

A large staff of doctors, nurses, technicians and other personnel carry on the necessary operations in the collection of blood, its transportation, testing, storage and eventual delivery to the hospitals.

The collection of blood is a big job. The Canadian Red Cross vehicles travel more than a million miles over the highways and byways of Canada's ten provinces every year to collect the blood.

During World War II the Canadian Red Cross Society collected blood from volunteer donors from coast to coast in order that our Armed Forces might have adequate quantities of dried plasma for the treatment of their casualties and also for victims in war zones. The project was an outstanding success and over 2½ million bottles of blood were processed. Without question, this gigantic national humanitarian effort was responsible for the saving of many lives on the battlefields, as well as in the bombed cities of Europe.

Towards the end of the war, the Canadian Red Cross Society was approached by a number of hospital associations and provincial Departments of Health with a request that a similar service might be provided in peacetime to meet civilian hospital needs as well as those of military establishments and veterans' institutions. Under the chairmanship of the late Dr. John T. Phair, then Chairman of



Blood collection by the Canadian Red Cross.



Central blood transfusion laboratory of the Canadian Red Cross in Toronto.

THE CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE

the Society's National Blood Donor Committee, a Joint Committee of the Canadian Hospital Council, members of the Blood and Blood Substitutes Committee of the National Research Council and the Canadian Red Cross Society studied this proposal and arranged for a preliminary survey of Canadian hospital needs.

This survey was completed in October, 1945 and was successful in covering institutions representing over 80% of all the general hospital beds in Canada. It was conducted by the late Dr. W. S. Stanbury. The Canadian Red Cross Blood Transfusion Service, as we know it today, is a tribute to his initiative and interest.

As a result of the survey, a plan for a National Blood Transfusion Service was drawn up and submitted to the Joint Committee. The objective was to supply every hospital in Canada with whole blood, dried plasma, distilled water for its reconstitution and sterile administration sets. Briefly, the plan, once in full operation, would mean that any patient hospitalized in Canada would receive adequate transfusion therapy irrespective of his ability to pay and irrespective of his ability to find relatives and friends to replace the blood.

In October, 1945 the Joint Committee recommended the plan to the Central Council of the Canadian Red Cross Society. The proposal was enthusiastically endorsed and Central Council urged the adoption of the plan as quickly as possible.

The first provincial unit of the National Blood Transfusion Service was established in British Columbia in February, 1947 and has been in continuous operation since that date. Not even the tremendous Fraser Valley floods, in 1948, which isolated several towns for weeks, caused a break in the service. The regular weekly supply of blood was packed into special baskets in Vancouver, flown to the isolated areas by the Royal Canadian Air Force and dropped by parachute, without the loss of a single bottle.

In July, 1947 the Service was extended to Northern Alberta and a few months later to Southern Alberta. Year by year the Service expanded across Canada.

Today, the Canadian Red Cross Blood Transfusion Service is a co-operative national effort involving the federal and provincial governments, hospitals of all types in every part of Canada, the Connaught Medical Research Laboratories of the University of

THE CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE

Toronto and the Canadian Red Cross Society at branch, divisional, national and international levels.

Citizens in all Provinces and the two Territories receive the benefits of the Red Cross Blood Transfusion Service. All blood and blood products needed by every patient in every hospital in Canada comes from the Canadian Red Cross Society as a gift from voluntary donors.

There are 16 Red Cross Blood Transfusion Depots strategically located in every province across Canada. These are in Vancouver, Calgary, Edmonton, Saskatoon, Regina, Winnipeg, London, Hamilton, Toronto, Ottawa, Montreal, Quebec City, Saint John, Halifax, Charlottetown and St. John's. Each Depot is under the supervision of a Medical Director. Specially-trained nursing and technical staffs are responsible for the collection, testing, storage and distribution of blood to the hospitals in their respective areas.

The Depots provide another valuable service in the provision of a free Rh investigation service for pregnant women. By such tests, the family doctor can be warned of the development of antibodies during a pregnancy and will be able to arrange an exchange transfusion when the child is born. Some 150,000 of these investigations are made every year.

Many active research projects primarily concerned with blood groups and blood transfusion problems are being carried out both in the Red Cross Depots across Canada and in Toronto at the National Research Laboratory. The Depots and the National Laboratory are also called upon to assist physicians or hospital blood banks in the solution of problems encountered in the field of blood transfusions.

The Canadian Red Cross Blood Transfusion Service responsibilities range from the initial testing of a donor's blood to its delivery to the hospital blood bank¹.

A national service provides many opportunities for research and investigation of rare blood types. The national laboratory in Toronto has been designated as the official blood group reference centre in Canada of the World Health Organization with the responsibility

¹ *Plate. Blood collection and Central blood transfusion laboratory.*

THE CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE

of maintaining a panel of rare donors. In addition to diagnostic data, the service also assists in the accumulation of unusual sera. This is exchanged with blood research laboratories in all parts of the world.

The newest project at the national laboratory is the immunochemistry laboratory. Technologists are studying the chemical properties of blood proteins and providing diagnostic service using very delicate techniques that are not readily available in hospitals.

During the past year, with the introduction of plastic collection units the Canadian service has been collecting cryoprecipitated factor VIII for the treatment of hemophilic patients. Another pilot project is the collection of plasma through the plasmapheresis technique.

The National Defence Medical Centre at Ottawa has become the rare blood bank for Canada as a joint project of the Canadian Department of National Defence and the Canadian Red Cross Society. Donations of rare blood are being collected by the Red Cross from voluntary donors and is being stored at the medical centre following a deep freeze process. When needed, the blood will be available to any hospital in Canada or anywhere in the world. This project started in the summer of 1965. Red Cross officials anticipate the collection and deep-freezing of 120 units of rare blood within the year.

Blood donor procurement is organized under the supervision of the Red Cross Division of each province and through its many Branches in the communities across the nation. They assume the responsibility for the organization of each blood donor clinic. The Branch, or sometimes a local group, is responsible for the recruitment of the many donors needed to supply the blood required by the local hospitals and many other tasks in connection with the clinic. These include the provision of the clinic location, refreshments for the donors and the organization of the volunteers who assist in looking after the welfare of the donors who attend the clinic. In many communities, members of the High School Red Cross and the Canadian Red Cross Corps participate in clinic activities.

In Depot cities some of the blood is collected at permanent centres but most is collected at mobile clinics. Every week teams go out from the Depot city to the communities in their area of the

THE CANADIAN RED CROSS BLOOD TRANSFUSION SERVICE

province where there are enough potential donors to hold a clinic. Volunteers from churches, service clubs, veterans' associations, universities, colleges, fraternal and similar groups play an important role in the organization of clinics in their communities. Others are also held in city halls, clubs, business offices, hotels, armouries, arenas and many industrial plants. The business firms not only supply the space for the clinic but give time off to their employees to donate blood.

Publicity and promotion is dependent on the generosity of the public information and advertising media of the area. Since the inception of the Service the assistance given by press, radio, television and advertising firms in the promotion of clinics and the national service has been outstanding.

It is only because of the public-spirited generosity of hundreds of thousands of Canadians every year that the Canadian Red Cross Blood Transfusion Service can function. It is the unselfish act of the donor who comes forward to give his blood so that there may be blood and blood products available in the hospitals at all times if they should be needed by himself, his family or his fellow Canadians.

Under a reciprocal agreement with the American National Red Cross, American residents, chiefly tourists, hospitalized in Canada, receive blood free of charge, while Canadian residents, hospitalized in the United States, receive similar services.

The national blood transfusion service in Canada, operated and administered by the Canadian Red Cross Society, is as complete as any in its development and scope. It is said to be unique among similar services throughout the world.

Richard H. GLUNS

National Director of Public Relations
The Canadian Red Cross Society

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Vietnam

The French language network of the Swiss Broadcasting Corporation, after recently remitting, on behalf of its listeners, the sum of Sw. Fr. 100,000 to the ICRC for its action in Vietnam, has just handed it a cheque for Sw. Fr. 50,000—a donation which was collected by the French Radio and Television Corporation, in the course of one of its “ Chaîne du Bonheur ” programmes.

This latest contribution permitted dispatch to the Red Cross of the Democratic Republic of Vietnam in Hanoi of a set of mobile dry battery X-ray units.

In addition, consignments are on the way to Saigon ; these consist of foodstuffs (protein and vitamin products), clothing, material, etc.

Republic of Vietnam.—In November last, Dr. Jean-Maurice Rubli, ICRC delegate, visited some 30 detention centres in which about 7,000 prisoners were held. Most of them were in the hands of Vietnamese forces, while a number were held by American, South Korean or Australian forces. Dr. Rubli was accompanied by Mr. Jean-François de Chambrier, delegate. They were able to interview without witnesses some prisoners and detainees of their own choice. These delegates from the ICRC were admitted to a number of transit and clearing centres as well as to hospitals, prisoner of war camps and penitentiary establishments.

In December, two teams of delegates, consisting of Dr. Maurice Rossel, Mr. de Chambrier, Dr. Edouard Kloter and Mr. André Tschiffeli, continued to make visits to about 15,000 detainees and prisoners in some twenty detention centres throughout South Vietnam.

Democratic Republic of Vietnam.—A consignment of pharmaceuticals made up in accordance with a list of needs recently received by the ICRC, is en route to the Red Cross in the Democratic Republic of Vietnam at Hanoi. It will be followed by ten petrol-burning refrigerators.

The ICRC has just allocated 50,000 Swiss francs to this action for North Vietnam.

Ethiopia, Somalia and Sudan

Mr. Georg Hoffmann, ICRC delegate general for Africa, was in Ethiopia from January 9-20, to attend the East African seminar organized in Addis Ababa by the League of Red Cross Societies.

After the seminar in Addis Ababa, Mr. Georg Hoffmann went to Somalia where he contacted government authorities and the leading members of the Red Crescent Society of Somalia. This new Society expects to submit its application for ICRC recognition in the near future.

In the Sudan, Mr. Hoffmann had discussions with the Sudanese Red Crescent and with government authorities concerning future visits to the three southern provinces.

Haiti

Following receipt of government authorization, a member of the ICRC Legal Department, Mr. Serge Nessi, was delegated to visit detainees in Haiti.

He arrived at Port-au-Prince on January 23rd 1967 and on the 25th visited the national penitentiary, where he interviewed fifteen political detainees. He also visited the Cap-Haitien civil prison on January 27.

Poland

A further ICRC mission, comprising Dr. Jacques de Rougemont doctor-delegate, Mr. Jean-Pierre Maunoir, delegate, and Miss Lix Simonius, went in January to Warsaw, where it examined 80 Polish former deportees who had been victims of pseudo-medical experiments in concentration camps under the National Socialist regime.

The delegates, the Polish Red Cross medical commission, under Dr. Henryk Chlebus, Privatdozent, and the magistrates of the General Commission of Enquiry into Nazi crimes in Poland, presided over by Mr. Pilichowski, examined case histories. They also interviewed victims at the Warsaw Medical Academy clinic.

These new applications will be submitted to the Neutral Commission of Experts which the ICRC has entrusted to decide on the merits of the claims for financial compensation and to assess the amounts to be paid.

It was in 1961 that the ICRC agreed to act as an intermediary in respect of the payments which the government of the Federal Republic of Germany offered to make to surviving victims of pseudo-medical experiments who reside in countries which do not maintain diplomatic relations with West Germany. From 1961 to 1966, 384 Polish victims were granted such compensation under these arrangements.

IN THE RED CROSS WORLD

20th WORLD RED CROSS DAY

World Red Cross, Red Crescent and Red Lion and Sun Day was conceived as a day when each National Society would join its sister Societies in publicizing, in a variety of ways, its own activities and its participation in the universal Red Cross movement. Birthdate of Henry Dunant, 8 May was chosen in March 1948 by the League Executive Committee "as a publicity day for the Red Cross and for the ideal of peace." It has been celebrated by a growing number of National Societies ever since. Each 8 May has been devoted to a different theme illustrating the diversity and universality of the Red Cross movement : Red Cross and Volunteers, Red Cross and Aid to Disaster Victims, Universality in Action, The Red Cross—Bond of Solidarity and Factor of World Understanding...

It will be recalled that the theme chosen for 1966 was *No frontiers for the Red Cross*. This inspired the members of National Societies, as the commemoration of World Day was most successful and was celebrated in eighty countries. As an illustration of this we would mention some of the events which took place on that occasion :

Australia.—Press, radio and television campaign for the Red Cross. Exhibition at an airport.

Bulgaria.—Address by the Society's President which was given wide press and radio publicity. Competition amongst members of the Junior Red Cross in the country's school medical posts.

Ecuador.—Ceremonies throughout the country and rallies of the Junior Red Cross in various towns. Distribution of layettes to mothers of children born on 8 May.

Ethiopia.—Distribution of relief. Procession of nurses and first-aiders.

Jamaica.—Excursions organized for handicapped children.

Pakistan.—Processions in the streets of the main towns¹. Broadcast and televised addresses by leading members of the Red Cross.

New Zealand.—International competition of drawings based on the humanitarian ideal. Campaign for the prevention of accidents.

Mexico.—Public demonstrations carried out by Red Cross first-aiders.

Togo.—8 May Transmission on the national broadcasting station.

Tunisia.—Displays throughout the country. Distributions of relief to children in need¹.

*

In this year of 1967 which will mark the 20th commemoration of World Day, the theme chosen : *Protect health, prevent accidents, save lives through the Red Cross* will propose to members of our movement practical ways of rendering service. It can encourage all National Societies to look more especially towards those primordial questions of health and safety on the local as well as on the national level and to launch appeals to the public, so that it may elicit mass participation in putting Red Cross health programmes into effect. This is indeed emphasized in the messages of the Chairman of the Board of Governors and the League's Secretary-General :

Mr. José Barroso.—*Never before in the history of humanity has the tantalising opportunity to live a long and healthy life been so great for mankind as it is today, with the tremendous advances now being made in the fields of medical science and technological developments.*

Never before, on the other hand, have the daily risks of accident and

¹ *Plate.* Procession in the streets in Pakistan—Distribution by the Tunisian Red Crescent of clothes to children in need.

IN THE RED CROSS WORLD

natural disaster been so appalling, nor has the spectre of hunger and disease hung so heavily over vast segments of the human race.

While veritable armies of experts of every kind—doctors, scientists, agriculturalists, civil protection and safety specialists—fight these threats, they can do nothing without the active participation of all of us, through Red Cross. There is an enormous task to be faced by ordinary men, women and young people of good will in the fields of health education, accident prevention and life saving in all its forms. First aid, disaster relief, blood donation, nutrition and vaccination campaigns, health in the home, and all the other humanitarian work which Red Cross, through its trained volunteers, can perform—this is the vital link between the experts and the people in need.

That is why this year's theme for World Red Cross, Red Crescent and Red Lion and Sun Day "Protect Health, Prevent Accidents, Save Lives through your Red Cross" is such an eminently practical one.

It is an urgent challenge to all seeking to give meaningful service to humanity.

Mr. Henr'k Beer.—*Red Cross offers many practical ways in which the individual can help his community to better health. Advances in medical science may have made an enormous contribution to the decline of once-dreaded diseases, especially in the highly industrialized countries where health services are available to all and where health education has contributed, over many decades, to developing among the public a positive attitude towards health.*

But in large parts of the world, old and new threats to health are menacing millions who are ill-equipped to fight them. It is in the newer nations, where health services are often embryonic, that the Red Cross faces its biggest challenge as auxiliary to the public health authorities.

To the individual, this challenge means an opportunity to give meaningful voluntary service, especially in the field of prevention of disease, by taking part, through Red Cross|Red Crescent|Red Lion and Sun in health activities. One good example is the smallpox eradication programme in which Red Cross is participating in many countries.

The need for volunteers to work with the authorities in community and national health programmes is not limited to the so-called "developing" countries. It is equally important where the pressures

of 20th-century civilization are running neck and neck with the developments in health services.

A recent World Health Organization publication speaks of "the new epidemics" which threaten life and health today. It classifies them in four groups: those which are on the increase—lung cancer, leukaemia, coronary diseases, mental illness; those which are important threats, though not increasing—cancers and chronic diseases such as diabetes and arthritis; those which are on the decline (though not fast enough), including any number of other chronic conditions; and finally, a menace which rivals in importance the worst of these "new epidemics"—accidents.

It may seem strange to some to find accidents described as "epidemic". But open any daily paper and you will find the proof of this assertion—that more people under the age of 45 die as a direct result of accidents than from any other cause.

PROTECT HEALTH, PREVENT ACCIDENTS, SAVE LIFE THROUGH YOUR RED CROSS/RED CRESCENT RED LION AND SUN, *the theme of this year's World Red Cross, Red Crescent and Red Lion and Sun Day, sums up in a few words how men, women and young people can work for better health by contributing actively to improve conditions in their homes, their schools, their communities; by training in first aid and accident prevention on the road, in the factory, in the home; by training in mother and child care and health in the home; by making that most precious gift of all, the donation of blood with its multiple uses in the treatment of accident victims, in hospitals, in epidemics.*

Every National Society is rich in the human resources which must be mobilized, particularly the young people who not only can do so much, but want to. The League of Red Cross Societies, for its part, is ready to give the technical assistance needed to recruit, train and arm this peaceful army for the only war worth fighting.

It is known that the Red Cross today appeals ever more widely to modern methods of information. On the occasion of World Day a radiophonic transmission prepared by Radio Suisse Romande will be broadcast probably by the community of programmes in French from the stations of Belgium, Canada, France, Luxemburg, Monte-Carlo and French-speaking Switzerland. Its purpose will be to illustrate the present various activities of the ICRC and the

IN THE RED CROSS WORLD

League, little known to the general public. Arrangements have been made for the delegates of the two institutions to effect this by speaking with Geneva direct, from the studios closest to their field of action, on the humanitarian tasks in process in countries in which are taking place at this moment fighting, repatriations, movements of populations and other events which require aid from the Red Cross.

A televised transmission on 8 May 1967 will also be devoted to the activities of the International Red Cross. This will take place in Eurovision, provided five European countries associate themselves with the plans which will be proposed to them by Television Suisse Romande. The latter will at all events undertake its diffusion.

This transmission will be of about twenty to thirty minutes' duration and will consist of three parts. One will be devoted to the action of the ICRC, the second to that of the ICRC and the League and of a National Society in a different part of the world and lastly, to the work of the League and a National Society in yet another continent. Information material will be supplied to the television bodies by the League and the ICRC.

*

The theme chosen for 8 May 1967 means that all can receive training in hygiene, first-aid and home-care and that once instructed they can make an effective contribution to the improvement of health. One solution coming to the fore more and more, and which appears on the agendas of international conferences, is that of resorting to volunteers. One can call especially upon the young who have the necessary possibilities and enthusiasm and to whom it is right to offer opportunities of serving. Mr. Ralph Wendeborn, National Director of the Canadian Junior Red Cross writes to that effect in *The Red Cross World*¹:

“ Everyone agrees that the volunteer needs training today. I think the volunteer also needs motivation. In Junior Red Cross we can do some of the training, and we can do a great deal of the motivating. I think that by starting a motivation programme with

¹ Published by the League of Red Cross Societies, Geneva, 1966, No. 4.



Addis Ababa: Opening of the Seminar by H.I.H. the Crown Prince of Ethiopia, President of the National Red Cross (on his right, Mr. Warras and Mr. Phillips, on his left, H.E. Tsahafi Tezaz Tafarra Worq and Mr. Hoffmann).



In Pakistan, procession in the streets.

8 May 1966

In Tunisia, distribution of clothing to needy children.



youth at a very early age we may develop patterns of voluntary service that will last a lifetime.”

In the same publication, Major-General C. K. Lakshmanan, Secretary-General of the Indian Red Cross, looks at the opportunities open to young people as volunteers in his country. He points out that the National Society numbers more than four and a half million Junior members based on some 40,000 schools. Describing the practical work, he concludes :

“ The Minister of Health is Chairman of our Society. We are thinking of launching an expanded nutrition programme, and she is keen that the Red Cross should be the organisation which undertakes this activity.

How do we become involved in international programmes, such as the smallpox eradication campaign?

When the programme was launched in India we were requested by the Ministry of Health to help. I took up the matter at a meeting of the Red Cross Secretaries of various States, and we discussed how they could assist. I am hoping it will be possible for us to get together the younger generation who are very anxious and keen to help. In some parts they are doing it already, as in the villages, getting people together, impressing on them the need for vaccination and why it is necessary. I should mention the health education aspect which runs throughout any programme. There the Red Cross is doing a tremendous lot and again must work through our volunteers who can popularise these activities.

The volunteer will try and educate the village community so they can accept the measures being introduced, and the Red Cross worker himself should take part or collaborate with the local authority in carrying out the programme. In a village population you will not find everybody taking part in a programme, but it is up to the Red Cross worker to pave the way for them to accept it.”

The Junior Red Cross, voluntary work, the spirit of service, these words will often be repeated during the forthcoming World Red Cross Day. They will be an inspiration to all those taking part in it and will make of them ever more widely the exponents of a high ideal.

REGIONAL SEMINAR FOR EASTERN AFRICAN RED CROSS AND RED CRESCENT SOCIETIES

Meetings are arranged in various parts of the world, under the auspices of the League of Red Cross Societies, to enable National Societies together to examine problems which they have to face. These are each time described in the International Review, which published two articles in this connection in its last issue, one of which dealt with the VIIIth Inter-American Red Cross Conference held in Bogota in 1966 and the other with the Inter-American Seminar on Junior Red Cross and Health Education which took place shortly before at Quito.

We now have pleasure in publishing an article on the Seminar of Addis Ababa whose significance it is unnecessary to emphasize, following as it does those held on the African continent, in Abidjan in 1965 and Rabat in 1966. (Ed.).

This Seminar was held in Africa Hall, Addis Ababa, from 9th to 19th January 1967, under the auspices of the League of Red Cross Societies and attended by the Red Cross or Red Crescent Societies of Burundi, Ethiopia (the host Society), Kenya, Somalia, Sudan, Tanzania, Uganda and Zambia. The League was represented by Mr. Kai J. Warras, Chairman of the Development Programme Advisory Panel, Major General A. Wrinch, National Commissioner of the Canadian Red Cross, Mrs. Le Meitour-Kaplun, Advisor on Health Education, Mr. P. Stanassis, Regional Delegate for Central Africa and Mr. N. Phillips, Desk Officer for Africa. The ICRC was represented by Mr. G. Hoffmann, delegate general for Africa. In addition, the National Red Cross Societies of Canada, Liberia and the USSR had nominated observers and they were joined by a number of observers from governmental and non-governmental organisations, both Ethiopian and international, including the Economic Commission for Africa, UNESCO and the International Labour Organisation, whose presence contributed greatly to the efficacy of the discussions.

The dual capacity of General Wrinch, as a League delegate and as an observer of his National Society, was a tribute to the Canadian Red Cross for its generous financial contribution which made the Seminar possible.

The Seminar was opened by His Imperial Highness the Crown Prince Merid Azmatch Asfaw Wossen, President of the Ethiopian Red Cross Society, and a message was read from His Imperial Majesty the Emperor of Ethiopia¹. The Ethiopian Red Cross Society had taken infinite pains in every aspect of the organisation of the Seminar and it was fitting that the Vice President of the Ethiopian Red Cross, His Excellency Tsahafi Tezaz Taffarra Worq, should have been elected Chairman of the Seminar. Mr. Warras was elected Vice-Chairman and Director of the Seminar.

The subjects discussed were—The Choice of Programme Priorities for new National Societies ; Information and Publicity ; Fund-raising and Membership Recruitment ; Disaster Relief Preparedness ; the Role of the ICRC and of National Societies in Time of Conflict ; Young People in the Red Cross and Opportunities for Action, the last subject being directly related to the Role of Young People in the Red Cross. Obviously, in a general seminar of this nature, it was not always possible to examine all the aspects of these subjects in great detail. Interest, however, was at a generally high level throughout and it is difficult to single out the high point of the Seminar. Perhaps the subjects which aroused the most interest and discussion were Fund-raising, Disaster Relief Preparedness and the Role of Young People in the Red Cross : — Fund-raising, because this is a crucial problem for every National Society which was represented at the Seminar ; Disaster Relief because this brought home very clearly to the participants the enormous responsibility which National Red Cross Societies have in this field and for which many of them are only beginning to prepare themselves ; and the Role of Young People in the Red Cross because in practically every National Society represented at the Addis Ababa Seminar junior members outnumber adult members.

¹ *Plate.* The Seminar is opened by His Imperial Highness the Crown Prince, President of the Ethiopian Red Cross Society.

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The Seminar voted Recommendations on the subjects discussed which will undoubtedly have their influence on the work of the Red Cross and Red Crescent in Eastern Africa in the coming years. Recommendations IV and V which are of general interest are given below¹ :

Recommendation IV

The Regional Seminar for Eastern African Red Cross and Red Crescent Societies.

NOTING :

The vital necessity for quick, immediate and suitable action in the event of disaster ;

NOTING :

The need for effective co-ordination in the field of disaster relief with the aim of ensuring the best possible organisation ;

NOTING :

The imperative need for pre-disaster planning ;

RECALLS :

To all National Societies the United Nations resolution N° 2034 and resolution N° XVII of the XXth International Red Cross Conference ;

NOTES :

That the League Secretariat has undertaken steps to draw up a draft plan for the setting up in each country of a national relief organisation, and that expert advice will be available through the Development Programme to countries requesting assistance in formulating such a plan ;

¹ Recommendation V concerns the dissemination of knowledge on the Geneva Conventions. In this connection we would mention that Mr. G. Hoffmann had the opportunity to recall the ICRC's rôle as the guardian of the Conventions, its activities in Africa, and the tasks incumbent on a National Society in times of conflict (*Ed.*).

RECOMMENDS :

The immediate implementation of pre-disaster planning for minor and major disasters, including :

- *the establishment of a National Disaster Relief Committee in each country, to include governmental and voluntary agencies as well as the National Society, together with other organisations with a role to play in the field of disaster relief ;*
- *the assessment of the likelihood of disasters in various parts of the country, classification of disasters by type and magnitude, and preparation of plans accordingly ;*
- *a clear definition of the responsibilities of all groups concerned, in the event of disaster :*

noting that governmental responsibilities could include such items as warning of danger, evacuation, rescue, maintenance of law and order, fire precaution and protection, public health and sanitation, care of the dead, traffic control and provision of services which are the normal responsibility of government ;

whilst Red Cross responsibilities should be concerned, amongst other things, with primary emergency needs such as shelter, food, clothing, first aid and medical care depending upon the magnitude of the disaster ;

FURTHER RECOMMENDS :

To National Societies

- *that in addition to giving courses of instruction to the public, they make every effort to establish trained units of volunteers to be available for action in the event of disaster, and that such units be kept active through training programmes and participation in specific Red Cross projects such as health education programmes in cities, towns and villages ;*
- *that in the event of disaster an immediate survey be undertaken— bearing in mind the communications systems available to Red Cross through prior arrangement with the relevant authorities— and that such survey should enable an estimate to be made of needs in order to determine whether local or national resources*

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will suffice or whether, in the last resort, an appeal will be made to the League of Red Cross Societies for assistance from sister National Societies.

Recommendation V

The Regional Seminar for Eastern African Red Cross and Red Crescent Societies :

CONSIDERING :

That the dissemination of the knowledge of the Geneva Conventions in peace time is essential for their adequate application in war ;

CONSIDERING :

That members of Armed Forces and all medical personnel in the first place should be familiar with the rules of the Geneva Conventions ;

RECOMMENDS :

That the National Red Cross and Red Crescent Societies follow up the question of the propagation of the Geneva Conventions in continuous contact with the competent authorities, in order to ensure that the syllabus used in the professional preparation of army officers, of doctors, of nurses and of teachers, gives adequate consideration to the matter of the Geneva Conventions and the International Red Cross.

Recommendation VI deals in particular with the Junior Red Cross and Health Education. It draws attention first of all to certain important aspects of the development of a section of young people. Then the Seminar

RECOMMENDS :

To National Societies that, in a first stage, they concentrate on the development of activities in schools, two major factors of success being — the full support of the education authorities, who should be made to understand the contribution Red Cross can make to the social education of youth and how Red Cross can supplement the school programme.

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- *the equally full support of the teacher corps, including the head-masters of schools, who need to receive adequate training on the Red Cross—a most effective way being to educate future teachers when they are in teacher training colleges ;*

URGES :

National Societies, in addition, to obtain from the education authorities that teaching on Red Cross be integrated in the teaching of other school subjects, namely through

- *a government decree making this integrated teaching official,*
- *cooperation in the drafting of textbooks including information on Red Cross principles, the Geneva Conventions, etc.,*
- *providing teachers with guidelines which they can use in their teaching on Red Cross (a basic document from the League and ICRC is a definite need in this respect) ;*

ENCOURAGES :

National Societies to try and enroll youth out of School as well, some of the effective means suggested including

- *reaching young people through rural health centres, camps and clubs for youth out of school, village gatherings in the evening, community centres, churches, etc.,*
- *turning for leadership to health workers, community development workers and other key community persons, their support being invited preferably as Red Cross volunteers themselves ;*

FEELS :

That when it comes to planning programmes for young people it is most important that National Societies should take into careful consideration the needs, interests and demands of young people, especially the following points :

- *young people are idealistic and want guidance into becoming useful citizens ; they want action, i.e. tangible programmes and not just theoretical training ; they want to be of service to others ; they want education—which can help them get ahead in life and*

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choose a career ; they need drama in their programmes ; and last but not least they want to be given responsibilities ;

RECOGNISES :

That unless a National Society develops meaningful activities answering the above needs and taking cultural patterns into consideration, it will not attract to its ranks young people, as they have many other opportunities to use their leisure time...

Finally, this Recommendation requests National Societies 1) to encourage the promotion in schools of activities leading to health education ; 2) to provide young people with the means of taking part in communal activities of health education and 3) forge a link between the work of health education and that whose purpose is to foster international understanding. 4) in conclusion of the recommendation, the Seminar

EXPRESSES

Its conviction that health activities lead naturally to service to others, which in turn leads to international understanding, international friendship and peace, and that health education therefore can provide youth with the challenging work they demand and lead them to become effective senior members of the Red Cross and of mankind.

The Recommendations in themselves cannot, of course, communicate the atmosphere of the Seminar. For many of the participants it was the first occasion on which they had been able to meet some of their colleagues from sister Societies. The occasion was an encouraging re-affirmation of the internationality of Red Cross and of the determination of men and women of goodwill to set aside the differences which divide nations and to work together to solve their problems inspired by the principles of the Red Cross, which are of universal validity.

The Chairman of the Seminar, H. E. Tsahafi Tezaz Tafarra Worq, summed up this feeling in his closing speech when he said " I am convinced that this gathering has not only produced positive contributions to the solutions of the problems we have met to consider but, as well, has marked the start of a closer relationship among us all. We have considered during our meetings here a wide

variety of issues. All of them bear one common mark—they are aimed at the relief of those in need, at the alleviation of those in suffering, at the improvement of standards of health and hygiene. No one of these is more important than any other. Disaster Relief, Health Education, Youth, the Problems of National and International Conflicts, all touch and deal with the most basic fields of humanity and brotherhood. I am in complete accord with the theme adopted by the League of Red Cross Societies for World Red Cross Day 1966, namely “ No Frontiers for Red Cross ”. If this could be communicated to and adopted by all of the world’s peoples, suffering and distress would be diminished. If we are to be true to the Principles for which Red Cross has stood over many decades and to the humanitarian spirit of its founder, Henry Dunant, we can spare no efforts to alleviate human suffering in the world today.”

Nicholas H. PHILLIPS

Desk Officer for Africa, Development Programme
League of Red Cross Societies

Japan

Mrs. Sachiko Hashimoto, Director of the Japanese Junior Red Cross has sent the Junior Red Cross Bureau of the League a parable written by a member of the Japanese Junior Red Cross. It was submitted by the author, a commercial high school student, to the 1964 Japanese Red Cross national seminar.

It is well known that the dissemination of knowledge on the Geneva Conventions is a subject to which International Conferences of the Red Cross have repeatedly drawn attention. In view of the importance of promoting this dissemination among youth by simple and effective means, we believe that, with the agreement of the League, which passed it on to us, it will be of interest to publish this narrative entitled “ A Dialogue between the Old Man and Children ”.

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In the outskirts of K city lived an old man named Koichi Yamamoto. He had moved to this city about ten years ago. He did not make friends with his neighbours and led a lonely life. But there was one thing which he could enjoy, that was, watching the children who visited his garden to play war-games.

One day, looking at the children bullying a child, seemingly a war prisoner, the old man murmured to himself. " Ah ! Even such small children . . ." That night lying in bed, he thought of an idea : " Oh, yes. Why don't I teach them the Geneva Conventions ? It is much better for them to learn about them now than later when they grow older." This idea came to him because he had once worked as a Red Cross man in a battlefield.

First Geneva Convention.—The next day's war-game was a little different from the usual. A little girl of 6 or 7 years of age was participating in the war-game with a Red Cross flag in her hand. She must have learned about it from her mother.

She walked around among the boys, the wounded soldiers, taking good care of them. The boys, however, paid no attention to the flag or the little girl and continued attacking. The old man took advantage of this moment : " Boys, you should not bomb or shoot any place where you see a Red Cross flag."

The children looked puzzled, but they no longer attacked the girl with the Red Cross flag. The old man was relieved to see that. However, after a while, a strange thing happened. Five or six boys covered with the Red Cross flag were moving toward the enemy, but nobody tried to attack them. Perplexed, the old man said again : " Now boys, you should not carry a weapon hidden under the Red Cross flag ". Then Akio, the boy who was the captain of one troop, said, " But you told us before not to attack any place or anyone with the Red Cross flag. That is why we covered ourselves with the flag to prevent the enemy from attacking us ".

Then the old man asked for attention from all the children and began to talk. " You should never misuse the Red Cross flag. It is not for the soldiers who can fight, but for the sick and wounded on the battlefield. You see, you are not allowed to attack any hospital with Red Cross flag or emblem, because the wounded soldiers are kept there. Nurses and hospital staff should be fair and equal to

both friends and foes. Yoko, you were taking care of the soldiers of Kenji's troop only. That's not good. Once injured, people are the same to the Red Cross. As a Red Cross nurse, you should look after Akio's soldiers as well."

Second Geneva Convention.—It must have rained the night before. There were several puddles in the old man's garden. After a while some children came to the garden. That day no one carried tools for the war-play, but little boats. The old man imagined that they came for a ship-play. However, look! They again started a war-play. This time, it was a naval battle. Small boats were floated on the puddles. They threw stones to sink them. A few minutes later the old man added a small boat with a tiny Red Cross flag. The children didn't pay any attention to this little flag. They kept throwing stones at the boats. At last the old man's boat sank just like other boats.

The old man opened his mouth, "Didn't I tell you that you shouldn't attack anything anywhere with the Red Cross emblem?" "Do you find the Red Cross on the sea?" asked Akio. "Sure, anywhere. It makes no difference, sea or land. Wherever they are we should take care of the wounded and sick," the old man explained.

Right then it started pouring again. The children ran back home at full speed. The old man was left alone on the porch: "The Geneva Conventions might be too difficult for the children. Yet it may not be so, for there seems to be some who understand them". The old man closed the window.

Third Geneva Convention.—It was Sunday. It was raining from the morning. The old man sat on the porch looking ruefully at the rain. There, the children came in making noise. Akio spoke in a loud voice: "Please tell us some war stories." Kenji added, "The story you told us last time was very interesting." As the old man had nothing to do, he was willing to accept their request. As the story developed, the old man became excited and came to talk about the Geneva Conventions.

“ You know that always in the war some happen to be captured. Among you boys, there are usually some who start crying when caught. What would you do if you capture an enemy soldier ? ” Akio immediately replied, “ I’d put him in a prison and keep him without a bite of food, and would punish him hard.” The old man asked, “ Akio, you don’t like to be treated like that when you are captured, do you ? You know, others feel just as you do. So, you should treat them kindly and allow them to write letters to their homes if they want. If any parcels are sent from their homes, be sure to see they are received by the prisoners. Don’t keep them for yourself.”

Then Kenji spoke up, “ In a movie I once saw with my mother, I remember a war prisoner who succeeded in escaping. I would do the same thing if I became a war prisoner. But what would happen to me if they would find me ? They would kill me, wouldn’t they ? ” “ No, they wouldn’t, answered the old man. “ As I have told you before, the Red Cross have made them promise not to kill or hurt people without a good reason ”.

“ You see, you are not allowed either to let prisoners work in a battlefield full of dangers. What is more, wounded soldiers should be sent back to their home country.” Yoko murmured, “ I don’t quite understand.”

Akio said, “ But I do. You mean that we should treat the prisoners of war as kindly as possible, because they are human beings just as we are, right ? ” “ Yes, that’s right. Akio, you understand very well. The best thing to do is not to fight a war,” the old man went on telling a story :

Fourth Geneva Convention.—“ You must listen carefully, Akio and Kenji, as both of you are the Commanders in chief of the troops. I remember that you have attacked some children who were not in either of your troops but merely playing with the sand. You caught them and treated them badly. Remember ? It was very naughty of you to have done so. Do you know why ? There is a promise to protect those who are not engaged in the war. Sometimes their houses are destroyed, or they have nothing to eat or wear. Then, they are expected to be protected under the Red Cross promise ”. “ It sounds very difficult ”, responded the children.

“ Even for fighting there are many rules we have to follow, aren't there ? ” Akio, Kenji, and Yoko went home with something to sleep on.

Four or five days later, Akio came back and talked to the old man. “ We won't play war-games any more. If the war begins, the Red Cross people must help wounded soldiers, take care of the prisoners of war, and prepare many promises. The best thing is, however, not to fight any more. Right ? We have decided to stop playing war games. We will never forget the story you told us about the Red Cross and will study more about it as we grow up.”

Zambia

The information services of the Republic of Zambia in Lusaka have recently published in their bulletin an interesting article by Mrs. Jane Knudtson on the work which has already been accomplished by their country's Red Cross. At a time when this has been recognized by the ICRC, as we had pleasure in mentioning in our January issue, we think it appropriate to reproduce a few extracts of this article.

The author points out in conclusion, that there are already a large number of juniors and that an annual meeting is held at which their instructors are present. After attending a two-week course on the Red Cross, they return home and become excellent publicists for our movement. The National Society can therefore play an important rôle in the Health Service of the country, especially in remote areas where there is a shortage of medical personnel.

On April 22, 1966 the Zambia Red Cross Society officially came into being. Since 1950, the Red Cross in Zambia had been an overseas branch of the British Red Cross Society, with headquarters in London.

In his speech to the National Assembly, presenting the Red Cross Bill, the Minister of Health, Mr. Peter Matoka, said : “ We in this

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country have had occasion a number of times to benefit from its generous and humanitarian activities. It is one of the great forces for good in this world, and is uninfluenced in all that it does by race, colour, nationality, political belief or creed"

. . . The first and most important task facing the new Zambia Red Cross Society is expansion to cover the whole of the country. For this purpose it is extremely fortunate that the Society has a full-time training officer, Mr. Tembo, who has worked with the Red Cross since 1950, as well as half a dozen full-time First Aid Instructors who were specially trained last year by a Field Officer of the British Red Cross.

These Instructors, young Zambians selected from many applicants, are now attached to the Society's main branches in the country, where they hold courses in first aid for all sections of the community. This greatly helps the branches who previously had to rely on doctors, nurses, and other recognised instructors who are only free to lecture in their spare time.

Zambia Red Cross instructors are greatly in demand. They are currently holding courses for staff of large business concerns and for the Ministry of Transport's school for road foremen. They will shortly be giving instruction to firemen of the Civil Aviation Department who are in charge of the safety of Zambia's airports.

The Red Cross will shortly be running special first aid courses for drivers of public service vehicles, in conjunction with the National Road Safety Association and as an incentive the Ministry of Transport is offering £5 for those who pass the examination. This will be a country-wide campaign to teach these drivers how to save life and to make them more aware of road safety.

A special course in first aid and diseases prevalent in Zambia is now being started for University students in Lusaka, and an overwhelming number of students, lecturers and professors have enrolled for further courses. All this encouraging interest will help spread the knowledge of the Red Cross to the farthest corners of Zambia.

At present there are four central branches of the Zambia Red Cross in the major towns, Lusaka, Ndola, Kitwe and Broken Hill; and divisions in many other towns. The Council for Mining First Aid, with their very high standard of first aid specially adapted for accidents in mines, is also a branch of the Zambia Red Cross.

In some areas there are members' groups, people who work faithfully in raising funds to send towards the general expenses of the headquarters, as well as towards gifts and comforts for nearby hospitals and leprosaria at Christmas. There are several detachments well-trained in first aid and home nursing, ready to turn out in emergencies or at public functions.

Perhaps the most ambitious venture of the Zambia Red Cross is the part it hopes to play in connection with the "flying doctor" service based in Ndola. It is intended that one of the full-time instructors will fly to the remote areas with the "Flying-doctor" and train groups of people in each village in basic first aid, as well as to be stretcher-bearers.

A special "bush ambulance" has been designed and made by one of the mining companies in Ndola. It is a stretcher on four wheels, capable of carrying two to three persons, and it can transport sick people along the narrow tracks from remote villages to the nearest of a network of landing strips or rural clinics.

This service will offer the Red Cross a great opportunity of penetrating into the remotest areas, to teach some ideas of healthy living, hygiene and nutrition, thereby helping the health authorities promote the national health.

In Lusaka, National Headquarters and the local Red Cross branch share the fine Red Cross House, built in 1958 with the help of a loan from the British Red Cross. Several years later the Lotteries provided funds to add a large Blood Donor Wing.

The Red Cross in Lusaka, as well as in all the branches and divisions, undertakes the supply of blood for Government hospitals. In some centres volunteer doctors hold sessions, whereas in smaller divisions Red Cross volunteers recruit blood donors, provide refreshments, keep the records and issue badges and medals.

The principal activity carried out by the Lusaka branch is a scheme whereby handicapped children, most of whom have suffered from polio, are collected in a special bus from a different suburb of the city every morning, and taken to the Hospital for treatment and therapy. Red Cross volunteers help the children to exercise their bodies in specially heated pools. They are fitted out with boots and calipers and after each treatment are given milk. This is a most worthwhile service, and now entirely run by the Red Cross.

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One afternoon each week the " polio bus " collects elderly ladies from old people's home, and takes them shopping in Lusaka.

Hardly a week goes by without one or two requests from other Red Cross Societies, asking for help in tracing some long lost relative. Up to now these requests have come through the British Red Cross in London, but in future they will be channeled through International Red Cross Headquarters in Geneva. A large number of immigrants came to work in the mines during and after the second world war, in particular Polish expatriates, and many families were split up. It is a most rewarding service to be able to re-unite people who have perhaps not heard from each other for 20 years or more . . .

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

THE DRIVE FOR HEALTH

April 7 of each year is World Health Day. In 1967, the theme will be *Partners in Health*. For the occasion, Dr. M. G. Candau, Director-General of WHO, delivered the following statement :

When we look at the state of the world's health, at the progress which has been made, and the difficulties yet to be overcome, it is clear that the scarcity of trained manpower for the health services is an urgent problem almost everywhere, and especially in the developing countries.

It is the key factor governing any plans for the improvement or expansion, and sometimes the actual maintenance of such services.

The physician is the central figure round whom health services are built and function. But the efficiency and output of a country's health institutions also depend on the personnel who support him.

The progress of medical science has made the need for that support so great that teamwork has become an essential feature of all health care. The day of the solitary research worker or the single-handed physician providing every form of medical care for his patients has indeed passed.

The "team" is the most efficient instrument for combining the efforts of health workers with different skills and experience for the greater benefit of the individual patient, or for the health care of a community.

Teams vary in size and complexity. They range from the group of a dozen highly specialized individuals performing the amazing operations of heart surgery, to the three or four health workers with simple skills who, based on a rural health post, look after the health needs of a widely-spread population of 5000 or more.

Each of these two teams—so different in training and interests—is composed of individuals who share a single purpose. They are partners in a common undertaking, and on World Health Day 1967 these “Partners in Health” are being justly honoured.

The partners in health are not limited to members of the health professions. The economist who helps to increase production and buying power, the road builder who makes it easier to reach a health centre, the educator who banishes illiteracy and widens his pupils' comprehension of the value of life all contribute to prosperity and welfare. They create a demand for health and, at the same time, make it easier to satisfy that demand. They are responsible for a change in people's attitude towards health that is perhaps the most influential force of our times : the recognition that health is their birthright, that disease is not an inevitable burden which must be endured.

For the collective awareness that accompanies any great surge forward is bred and nurtured in the community, without whose active participation there can be no change, no improvement. Thus the people themselves are essential in this partnership. The community, the family and the individual suffer the consequences of disease, play an active part in treating and curing it and an even more active role in the maintenance of health.

The sanitary engineer.—Man's desecration of his physical environment is something that has preoccupied philosophers, religious leaders and temporal powers throughout the ages. In the present century when the need is greater than ever, the sanitary engineering profession has emerged whose exclusive duty is to mount guard over the air, water, food and shelter that are essential to man's life on this planet and to repair some of the more obvious damage to them.

Doctors and nurses are “partners in health”, as well as members of those professions which are in the van in the struggle against disease : medical auxiliaries, sanitary engineers, health educators. The functions of these last two professions are clearly described by the WHO, and their members are frequently also members of the Red Cross, Red Crescent or Red Lion and Sun. Their rôle is truly important these days when there is a lack of nurses to cope with the demands arising from the world's increasing awareness of

the need for healthy living conditions. The problem is an urgent one and in some circumstances it is solved—at least temporarily—by the deployment of rapidly trained teams such as those whose tasks are described hereunder.

The sanitary engineer, whose role is to control man's environment so that it enhances rather than detracts from his health and comfort is of necessity a member of the health team. The work he does may be less spectacular than that of a surgeon performing a delicate heart operation, but its steady, purposeful character is fundamental in making it possible for the human race to continue to live in the modern world.

He is an engineer in the physical sciences and a public health worker in the biological sciences. This combination of skills brings him into contact with members of the medical professions on one hand and the public works engineer on the other. And because of the scope and complexity of environmental health problems the sanitary engineer works with a team of his own composed of the biologist, the chemist, the sanitarian and representatives of a growing number of other disciplines.

He is continually faced with new problems, although the old ones are not yet solved and hospitals in many parts of the world are full of victims of insalubrious living conditions. Water is one of the greatest of them. Its ability to spread deadly and debilitating diseases—cholera, typhoid, dysentery, bilharsiazis, river blindness—is well known and the simple matter of getting enough good water to the people of the world has so far defied all the technologists.

This is not merely the case for the developing countries where it is not rare for a woman to walk miles each day to bring back the family water supply, a tin on her head and a bucket in her hand. In some of the world's biggest cities there are still buildings whose tenants fetch their water from an outside tap or fountain.

The spectacular growth in population that we are witnessing and the continually increasing industrialization that is characteristic of our times provide still more challenges for the sanitary engineer. There are more and more people and they live closer and closer together, especially near factories that provide them with work. This means that they are not only exposed to the usual disease hazards of everyday life but also to those that may arise from close

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contact with modern industry. The task of protecting man is continually more difficult. Countless new chemical products are put on the world market every year. Their toxic wastes pollute the air, water and soil, yet too little is known about the long-term effects of exposure to these substances. The pesticides and herbicides that increase food production may not be unmixed blessings for the consumer.

Air pollution is becoming acute. Industrial wastes, along with those from fuel combustion, outside fires and automobiles, combine to create a formidable problem in many places, especially in affluent societies where air pollution seems to be a concomitant of economic progress. Trees, monuments, houses are attacked and damaged. The human respiratory system is not immune. During fog and smog when toxic fumes are held down by a blanket of the upper atmosphere the death-rate may go up in a marked fashion.

Water and air are the most obvious and universal problems with which the sanitary engineer has to deal but there are many others. He is concerned with the handling of solid wastes produced by cities that necessitate the installation of elaborate refuse-disposal systems capable of processing millions of tons a year. He plays an important part in protecting people from radioactive wastes, whether atmospheric, liquid or solid. Undoubtedly the space age will bring other responsibilities because of the necessity of re-using air, water and food on space platforms. Water is already being re-used in much less spectacular circumstances. One city, forced to adopt this measure because of a water shortage, re-cycled sewage effluent through the water treatment plant. Since all precautions were taken there was no outbreak of disease but every glass of water taken from taps had a collar of foam on top because of the impossibility of breaking down detergents into their simple components.

The sanitary engineer has a role to play throughout the whole of man's life, in all its aspects. This role varies in different countries, to be sure. In one he must eliminate the conditions that foster the spread of infections and parasitic diseases, provide water for rural areas and cities alike and contend with the results of man's poverty and ignorance. In another he must cope with the effects of technical progress and industrialization. But whatever the problem and the

circumstances responsible for it the sanitary engineer wages war on disease, side by side with the doctor, the nurse, the sanitarian and everyone else concerned with man's health and comfort.

The health educator.—One of the most recent additions to the health team is the health educator, although his function, that of increasing public awareness of the conditions that influence health and disease, has always been and continues to be an important part of the work of the doctor, the nurse and every other member of the health team.

Who is the most important person on the health team? Who calls the doctor, follows the treatment, corrects harmful habits, sees that the children have good food, comes to be vaccinated? Everything depends on the layman, whether he is sick or well. Nowadays when so many illnesses can be prevented and so many diseases effectively treated, what the ordinary person does about his health is the key in the lock of medicine.

Everyone has his own beliefs, taboos and fears where health is concerned. What is important is whether these preconceived ideas and the habits and customs that go with them are harmful and prevent people from seeking good advice, or whether they are beneficial and lead to longer and happier lives. It is the aim of health education to help people to better health, to make the best use of the health services that are available and to regard health as a valuable asset, a worthy investment of time and money.

All members of the health team are doing health education when they talk with patients, discuss health matters with administrators or give talks in schools or on the radio. Everyone learns something each time he is told how to keep well, visits a health centre, or observes the effect of a good diet on a child.

To understand the importance of the ordinary man and woman let us consider the mother of a family in a poor country who has to feed and educate her children with limited resources. She wants to do the best for them and perhaps would like to make use of the local health centre, but she is not alone. She has a family, a husband, perhaps a mother or grand-mother who has always had strong views on how to bring up the children. These people may be old-fashioned, they may not believe in the health centre. The woman will have to struggle against all sorts of opposition and in the end

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may not even think it worth while to risk the disapproval of her relatives by going to the health centre and spending the time and money that is required. If she does, and the staff of the health centre suggests ways of doing things that the relatives have never heard of she will be in a dilemma and may have to defend her position at home. Should the child be vaccinated? What food should it be given during weaning? The team at the health centre can be effective in helping the child only to the extent that the mother becomes a member of that team, works with its members and, with their support and her new knowledge and skill, influences the family. If she isn't regarded as a member of the health team they will remain outsiders and only be consulted in emergencies.

Then there is the cardiac patient who has recovered from a heart attack in a modern hospital. He not only has had a grave illness but also, probably, a severe psychological shock. Now, in his middle years, he may have to adapt himself to a new way of life. For financial and other reasons it will probably be difficult for him to make the necessary adjustments. His family may pamper him too much, while on the other hand, his friends and employers make light of his illness. If this man is to be brought back to good health he must work with his doctor, nurse, physiotherapist, over a long period in a joint enterprise. He must be prepared to learn and they must be prepared to teach him. His friends, relatives and employer should also be made aware of his real needs, capabilities and limitations.

Health education, besides being an essential part of medical and public health work, is also carried on in schools. Teachers are valuable members of the health team and their training is a worthwhile investment. If children learn the grammar of health along with their ordinary school work they will acquire good habits and also will find it easier later in life to talk about themselves to doctors and others concerned with their well-being. Health education in schools is not confined to the classroom. What children see around them impresses them as much as their lessons. The cleanliness of the washing facilities, the state of the classrooms and the latrines, the work in the school garden and the kind of food served in the school meals are all daily examples, good or bad, that gradually are assimilated and become part of the child's way of

life. Many people play a part in the school health team. Janitors, cooks, gardeners, as well as teachers, school nurses, dentists, doctors, all contribute something. The school medical service can impress children and teachers with the importance of medical examinations and the early correction of defects. It provides opportunities for talks with parents about a child's health needs and brings them into the health team.

Although people of many different backgrounds can promote health education, in recent years it has become a profession in itself. The work of the health educator, in general terms, is to organize health education activities in an area, to act as an adviser on sociological and educational methods and to show members of the health team how to use their opportunities for health education.

In antimalaria work, for instance, where the main attack is against the mosquito that transmits the disease from one person to another, the health educator may be called upon to study the social problems that hinder the business of spraying insecticide inside houses. They may have to find out what people believe to be the cause of malaria and to relate those beliefs to modern scientific ideas. Hours or even days may be required discussing, with the village elders, ways and means of getting suspicious or even hostile people to allow the spraymen into their houses.

In the case of tuberculosis control, drugs that must be taken over a long time are nowadays an important part of treatment. After a few weeks the drugs begin to take effect and the patient feels better and looks better, although he is not yet cured and may still face a long period during which he must rest and continue to take his pills. It is easy for him to forget them, tempting for him to go back to work. Perhaps his wife is replacing him as the family bread-winner and doesn't understand why this is still necessary. His employer may be impatient with him. In such situations the health educator might be called on to study the social and psychological factors that hinder successful completion of the treatment and suggest methods of dealing with them to the health workers concerned.

The health educator, in other cases, may have to work out clear and simple language for an instruction booklet, or test

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pictures to find out what they mean to illiterate people. Health educators work with school teachers in planning the health education of children and in preparing teachers to carry this out. They also conduct research on fundamental problems of communication in health matters.

Perhaps most important of all, they are professional persons, trained to look at health from the layman's point of view. They are able to complete a two-way exchange of information, conveying this point of view to the members of the health team and teaching the man in the street the part he can play in safeguarding his own health.

REFUGEES IN AFRICA

The Office of the United Nations High Commissioner for Refugees, in Geneva, has produced an illustrated pamphlet under this title in which an account is given of the situation of refugees in a continent in which serious problems exist which can only be resolved by the co-ordination of the most varied aid, by governments as well as by the voluntary agencies.

It is known that the Red Cross has its place in this general effort and we therefore think it to be of interest to give some extracts of the preliminary article.

The creation of newly-independent states in Africa and the repercussions that this has had on territories which are still under colonial rule have provoked disturbances which, since 1961, have driven more than 650,000 people from their homes and their countries. Their destitution and distress might well have given rise to further internecine strife throughout the continent. Fortunately, this has not happened ; on the contrary, the refugees have always been allowed to cross frontiers and have found shelter and succour wherever they went, thus ensuring at least their survival. The

traditional hospitality shown by all African peoples has not failed the refugees from Rwanda, the Congo, the Sudan ; or those from Angola, Portuguese Guinea or Mozambique ; or any others forced into exile.

This is especially significant in view of the fact that often the populations of whole villages fled, sometimes even taking their cattle with them. Once across the border, often in a famished state, they found people in the host country willing to give them food, but this meant only that the limited local food supplies were more quickly exhausted. Outside aid then became essential, and governments have done their best to supply it as rapidly as possible, principally in the form of food and medical care. When international assistance is invoked at this stage it is of an emergency nature, mainly intended to avoid disaster.

Another major concern is to prevent incidents in the border areas which might lead to disputes with the countries from which the refugees have fled. The refugees are therefore moved a safe distance from the frontier as soon as possible, and every effort is made to persuade them to remain there.

Most refugees, it is true, nourish the hope of being able to return home soon but, circumstances being what they are, unfortunately this has proved possible only rarely. Indeed, when permanent settlement in the host country is officially suggested to them as the only solution, the refugees are generally receptive. A number of them, the refugees from Angola in the Congo for example, could be absorbed by the local population with which they have tribal links. For others, temporarily lodged in make-shift centers, the main objective is settlement in an environment conducive to a return to a normal existence as soon as possible. As the vast majority of them are peasants, or small craftsmen, this does not pose insurmountable difficulties. Apart from Burundi and Rwanda, which are overpopulated, most African countries of asylum offer sufficient land of reasonably good quality which has not been developed. Generally speaking, local populations are so sparsely scattered that the settlement of newcomers provokes no rivalry. However, the expense involved is much greater than host countries can afford. Financial and technical aid on a large scale is therefore needed in the preparatory stages. First, the land must be cleared of

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virgin forest or bush ; then the insects which carry malaria or sleeping sickness have to be destroyed. Roads must be built, and water supplies installed. All this has to be done before the refugees can be brought in and given the necessary tools and equipment to build their huts and start tilling the soil. For a time food has to be procured for them and, even if this is freely available from welfare sources, the cost of transporting it is often high. Furthermore, there is the distribution of seeds and the establishment of public services, however simple, such as dispensaries and schools...

The task of aiding refugees in these eight African countries has represented a vast and sudden increase in the responsibilities of the United Nations High Commissioner for Refugees. Indeed, when his office was first established under a resolution adopted by the General Assembly of the United Nations on 14 December 1950, the problems coming within its scope concerned mainly European refugees. Beginning in 1957, further Assembly resolutions empowered him to assist, directly or indirectly, groups of refugees in other parts of the world ; first in Hong Kong and subsequently in Tunisia and Morocco during and after the struggle for Algerian independence. In early 1961 the request from the Congo for help in dealing with refugees from Angola proved to be the first in a series of appeals addressed, one after another, to the High Commissioner's Office by countries south of the Sahara. At the same time HCR was approached in connection with situations in other parts of the world, such as Macao and Nepal.

Faced with these many and varied new problems the High Commissioner found his responsibilities increasing not only in size but also in complexity. His annual budget, whose financing depends on voluntary governmental contributions, has however remained within the very modest proportions appropriate to HCR's character—set out in its Statute—as a non-operational body. Since he cannot himself undertake the full financing or the practical execution of projects of assistance or settlement, the High Commissioner acts as a catalytic agent to stimulate goodwill and to co-ordinate the ensuing efforts.

Action by his office therefore almost invariably follows this pattern : upon receiving a request for aid from a country of asylum,

it sends a representative to make an on-the-spot investigation and assess the most pressing needs. According to the findings, it may be decided to draw on the Emergency Fund which is made up of the repayment of loans made to European refugees under earlier programmes. Generally this allocation is minimal and is intended to meet only the most urgent needs, while other international bodies and welfare agencies concerned with refugees are asked to make contributions in cash or in kind, or to provide services. As a concrete instance of this the League of Red Cross Societies often agrees to send out teams to distribute food and provide medical care.

At the second stage, when a host government has decided to allow a group of refugees to settle and has asked for international assistance, HCR draws up a detailed programme, in consultation with the government itself and any agency which wishes to take part, setting forth an order of priorities and defining the rôle of each participant. . . .

Apart from financial considerations, the very nature of the problem makes it preferable that a number of organizations be included in refugee work. As the present High Commissioner, Prince Sadruddin Aga Khan, told the Executive Committee at its spring session in 1966: "Multilateral aid offers guarantees for successful co-operation because of the variety of its components and the neutralizing effect which can be exercised by an intermediary which is so clearly impartial as UNHCR."

Because it guarantees impartially, the High Commissioner added, "Multilateral aid is more readily acceptable both to the countries of origin of the refugees and to the countries of asylum themselves." Multilateral aid obviates any suspicion that either the host country, or the refugees themselves, or the agencies which come to their help are politically motivated. The strictly humanitarian character of the aid given under HCR's aegis at the explicit request of the governments of countries of asylum; its sole concern with the security and well-being of the refugees, brook no challenge.

Furthermore, multilateral aid is more effective in that it can draw upon a variety of experience which no single agency possesses. It should be remembered that in Africa, where newly emergent

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states with overtaxed political and civil service institutions are struggling with the problems of economic under-development, settlement projects encounter numerous technical, economic and social difficulties.

It is also essential to ensure that anything done for refugees is planned in the context of the social and economic structure of the host country and is in harmony with its overall economic development. As the High Commissioner himself has said, his task is fulfilled when the refugees have reached the same standard of living as that of the people among whom they have settled.

However, in most cases this standard is so low that, even when they have reached it, the refugees cannot be considered as firmly settled. Like everyone else they should have hope for the future and prospects of improving their condition, especially if they are to accept the uprooting as a misfortune whose effects they can overcome through their own effort.

It devolves on other organizations, such as the U.N. Development Programme, working together with specialized agencies such as FAO, WHO and ILO, to help these aspirations to materialize through development projects of a more or less long-term nature that will benefit refugees and indigenous population alike. There is already useful co-operation between HCR and these bodies. This can certainly be tightened so that the work initiated by HCR and continued by others will exemplify the cohesion and efficiency that are necessary if concrete results are to be achieved in terms of increased prosperity and the maintenance of peace.

The maintenance of peace and increased prosperity are objectives of the United Nations. HCR intends to contribute to the achievement of these ends within the framework of assistance to refugees not only in Africa but elsewhere in the world.

It may seem that in Africa the needs of the hundreds of thousands of refugees who have sought shelter in adjacent or nearby countries are met in essence by projects of material assistance. However, it is no less important that the spontaneous welcome extended by governments and peoples be reinforced by certain basic guarantees as to the legal position of the refugees.

Unlike Europe, in Africa there is no individual screening procedure for establishing refugee status. Nevertheless, adequate protection for refugees requires that governments and their administrations formally subscribe to the application both of the right of asylum and to the principles governing treatment of refugees, as set forth in the 1951 Convention relating to the Status of Refugees.

To date 50 countries have acceded to this Convention ; of these 19 are in Africa. Other countries, without formal accession, implicitly acknowledge the principles embodied in it.

Side by side with its efforts to encourage further accessions to the Convention, HCR also advises governments in drawing up measures that help to ensure an appropriate legal status for refugees. A particularly important administrative point is the issuing of identity cards and travel documents to refugees. . . .

DEVELOPMENT AND INTERNATIONAL CO-OPERATION

The International Council of Voluntary Agencies (ICVA) was formed in March 1962 out of a merger between three international non-governmental co-ordinating organizations working in the field of assistance to people in need. It is a practical body of co-operation for the entire non-governmental world and its present membership numbers about 100 organizations. Its rôle as a central bureau of liaison is to assist the voluntary agencies as and when possible in the improvement and growth of their programmes.

ICVA works through a General Conference and Governing Board, a series of commissions and working groups, and a Secretariat. Its General Conference is a world forum where agencies intergovernmental and governmental, as well as non-governmental exchange views and information on all topics of concern and help in programmes of assistance to people.

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A General Conference was held in Geneva in 1965, whose theme was : " Dynamic development and international co-operation ". The ICVA has recently published a brochure summarizing the discussions which took place on social and economic development seen from the angle of the voluntary agencies and also on the problems of refugees and migrations.¹

We would in particular mention the working groups' reports whose subjects of study were as follows : " Planning and co-ordination of voluntary agency development programmes ", " Information clearing houses ", " Manpower ", " Co-operation with governments ", " Public relations, funding and campaigns " .

As regards the place of volunteers in this work and the tasks which can be assigned to them, mention should be made of the question raised during the course of a discussion of one of these working groups : " . . . as to how much in the discussion of work of volunteers the agencies were still seeking first to find meaningful forms of service for their people. How far had we come rather to the point of asking what jobs needed to be done and only then to ask whether volunteers were the right people to do them. Should the voluntary agencies be seeking to develop counter-parts of their own organizations in the developing countries? Voluntary agencies were a phenomenon of Western society and it might well be that social structures in other parts of the world did not call for the creation of agencies along the Western pattern. There did seem to be a need, however, for encouraging the principle of self-help. "

¹ *ICVA Document*, Geneva, No. 6, " Some aspects of Dynamic Development " .

HEALTH AND PROGRESS IN THE AMERICAS

The Pan American Sanitary Bureau, Regional Officer of the WHO, in Washington, published in March 1966 the annual report of its Director, Dr. A. Horwitz (Official Document 63). The title of the report is Health and Progress in the Americas; part of it, dealing with the problems of education and health, is reproduced below.

Activities in education and training are regarded as an “instrument” in carrying out the health function, representing as they do a combination of resources to carry out specific action within limits fixed by technical and economic factors. “Concepts of education, like those of freedom, bristle with difficulties. It is hard to define education because of what it connotes, which depends in no small measure upon the particular culture in which education occurs. Education is intimately bound to the culture of the community it serves, and for this reason what education means differs from one community to another. What all education has in common after allowance is made for cultural differences is ‘teaching’ and ‘learning’. Thus, to educate means etymologically to educe or draw out of a person something potential and latent; it means to develop a person morally and mentally so that he is sensitive to individual and moral choices and able to act on them; it means to fit him for a calling by systematic instruction; and it means to train, discipline, or form abilities, as, for example, to educate the taste of a person. The act or process of achieving one or more of these objectives is, as a first approximation, what education is about.”¹

The foregoing considerations are highly relevant to the training of professionals and technicians for the activities with which we are concerned. When we consider the range of specialization within

¹ Schultz, Theodore W. *The Economic Value of Education*. New York and London, Columbia University Press, 1963. p. 3.

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each profession, we find few university functions requiring greater diversification than those related to the sciences and arts of health. Within society, these are perhaps the ones in which the greatest personal involvement is required in order to instill in every human being principles for preventing or treating disease and protecting family health. If the universities and other institutions do not adequately motivate their students to fulfil their social commitments, they will be unable to transmit their knowledge and experience to those they will be serving, observing due respect for their cultural characteristics.

Significant work was done by the Organization during 1964 in the provision of advisory services both to educational institutions and for auxiliary and post-graduate training. We should like merely to comment briefly on what remains to be done and on certain programs.

Data on the estimated total number of nurses and nursing auxiliaries in the South American countries indicate a ratio of 2.6 nurses per 10,000 population, whereas the ratio for physicians is 5.5 if the ratio for all Latin America is applicable to South America. This relationship is obviously the reverse of the needs. It might be compensated for by adding in the total of auxiliaries ; this would increase the ratio to 10 nursing workers per 10,000 population, or double the proportion to physicians. Unfortunately, no more than a third of the auxiliaries have been properly trained.

This analysis brings out the problem of training health technicians in quantity and in quality. It is not reasonable that the ratio of professionals to population used today in the technically advanced societies be applied to the developing societies, where population growth and structure are different, as is the incidence of disease, whatever its etiology. The difference also applies to manpower and material resources. From all this it follows that health needs and demands in Latin America must be examined from the standpoint of reality, measured by the most appropriate indices, to determine the number of professionals and auxiliaries that will be required to serve a constantly growing population affected by certain problems and having a low income. This is the purpose of the studies initiated in Colombia under the sponsorship of the Ministry of Public Health, the Association of Schools of

Medicine, the Milbank Memorial Fund, and the Organization. Besides producing valuable information for medical education and education in allied disciplines and for the country's general health policy, the studies will develop a method possibly applicable to other countries interested in determining their manpower resources.

With respect to the quality of education, worthy of mention are the advisory services rendered to several universities in connection with medical pedagogy as an expression of human relations between professors and students. Despite the tremendous progress being made in the biology of learning, there will always be a need for motivation and eliciting adequate response from the students, based on the understanding of the professors. It has been aptly said that the practice of medicine is the realization of kindness.

Direct advisory services provided by the Organization are valuable for the improvement of teaching content and methods in universities and other schools. Also of value are post-graduate programs, such as those in social pediatrics, public health, sanitary engineering, and industrial hygiene. Worthy of mention also was the emphasis placed in 1964 on training activities concerned with preventive and economic aspects of veterinary medicine and preventive dentistry ; the same may be said about the training of nursing and sanitation auxiliaries.

The fellowships of the Organization constitute an educational procedure designed generally for specialization abroad by teachers and other professionals in the health field. A total of 639 fellowships were awarded in 1964—12 per cent more than in the previous year. Of these, 80 per cent were for academic and special studies. It is gratifying to confirm the sustained demand for fellowships and consequently report the greater investments.

Similarly, notice may be taken of increasing participation by educational centers in the Americas.

Research is another instrument of health work as a social service. It is evident that knowledge that has been usefully applied in other societies has not been so used in Latin America for similar situations. Furthermore, the sense of urgency to speed up development seems at times to oppose prior studies on any undertaking. Experience shows, however, that knowing what to do is not enough without knowing how to do it, and this depends on the ability to

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adapt what has been successful elsewhere to a different environment and culture. Moreover, education disassociated from research, basic or operational, is difficult to imagine. When this happens, education progressively loses its sense of reality and runs the risks of becoming a routine affair, disseminating principles and standards that are not always valid.

At its Third Meeting, the Advisory Committee on Medical Research of the Pan American Health Organization examined 45 operating projects in which scientists and institutions all over the Hemisphere are taking part. The projects deal with subjects that are part of the general activities of collaboration of the Pan American Sanitary Bureau. We should like to draw attention to the special session analyzing "environmental determinants of community well-being". Several experts explored the effects of environment on health, with emphasis on the problems created by migration to cities. People's difficulties in adapting from a rural to an urban environment, and in attaining a minimum standard of living, were highlighted. Areas for research—practical in its effects but with deep anthropological, biological, and cultural roots—were indicated.

The Committee examined the relationship between population dynamics and health and agreed that "the tremendous importance of the problems calls for studies of the highest quality". It suggested, among others, studies on human reproduction, dealing with hereditary and environmental factors in sterility and fertility; research on preventable malformations; demographic studies of live births, abortions, and fetal and maternal deaths; and research on family size and structure in relation to socio-economic factors in urban and rural communities. The Committee also indicated the need for training in epidemiology and demography, based on development, in schools of medicine and public health. It proposed that the Pan American Health Organization, in cooperation with the World Health Organization, initiate long-range studies of these subjects.

BOOKS AND REVIEWS

Illiteracy and the Red Cross. — *The Red Cross World, League of Red Cross Societies, Geneva, No. 3, 1966.*

Unesco estimates that more than 700 million people, nearly one-third of the adults in the world, are illiterate. This is believed to be a minimum figure. It is probably greatly understated.

Mass illiteracy is most prevalent in countries where Red Cross and Red Crescent Societies are youngest, in Asia, Africa and Latin America.

The urgent need for literacy is recognised by governments. Already they are making very great efforts to increase the number of primary schools so as to wipe out illiteracy at the source, or to reduce it as far as they can, in the next generation.

However, an immediate need is for literate citizens now. It is during the next twenty years the greatest strides forward must be made and these strides must be taken by the people who are already adults.

Unesco's latest approach to the literacy problem is to link literacy with economic and social development, so that it becomes a form of functional education, with strong motivation and quick rewards.

In the present economic and financial circumstances, it seems logical to provide first for the instruction of those who can use literacy to the best advantage for the development of their country. The initial effort should be directed at the active element of the population and should lead on the pre-service or in-service vocational training.

The League has proposed to Societies whose governments are cooperating with Unesco in pilot literacy campaigns that Red Cross should provide low cost primers in mass lots which promote the cause of better health practices.

The Society would provide to the Unesco literacy expert the health points to be stressed. The expert would see that the books were written and illustrated to meet local comprehension and in keeping with latest literacy methods. The prototype booklet would then be re-produced in quantity by mimeograph or other low-cost duplicating methods. The text and illustrations would stress that the suggestions come from the local Red Cross Society. In cases where local reproduction of the books is impossible or difficult, the League would ask Youth Sections of more developed Societies to take on the printing of the books as an inter-

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national project. It would be suggested that a special study of the involved country as well as the illiteracy problem in general be studied by the youth members during the project.

Red Cross involvement in literacy campaigns offers the organisation unique opportunities to approach vast segments of their populations that were hitherto almost unapproachable.

Housewives represent, also, a prime target. Illiterate women need to learn as soon as possible basic health, sanitation, nutrition, and other measures. Thus, what they learn is almost as important as the learning process itself.



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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

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

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

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

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

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

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

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

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

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

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



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

ADDRESSES OF CENTRAL COMMITTEES

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