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DE LA CROIX-ROUGE  
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DES SOCIÉTÉS  
DE LA CROIX-ROUGE

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## THE NEW GENEVA CONVENTIONS

### RETENTION OF MEMBERS OF THE ARMY MEDICAL SERVICES WHO HAVE FALLEN INTO THE HANDS OF THE ENEMY (Concluded) <sup>1</sup>

#### **Article 29.** — Status of Auxiliary Personnel.

*Members of the personnel designated in Article 25, who have fallen into the hands of the enemy, shall be prisoners of war, but shall be employed on their medical duties, in so far as the need arises.*

This Article deals with "auxiliary personnel", as they are usually called, who fall into enemy hands.

According to the First Convention (Art. 25), they are "members of the armed forces specially trained for employment, should the need arise, as hospital orderlies, nurses or auxiliary stretcher-bearers, in the search for or the collection, transport or treatment of the wounded and sick".

As we are not called upon here to study Art. 25, we shall limit ourselves to a few remarks concerning the persons it refers to.

Whereas the characteristic of medical personnel, properly so called, is to be permanently and exclusively affected to medical work, persons mentioned here form a class that is devoted only partly to such duties. They should have received sufficient instruction to qualify them as auxiliary orderlies

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<sup>1</sup> See *Revue internationale de la Croix-Rouge*, English Supplement, Vol. II, No. 12, Dec. 1949, pp. 487-501; Vol. III, No. 1, Jan. 1950, pp. 2-17; Febr. 1950, pp. 30-44.

or stretcher-bearers, so that they will be available, on occasion and in case of need, to take part in the search for, and treatment of the wounded. Otherwise, the commanding officer will attach them to any other branch of Army service.

This particular class, which until now has generally been small, includes in certain armies bandsmen who are also trained in first-aid. There is nothing, however, to prevent the category from including members of forces who are combatants pure and simple.

Such personnel, however, can belong only to armed forces, and not to a Red Cross or other relief society. Further, it includes only stretcher-bearers or orderlies, and not chaplains, doctors or administrative staff.

It was the 1929 Diplomatic Conference which introduced the innovation—by a majority of one vote—of putting auxiliary personnel, if captured while on medical duty, on the same footing as the permanent medical personnel. It followed from this that they would as a rule enjoy similar rights of repatriation. The 1929 Conference gave up the idea of according them special protection on the field of battle before capture, not believing it feasible to authorise them to wear the armlet<sup>1</sup>.

The revised Draft Conventions, which preceded the text elaborated by the 1949 Diplomatic Conference, made no special provision for auxiliary personnel. The experts considered that protection would be more effective if it covered only the permanent medical staff. It was also pointed out that in the conditions of modern war, military personnel are captured in very large numbers, so that it is not possible to decide if certain of them were engaged in medical duties at the moment they fell into enemy hands.

The 1949 Convention has retained the category of auxiliary personnel, but has completely changed the manner of protection afforded to them. Auxiliary personnel shall now be protected on the field of battle even before their capture, but of course

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<sup>1</sup> This does not mean that the enemy has the right deliberately to fire on them when they are engaged in collecting the wounded. If the enemy happens to recognise that they are auxiliary personnel, he is bound to respect them as such.

only during the time in which they are detailed for medical work ; during such periods, they are allowed to wear a white armband bearing a red cross of reduced size. On the other hand, once they fall into enemy hands, they become simply prisoners of war, and have no further right to repatriation. This is the subject matter of Art. 29.

The solution adopted by the Conference is justified on several grounds. First of all, the affinity of status between auxiliary personnel and permanent medical and religious personnel is superficial. For one thing, it is as much " combatant " as medical, and therefore repatriation would help to increase military strength in the home country ; in addition, since its medical functions are subsidiary only, the necessary instruction can quickly be given to other troops, who can be detailed to replace those captured.

Secondly, if the somewhat daring innovation of the 1929 Convention did not, fortunately, give rise to abuse, it was nevertheless open to it. It is not difficult to imagine a belligerent giving the elementary training of stretcher-bearers to large numbers of combat troops, in order to furnish them with a claim to repatriation, should they be captured.

Finally, as we have said above, troops are most often captured nowadays in large numbers, following encircling operations. When a body of troops is surrounded and disarmed, it is sent behind the lines, where sorting out begins. In most such cases, it will be impossible for the commanding officer to establish with any degree of certainty, whether or not certain prisoners were engaged on medical work at the time of capture—the more so as he himself would find difficulty in saying when precisely that moment was. It seems to have been this last argument especially which led the delegates in 1949 to reverse the former system.

Does it follow that the special training of these men will become useless from the moment they are taken prisoner ? Apparently not. The Conference was careful to provide that auxiliary personnel who become prisoners of war " shall be employed on their medical duties, in so far as the need arises ". The Detaining Power would therefore call upon them as far

as it may be necessary, and may occasionally, or even permanently, assign them the duty of caring for their own comrades.

Shall the proportion of medical personnel retained under the terms of Article 28 be decreased as a result of the presence of auxiliary personnel in the camps ?

The Convention here makes no specific provision, and does not link up the employment of auxiliary personnel with the retention of the permanent. The matter is left to private agreements which belligerents are invited to conclude, or in default, to the judgment of the Detaining Power which, under the terms of Article 45, is bound always to interpret in the most generous sense cases not provided for expressly in the Convention.

It may be remarked that auxiliary personnel receive training only as stretcher-bearers or auxiliary orderlies, so that their presence in camps would justify the repatriation only of corresponding permanent personnel, but not of the fully qualified. In addition, it is unlikely that there would be a constant need for stretcher-bearers in the camps, so that the problem is in fact limited to the orderlies.

If a number of them can satisfactorily and regularly carry out the work, the Detaining Power may justifiably consider the repatriation of a corresponding number of the permanent medical personnel provided for in Article 28, and would thereby act in accordance with the spirit and the general principles of the Convention.

What is then the status of auxiliary personnel in captivity ? If they are not doing medical work, their treatment is the same as for ordinary prisoners of war. If they are called upon to act professionally, it seems reasonable that they should have the benefit of the provisions of Article 32 of the Prisoners of War Convention, which applies to prisoners who, without having been attached to the Army Medical Service, are doctors, nurses, and so forth, and who have been called upon by the Detaining Power to act professionally. According to the text of Article 32 " they shall continue to be prisoners of war, but shall receive the same treatment as corresponding medical personnel retained by the Detaining Power ".

**Article 30.** — Return of Medical and Religious Personnel.

*Personnel whose retention is not indispensable by virtue of the provisions of Article 28 shall be returned to the Party to the conflict to whom they belong, as soon as a road is open for their return and military requirements permit.*

*Pending their return, they shall not be deemed prisoners of war. Nevertheless they shall at least benefit by all the provisions of the Geneva Convention of August 12, 1949, relative to the Treatment of Prisoners of War. They shall continue to fulfil their duties under the orders of the adverse Party and shall preferably be engaged in the care of the wounded and sick of the Party to the conflict to which they themselves belong.*

*On their departure, they shall take with them the effects, personal belongings, valuables and instruments belonging to them.*

**Paragraph 1.** — Repatriation of medical personnel.

This repatriation, which is a fundamental principle of the Geneva Convention remains, as we have shown above<sup>1</sup>, the essential rule ; retention is secondary only, a possibility. Consequently, all permanent medical and religious personnel<sup>2</sup> whose retention is not indispensable under the provisions of Article 28, which we have examined, should be sent back to the Power on which they depend. All medical personnel and chaplains beyond the number fixed by agreement and proportional to the number of prisoners, or, in default of such agreement, all who are not indispensable in view of the medical condition or spiritual needs of the prisoners, shall be repatriated. This is, for the Detaining Power, an absolute obligation. It springs not only from the letter of the Convention, but from its inmost spirit, which the latest revision has not altered : the medical personnel, by reason of its mission, must always be in a position to carry on their particular work. To hinder them by, for example, holding doctors idle while they might be saving

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<sup>1</sup> See above *Supplement*, III, I. p. 4.

<sup>2</sup> The Diplomatic Conference rejected a proposal that only doctors, dentists and orderlies should be repatriated.

patients in their own country, would be gravely at variance with the Geneva Convention and the very idea of the Red Cross.

As the retention of indispensable personnel is now explicitly recognised by the new Convention and governed by carefully drafted rules satisfying the legitimate needs of States which consider it necessary to avail themselves of the services of medical personnel of the adverse Party, it is essential that the Powers should take to heart, all the more strictly, the obligation of respecting the basic principle of repatriation, now that its application is the more limited. The provisions of the new Geneva Convention flow from the underlying idea that sick and wounded soldiers form a group which must be cared for as well as possible, whether they are with their own forces or in internment camps. All the preliminary discussions were dominated by the desire to maintain an equitable balance between the needs of the wounded on the field of battle and those of prisoners of war.

The return of surplus medical personnel should take place, in the terms of this paragraph "as soon as a road is open for their return and military requirements permit".

Therefore, only physical impossibility or military necessity can be invoked as a reason for delaying their return. Passage across a fighting front is not always possible; similarly, transport overseas or across a neutral country cannot be organised from one moment to the next. Further, repatriation may be delayed, if there are good grounds for believing that medical personnel, at the time of capture, have been able to collect information of value on tactical or strategic questions which they could communicate on their return to their own Army Command.

The two conditions stated in Paragraph 1 are the only admissible ones; they should really be reasons, not pretexts<sup>1</sup>. These conditions apart, repatriation should be immediate. It is important that measures should be taken to prevent repetition of the unjustifiable delay which occurred in the repatriation of medical personnel in two World Wars. If one really wishes, it is not physically impossible to hold fire just

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<sup>1</sup> See Paul DES GOUTTES, *Commentaire*, p. 81.

long enough to allow the passage of a few hundred men ; neither is it impossible to ensure the security of a ship over a route agreed upon beforehand. Similarly, any information of military value which medical personnel might have been able to collect will very soon be out of date.

If belligerents allow themselves to yield to the temptation to delay the repatriation of surplus medical personnel on the off-chance that prisoners may later fall into their hands, it could well be said that the introduction of the system of retention had marked the end of one of the first victories gained by the Geneva Convention. We may repeat that the system of retention will not have the good results expected of it, unless the principle of repatriation is also scrupulously observed. It is at this price that the new provisions will take on their full value and that the Convention as a whole will retain its high moral significance.

The Convention stipulates that the medical personnel shall be returned "to the Party to the conflict to whom they belong". These are also the words of the 1929 Convention, and were preferred to the 1906 text which spoke of the return of medical personnel "to their own army or country". It was necessary to ensure that the belligerent could not meet his obligation by transferring medical personnel to a part of their country which he himself had occupied. Further, medical personnel might have served in forces other than those of their home country, and it is to these forces that they should be returned. The whole object of the restitution is to reinstate medical personnel in the position they occupied when they fell into enemy hands or, if that is not possible, in conditions resembling it as nearly as possible.

*Paragraph 2. — Medical Personnel awaiting Repatriation.*

We have seen above that a certain interval—which should be as short as possible—will elapse between the capture of medical personnel and their return. It was necessary to decide their status and living conditions during this period, and this is done in the paragraph under review.

The essential provisions laid down for the benefit of medical personnel retained permanently shall also be valid for those awaiting repatriation : they shall not be considered as prisoners of war, but shall at least benefit by all the provisions of the Prisoners of War Convention. They shall continue to fulfil their duties under the orders of the adverse Party and shall preferably be engaged in the care of the wounded and sick of their own nationality. We refer the reader back to what is said above in this connection on Article 28.

If the Diplomatic Conference reproduced here only the more striking provisions established for the benefit of retained personnel, this does not mean that personnel awaiting repatriation cannot claim also the benefit of the latter provisions and of the general spirit of Article 28, as, for example, the right to have their professional scruples in the exercise of their duties respected.

The real reason for so simplifying the Article is that such personnel should normally have to remain only a short period with the enemy, and therefore would in most cases have no need of more detailed provisions.

But if repatriation is delayed and their actual work justifies it, the personnel certainly have every right to demand fuller application of the provisions. Indeed, they should be considered in such cases as having passed by force of circumstances into the category of retained personnel, at least in so far as their prerogatives are concerned.

*Paragraph 3. — Personal Belongings.*

Provision is here made for the principle of respect for private property, already recognised as being equally valid in the case of prisoners of war (Prisoner of War Convention, Art. 18), as in the case of civilians.

Amongst the objects to which medical personnel shall retain their rights and which they may take with them on repatriation, the Convention mentions "instruments", i.e. articles proper to the medical profession, especially to surgeons. All articles, including instruments, taken by them must be

their personal belongings. If only entrusted to them by their home country, such articles cannot be taken away, but come under the provisions dealing with Army medical equipment.

Amongst the personal belongings which medical personnel were authorised under the 1929 Convention to take with them on departure, were their arms and means of transport. The 1949 Conference dropped this provision, as its application seemed difficult in practice. It is obvious also that such material could be used for combat purposes.

Therefore, even if the arms and means of transport are the private property of the medical personnel, they shall for the future be subject to capture.

Let us finally note that medical personnel designated from the beginning for return to their own fighting forces, shall not be alone empowered to invoke Article 30. Retained medical personnel shall obviously be entitled to the benefit of this Article, as soon as they also are nominated for repatriation; this shall be the case when their help is no longer necessary, when they are replaced by colleagues more recently captured, and when their state of health so requires.

### **Article 31.** — Selection of Personnel for Return.

*The selection of personnel for return under Article 30 shall be made irrespective of any consideration of race, religion or political opinion, but preferably according to the chronological order of their capture and their state of health.*

*As from the outbreak of hostilities, Parties to the conflict may determine by special agreement the percentage of personnel to be retained, in proportion to the number of prisoners and the distribution of the said personnel in the camps.*

#### *Paragraph 1.* — Priorities.

As the Convention provides for the retention of certain medical personnel whose presence is necessary to the prisoners of war, and repatriation of the rest, it was necessary to decide

the rules according to which the Detaining Power would make this choice. But if the Convention fixes certain standards, the main question is who shall remain, this selection logically preceding the other. It is clear that it is only after choosing those who must be retained that the Detaining Power can determine who actually can be returned.

The first element to be taken into account is not contained in this Article, but arises from Article 28, and is self-evident: the priority of needs.

The agreements which belligerents are invited to conclude, or in their absence, a reasonable estimation of the needs of prisoners, will make it possible to decide how many doctors, chaplains, dentists, orderlies, administrative staff, etc., it will be necessary to retain.

The Detaining Power should therefore always classify medical and religious personnel according to the duties they are called upon to fulfil—it could hardly hold back a doctor, for example, to act as stretcher-bearer or a hospital cook<sup>1</sup>.

After this question of appreciation between needs and special qualifications, we must consider the two distinct provisions in the paragraph under review which, as we have seen, should apply to the personnel after they have been classified according to their functions.

The first prohibits any discrimination founded on race, religion or political opinion. Born out of the painful experiences of the second World War it uses a formula repeatedly found

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<sup>1</sup> At the 1949 Diplomatic Conference certain Delegations (especially the French Delegation) asked that the Convention should take into account the particular cases of specialists. They advocated that express provision be made for a selection which would take into account the need for specialists at the front. It would in their view be contrary to common-sense and to the interests of the sick and wounded, to retain a specialist, as for example a neurological surgeon, in the camps to do work which an ordinary general practitioner could do equally well, while his particular abilities were imperatively required in his own army. If the Convention could not exclude anomalies of this sort, one might arrive at the position where an Army Commander would refuse to allow specialists to go to front line positions, for fear they might be captured, and it would be the wounded who would suffer.

These are not imaginary difficulties. The amendment suggested was not, however, accepted, because it had been put forward too late. The question could be provided for, with others, in the special agreements which belligerents are invited to conclude. (See Paragraph 2).

in the new Conventions to stress the equal rights of the human beings protected. It is in the form of a categorical prohibition.

The second provision is different in character. Its effect is that, in the absence of detail which might be expected in an *ad hoc* agreement, the medical personnel shall be repatriated preferably according to date of capture and state of health: those who have been held a long time and those whose health has worsened shall have priority. Equity demands that the Detaining Power should, so far as possible, base itself on these two considerations.

Thus, if successive additions to captured medical personnel occur and their number is too great, a rotation shall be introduced, to allow the last arrivals to replace their comrades, who would then go home.

*Paragraph 2. — Special agreements.*

Under this provision belligerents can determine by special agreement, as from the outbreak of hostilities, the percentage of personnel to be retained in proportion to the number of prisoners, and the distribution of the said personnel in the camps.

Reference has been repeatedly made to these agreements and the desirability has been shown that the Powers should accept the invitation made to them. The retention of medical personnel is so complicated a matter that it calls for more detailed provision, apart from what is actually in the Convention, if the new system is to work satisfactorily and without giving rise to disputes. Such agreements should not be limited to settling the percentage of personnel to be retained and their distribution in the camps, but should decide also, as already mentioned, if medical personnel can be retained only in proportion to the number of prisoners of their own nationality; the extent to which certain Articles of the Prisoners of War Convention shall be applicable to retained personnel; if the presence in the camps of auxiliary personnel should lead to a reduction of the number of permanent personnel who may

be retained ; and to what extent the need for specialists in the home forces may be taken into account.

Fully conscious of the importance of concluding a special agreement of this nature, the 1949 Diplomatic Conference, in its Third Resolution, requested the International Committee to draft a model agreement for submission to the Powers for their approval.

**Article 32.** — Return of Personnel belonging to Neutral Countries.

*Persons designated in Article 27 who have fallen into the hands of the adverse Party may not be detained.*

*Unless otherwise agreed, they shall have permission to return to their country, or if this is not possible, to the territory of the Party to the conflict in whose service they were, as soon as a route for their return is open and military considerations permit.*

*Pending their release, they shall continue their work under the direction of the adverse Party ; they shall preferably be engaged in the care of the wounded and sick of the Party to the conflict in whose service they were.*

*On their departure, they shall take with them their effects, personal articles and valuables, and the instruments, arms and, if possible, the means of transport belonging to them.*

*The Parties to the conflict shall secure to this personnel, while in their power, the same food, lodging, allowances and pay as are granted to the corresponding personnel of their armed forces. The food shall in any case be sufficient as regards quantity, quality and variety to keep the said personnel in a normal state of health.*

Article 27 of the First Geneva Convention provides, as was previously the case also, that a relief society of a neutral country may, after due authorisation, assist the Army Medical Service of a belligerent. Article 32 is designed to cover cases in which the personnel concerned fall into the hands of a Power at war with the belligerent whom they are assisting.

The Diplomatic Conference profoundly modified the position of medical personnel of belligerent countries by instituting a

legalised power of retention. It is clear, however, that the general rules of International Law concerning neutrals preclude any similar change in the status of the medical personnel of neutral countries. The latter may in no circumstances be retained against their will ; they remain neutral as much in the new country, as they were in that to which they went of their own accord. In offering medical help to a belligerent, neutral volunteers who by definition are not members of forces in their own country, but of a private relief society, are not incorporated into the belligerent forces, as would be men who enlisted in them as combatants <sup>1</sup>.

The Article dealing with these persons has therefore remained almost identical with the corresponding Article of the 1929 Convention. Nevertheless, while it applied then to the whole of the medical personnel belonging to belligerent forces, as well as those from a neutral country, it now covers only neutral volunteers.

According to *Paragraph 1*, neutral medical personnel may not be retained.

*Paragraph 2* provides that they shall have permission to return to their country as soon as a route for their return is open and military considerations permit. We refer in this connection to what has been said concerning Article 30, Paragraph 1. It is provided that they shall return to their country or, if this is not possible, to the country in whose service they were.

The paragraph begins, however, as did the 1929 text, with the words "unless otherwise agreed", by which it is to be understood that the rule of immediate repatriation shall not necessarily be followed. In fact, it is possible that the personnel may wish to continue its relief work, and in such case it is not desirable that the Convention should appear to discourage them.

With whom should the Detaining Power come to an understanding? In the first place with the personnel themselves, who

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<sup>1</sup> Article 27 provides expressly that in no circumstances shall the medical assistance of neutrals be considered as interference in a conflict.

shall continue their voluntary work as before, and possibly also with the Relief Society to which they belong. It may be imagined also that the neutral Power, which has given its consent to their passage to the first belligerent country, should also be consulted. In any case, the terms of an agreement would not have power to alter the rights which every citizen of a neutral country possesses on the territory of any foreign State in which he may happen to be.

What we have said shows that there is no question of neutral volunteers being retained, as may be the medical personnel of a belligerent. Neutrals enjoy a special status, and no compulsion may be exercised on them.

*Paragraph 3.* — This provides that “ pending their release, they shall continue their work under the direction of the adverse Party ; they shall preferably be engaged in the care of the wounded and sick of the belligerent in whose service they were ”.

This does not call for commentary, except to point out that “ under the direction of ”, as used here, has not the same significance as when used in connection with the medical personnel of belligerents, but that it means, so to speak, authority freely consented to.

*Paragraph 4.* — This is similar to Article 30, paragraph 3, examined above<sup>1</sup>. Its scope is somewhat wider, however, since it mentions arms and means of transport as amongst the articles of personal property which neutral volunteers may take with them on leaving. The return of means of transport is, however, conditioned by the words “ if possible ”, since it is evident that the question of physical impossibility may arise.

*Paragraph 5.* — This provides certain advantages for neutral volunteers, which the 1929 Convention gave also to the medical personnel of belligerents, but which the 1949 Conference did not find possible to retain in the case of the latter.

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<sup>1</sup> See p. 53.

Thus the " food, lodging, allowances and pay " of neutral volunteers awaiting repatriation shall not be decided by the Prisoners of War Convention, as will be the case in future for the medical personnel of belligerents, but by the provisions for the corresponding medical personnel of the forces in whose power the neutrals have fallen. This solution is logical, and in conformity with the special status of neutral volunteers.

The Conference took care to add that their food shall be sufficient as regards quantity, quality and variety to keep the personnel in a normal state of health. This formula is derived from the one used in the Third Geneva Convention, dealing with the food of prisoners of war.

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*FOUNDATION FOR THE ORGANISATION  
OF RED CROSS TRANSPORT*<sup>1</sup>

Nearly five years have elapsed since at the close of hostilities, the Foundation began its work of liquidation. The time has therefore come when all its war-accounts can be definitely closed.

No further claim having been received for some years, the Foundation can be considered as relieved from obligation, the more so as in most countries negative prescription can be invoked.

Liquid assets of the Foundation, representing the balance of its financial administration, amount to 114,427.44 Swiss francs. This amount is, under the terms of an agreement, due for reimbursement to the American Red Cross. The work of the Foundation was carried on almost exclusively in cooperation with the American Red Cross, acting as mandatory of several National Societies. The Foundation's efforts met with unhoped-for success; despite extremely difficult circumstances, not a single life or vessel was lost. The Foundation's ships successfully carried over 200,000 tons of relief supplies.

The Foundation operated on a non-profit making basis, and the services of the administration were in most cases voluntary; as a result, the freight charged to consignors amounted to 52 centimes only per cubic foot, inclusive of refunds of excess charges. This figure works out at about one-third of the commercial rate demanded during the war by neutral owners, and about 40% less than post-war freight charges. Shipping freights refunded since 1945 reach a total of 8,189,104.45 Swiss francs; to which should be added the final balance of 114,427.44 francs, the reimbursement of which has been requested by the

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<sup>1</sup> The Foundation was constituted in 1942 on the suggestion of the ICRC, but is juridically independent of it. Dr. Ernst Froelich, of Zurich, has, since the outset, acted as its Chairman.

American Red Cross and agreed to by a recent meeting of the Foundation Board.

After repayment of the balance to the American Red Cross, the Foundation will have in hand only the original capital of 10,000 Swiss francs, and interest accruing from 1942 to December 31, 1949, namely 1,281.50 francs. The Foundation will thus be brought back to its initial starting-point.

In view of the decision to repay sums advanced by National Societies, which might have offered a firmer basis for a possible resumption of work by the Foundation, the ICRC felt itself called upon to increase the amount of this capital, and to give the Foundation a financial guarantee sufficient, should circumstances so require, to allow resumption of work under the Foundation's by-laws.

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## THE INTERNATIONAL COMMITTEE OF THE RED CROSS AND AID TO PALESTINE REFUGEES<sup>1</sup>

The report of the ICR Commissariat for Relief to Palestine refugees on its work from June 1 to September 30, 1949, has been published.

The period under review was marked by discussions and arrangements between former opponents, who had cautiously to adapt their policy to new conditions. The comparative calm which reigned during this time enabled the Commissariat to pursue its relief activities in Palestine without any serious incidents.

From the general summary given by the ICRC Commissioner, M. Alfred Escher, we may conclude that the state of armed peace has continued in Palestine, with, on the Arab side, increasing predominance of the civilian elements; the former military governors have been replaced by civilian district commissioners, acting under the orders of a General Governor with headquarters at Jerusalem. The Hashemite Government of Jordan has extended its administrative network to all the territories under its control, whilst regulations and rules of procedure have been generally unified. Despite economic difficulties, there have been no serious disturbances in Israel, but many Arab residents still cross the boundary line in the direction of Arab Palestine.

The Israeli authorities continue to give the ICRC Commissariat the same support and facilities as they granted at the outset.

The reinforced position of the central authority in Arab Palestine has reacted favourably on the work of the ICRC, and has greatly helped in settling local difficulties.

During the four months under review, running costs amounted to 1,399,126 dollars, leaving a credit balance of 550,717 dollars, as compared with budget estimates.

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<sup>1</sup> See *Revue*, English Supplement, Jan. 1949, pp. 53-60; May, 1949, pp. 178-183; June, 1949, pp. 200-202; Oct. 1949, pp. 449-451; Jan. 1950, pp. 18-38.

The numbers of refugees on the ration lists were as follows :

Districts	June	July	August	Sept.
Jericho .....	48,062	48,721	48,432	47,978
Ramallah.....	81,000	81,000	70,000	70,000
Samaria .....	124,355	128,000	127,489	126,300
Jerusalem .....	33,000	35,152	36,484	35,440
Bethlehem .....	53,770	55,518	56,400	55,050
Hebron .....	88,000	88,768	89,000	89,980
Total.....	<u>428,187</u>	<u>437,159</u>	<u>427,805</u>	<u>424,748</u>
Israel .....	<u>45,906</u>	<u>47,521</u>	<u>49,338</u>	<u>48,513</u>
Grand Total...	<u>474,093</u>	<u>484,680</u>	<u>477,143</u>	<u>473,261</u>

Speaking of relief supplies, the report says that issues are now more regular and have improved in quantity and quality. Great efforts have been made to establish new camps, in so far as the supply of tents permits. Life in the camps is reviving, as refugees gradually manage to shake off their apathy. Clothing has improved, thanks to issues of garments and material, but substantial help is still required.

Essential commodities allocated to the ICRC by the United Nations Relief to Palestine Refugees (UNRPR) are shown (in tons) in the following table :

Class	June	July	August	Sept.
Flour .....	4,398	4,200	3,779	4,200
Pulses.....	210	210	210	210
Oil .....	54.5	54.5	54.5	54.5
Sugar .....	84	84	84	84
Potatoes .....	—	—	—	142
Onions .....	—	—	170	—
Total.....	<u>4,746.5</u>	<u>4,548.5</u>	<u>3,297.5</u>	<u>4,690.5</u>

Additional issues were made as follows (in tons) :

Class	June	July	August	Sept.
Oat flakes .....	114	—	—	—
Tinned fish and meat ...	—	152	4.6	50
Soap .....	—	10	—	—
Paraffin for cooking .....	—	—	—	97
Cotton fabric .....	—	—	7.3	—
Tents (items).....	587	850	392	2,565

For supplies issued by the United Nations International Children's Emergency Fund (UNICEF) were as follows (in tons) :

Class	June	July	August	Sept.	Total
Full cream powdered milk (net) .....	47.7	—	—	—	47.7
Unsweetened condensed milk .....	—	—	—	96.9	96.9
Powdered skimmed milk (net) .....	154	90	360.8	62	667
Sugar .....	—	116	—	25	141
Margarine .....	—	28	103.4	55.4	186.8
Rice .....	235	—	632	—	867
Dried fruit .....	38.6	—	—	29.9	68.5

Good progress has been made with education. Schools have been opened in camps, combining physical exercise with class-work. The Commissariat is increasingly providing school-meals. Workshops are being opened ; the number of artisans is growing and gardens will be laid out wherever possible.

With the help of the United Nations (through the agency of UNESCO), the movement for the organisation of schools, initiated by the Arab Development Society, particularly in Jericho, and by the American Y.M.C.A., has been greatly encouraged.

At Jericho, the syllabus includes reading, writing, arithmetic, geography and religious instruction. Gymnastics and leisure time have also been organised, more particularly in the Y.M.C.A. schools.

The report goes on to state : " What we have done up to the end of September only represents a slight proportion of what remains to be done, since we have to reckon with 25,000 children from one to five years, and 100,000 children from five to fifteen ".

The ICRC programme has been particularly successful in the medical field ; the results achieved are already sure of being considered as a lasting benefit to the population.

The survey made during a study trip to Palestine last December, by Dr. A. Vannotti, member of the ICRC and Pro-

fessor of Medicine in the University of Lausanne, fully confirms the report on this point, besides giving supplementary details.

Information received at Geneva shows that the general level of nutrition is satisfactory. The standard diet of Arab refugees engaged on light work which does not require high calorific values, may be put at 1,300 to 1,400 calories daily, with an extremely low protein rate.

The policlinics managed by Arab doctors, under the control of a Swiss medical officer, are working regularly. Although local conditions are not always favourable, these clinics are valuable as centres for the detection of serious and, in particular, contagious diseases, for sending patients to hospital and, by making contact with the camp population, for ascertaining the refugees' real needs.

The spread of infectious disease has been stopped. The medical service has protected refugees against serious epidemics which might have caused extensive loss of life. Vaccination, disinfection with DDT, sterilisation of water supplies, introduction of an elementary health service, have all helped to combat the infectious and parasitical diseases which seriously threatened the refugees, namely smallpox, typhoid, malaria, dysentery, diphtheria, tuberculosis and exanthematic typhus.

The reopening of the Augusta-Victoria, Bethany and Hebron Hospitals in Jerusalem are amongst the most important of the Committee's achievements.

The Augusta-Victoria Hospital has 350 beds, two operating theatres, electrical and radiological apparatus, laboratories, surgical and medical departments, and isolation wards for tuberculous and infectious cases; it can meet all the urgent hospital needs of the Jerusalem district.

A bacteriological and serological laboratory now allows all main analyses which are essential for the proper working of a medical mission to be made.

These two institutions will form a valuable and lasting contribution by the ICRC to the health and welfare of the country.

Prolonged supervision of the camp population has led to better discipline and has taught the inmates habits which will be beneficial to their future health.

After summarising the results of its work in Palestine, the Commissariat expresses its gratitude to all who have cooperated, especially the medical teams of the Danish Red Cross, the American Friends Service Committee at Acre, and the Y.M.C.A. team from Jericho, which is rendering excellent service in working for the physical and moral welfare of younger refugees in Akaba Camp.

The report finally states that the American Red Cross and the Junior Red Cross Fund are still giving invaluable help. Much is also due to the following donor Societies and Organisations : the Swedish Red Cross, Danish Red Cross, South African Red Cross, Liechtenstein Red Cross, Church World Service, Council of British Societies for Relief Abroad, and the Jewish Society for Human Service, in London.

## *REPATRIATION OF GREEK CHILDREN*

With the object of hastening the repatriation of Greek children, whose return was called for by their parents, and continuing the negotiations they had already undertaken, the International Committee of the Red Cross and the League of Red Cross Societies invited the National Red Cross Societies of the countries interested to Geneva, on March 9 and 10, for an exchange of views which, it was hoped, might lead to a solution of this important problem.

These negotiations followed two resolutions of the General Assembly of the United Nations which were first addressed to the Governments with whom the Red Cross Societies remain in contact.

The Bulgarian, Rumanian and Czechoslovak Red Cross Societies refused the invitation. The Jugoslav Red Cross accepted in principle, but was not represented at the meeting. The Hungarian and the Polish Red Cross Societies did not make their decision known. The Greek Red Cross alone sent delegates from Athens to the meeting.

The International Committee of the Red Cross and the League of Red Cross Societies are determined to continue their efforts to have the Greek children repatriated. They will thus pursue their attempts to accomplish the mandate entrusted to them by the Secretary-General of the United Nations, in virtue of the two Resolutions unanimously adopted by the General Assembly, and will welcome every effort likely to hasten the solution of a problem considered of vital importance by both the International Red Cross and the United Nations Organization.