



REVUE INTERNATIONALE DE LA CROIX-ROUGE

SUPPLEMENT

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INTERNATIONAL COMMITTEE OF THE RED CROSS

RECOGNITION OF THE CAMBODIAN RED CROSS SOCIETY

GENEVA, October 20, 1960.

431st Circular

*To the Central Committees of the National Red Cross (Red Crescent,
Red Lion and Sun) Societies*

LADIES AND GENTLEMEN,

We have the honour to inform you of the official recognition, on October 6, 1960, of the Cambodian Red Cross Society by the International Committee of the Red Cross.

This Society applied for recognition by the International Committee by a letter dated August 29, 1960. The application was accompanied by a copy of the Royal Decree of June 16, 1958, which accorded the Society official recognition, together with the text of the Society's Charter and Rules.

The study of these documents in conjunction with the League of Red Cross Societies, has shown that the ten conditions for recognition of a new Society have been fulfilled.

The International Committee has pleasure, therefore, in announcing the recognition of this Society, which brings the number of member Societies of the International Red Cross to eighty-five.

Until Cambodia acceded to independence, the French Red Cross carried out its work in the country through a local Committee. It was succeeded by the new Society, founded in 1955. Under its Statutes and the Royal Decree, it is recognized by its Government as a voluntary aid Society, auxiliary to the public authorities, in particular the Medical Service of the armed forces.

Moreover, its mission is to take action in the event of public disasters, to assist in campaigns against epidemics, to prevent sickness and to train nursing and first-aid personnel.

Cambodia acceded to the 1949 Geneva Conventions on December 8, 1958.

The Society, whose President is H.R.H. Samdach Norodom RASMI SOBHANA, is controlled by a board of directors consisting of ten members and it has also established fifteen local committees.

The International Committee has great pleasure in admitting this new National Society into the International Red Cross, accrediting it by the present notice to all other National Societies and recommends it to their kind attention. It expresses its best wishes for the Society's future and the success of its charitable work.

FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS

Léopold BOISSIER
President

INFORMATION MEETING OF THE INTERNATIONAL COMMITTEE

The delegates of the National Red Cross Societies present in Geneva to attend the sessions of the Executive Committee of the League during the first week in October, took part in a meeting on October 7, 1960, at the International Committee's headquarters to discuss general activities and information, in accordance with the now well-established custom and with the kind approval of the League. The meeting, which was introduced and presided over by Mr. Leopold Boissier, President of the International Committee, was well attended. Reports which were submitted to the meeting, dealt with the activities of the ICRC in the Far East and the action of the Red Cross in the Congo (one of the reports on the Congo is given below).

Mr. A. François-Poncet, President of the French Red Cross and President of the Standing Commission, congratulated and thanked the ICRC and its delegates on behalf of the meeting for the effective action which they had undertaken in Asia and in Africa, action which had only been made possible by the neutrality and the impartiality of the Geneva institution.

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Report by Dr Pierre Fasel, medical delegate of the ICRC in the Congo on his visit to medical teams of the National Red Cross Societies at Banningville, Inongo, Kindu, Coquilhatville, Gemena, Lisala, Goma, Bukavu, Shabunda and Luluabourg

SUNDAY, SEPTEMBER 18, 1960

1. — *Banningville, Czechoslovak medical team.* — We left at about 7 a.m. after loading the aircraft with a consignment

of medicaments. As we did not know the real needs of the various medical teams, we had divided these into small parcels for distribution. As it turned out, these parcels proved to be of great service even if they did not always fulfil the most pressing needs. The aircraft had been loaded the same day by Mr. J. P. Schoenholzer and myself.

Mr. E. L. Jaquet and I were accompanied by Mr. Norredam, representing the League of Red Cross Societies and by two representatives of the Junior Red Cross of the Congo. The Sabena aircrew was commanded by Captain Michaux who has had a wide experience of airfields in the country.

It is necessary to point out here that there are about 330 airfields in existence in the Congo whose maintenance and condition vary considerably. We had moreover insisted, in view of the increased risks involved in flying during the rainy season, on having an aircraft of the Sabena airline placed at our disposal. The flight from Leopoldville to Banningville was uneventful as were all the subsequent stages of our journey by air.

We were welcomed on arrival at Banningville by the UNC Commander, Major Barry, commanding the contingent from Guinea. He escorted us to the Catholic mission where the Czech doctors are established. Professor Holubec and his assistant, Dr. Sery, both of whom seemed in good health, are working under relatively favourable conditions. They complained only of transport difficulties in a country which is particularly lethal for ordinary types of vehicles. Indeed, this particular corner of the bush is traversed by a series of tracks which put both one's stomach and the axles of vehicles to the most extraordinary tests of endurance.

In the past few days the Czech doctors have been worried by the activities of a handful of armed Congolese threatening to arrest them. Since then, however, the Congolese Commander has proffered his apologies and it is interesting to note that the doctors were supported at the time by the junior medical personnel of the hospital, which shows how much this team's work is appreciated. In view of the unsettled conditions, which it must be admitted are merely relative,

prevailing in this area, I advised them to leave Banningville should they feel the slightest anxiety regarding their own safety in the event of the withdrawal of UNC troops.

Medical supplies. Medicaments. — In view of the difficulties which they were experiencing in receiving supplies from the DCMP (Département central médical et pharmaceutique) in Leopoldville, the Czech doctors have telegraphed to Prague for surgical supplies to be sent by the Czechoslovak Red Cross. I hope to be able to satisfy some of their requirements here on the spot. Since all technicians have left the Congo, it has not been possible to send a mechanic for the X-ray apparatus which is so badly needed in Banningville.

According to the report of Dr. Sery, who is responsible for general and tropical medicine, there is a total lack of anti-malarial vaccines of the Nivaquine and Daraprime type in the hospitals at Banningville and Bagata. Dr. Sery also asked me to supply him with equipment for determining blood groups. This material has already been prepared at Leopoldville and will be forwarded shortly.

The Czech doctors seem to be very pleased with the way in which the male nurses are working in their hospital whom they have taken in hand again and in whom they are taking a professional interest. Like all the other teams, they find this work slow and requiring a great deal of patience. I wish, however, to point out that all medical teams have shown a great deal of initiative and patience in this respect. Several doctors have in fact got into the habit of giving consultations two or three times a week on their own initiative in other hospitals besides their own. The surgeons are very satisfied with the way in which their medical assistants have carried out operations.

In conclusion, I would say that this first contact with a medical team, isolated in the bush, has made an excellent impression.

2. — *Inongo — Japanese medical team.* — When we landed at Inongo, after a magnificent flight over Lake Leopold, there

was a large crowd waiting near the airfield for a flight which had been announced the previous day by Sabena. Unfortunately, that particular aircraft had not arrived and ours was in fact the very first to land after the incidents of August 30. Moreover, the Belgian aircrew had not landed without feeling some apprehension, but fortunately the local population had by now completely changed its outlook. In view of the isolation in which it lives, it keeps asking for aircraft and other alternative methods of transport, the bi-monthly steamer service being inadequate for its needs. In the crowd we came across the Japanese medical team's interpreter, who wanted to go to Leopoldville to deal with some financial matters. We proposed taking him with us to Coquilhatville from where he would be able to take an aircraft to Leopoldville. He also proposed to stock up with supplies of rice as this essentially Japanese commodity is entirely lacking at Inongo. The Japanese team lives in a small house previously occupied by a Belgian doctor on the banks of Lake Leopold in a really delightful but isolated setting. Although in good health, the team is somewhat cast down by the difficulties which they find in feeding themselves and by their working conditions. The hospital in fact consists of old buildings which are much too small, dirty, blackened by smoke and in a lamentable condition. To reach the operating theatre, which is some distance away, one has to take muddy paths pitted with large holes. This has, however, not deterred the Japanese from doing good work and from encouraging their medical assistants to complete their training. Here also very good relations exist between the native personnel and the Red Cross team.

Since this team had been supplied with sufficient medicaments before leaving Leopoldville, we therefore only presented them with a few syringes and some instruments.

In the event of the Japanese team deciding to remain for more than three months and if its action is to continue, it must be moved from this site in view of the difficulties involved in maintaining it there. We were in fact most unfavourably impressed by the hospital and we realize that a great deal of moral courage is needed to continue working under such

unpleasant and depressing conditions. In order to sustain themselves, the Japanese doctors now propose eating hippopotamus meat which the natives can be seen grilling in pots in their huts near the hospital.

3. — *Coquilhatville — Canadian medical team.* — This team consists at present of Drs. Sinclair and Edwards and two nurses, Miss Korlu and Miss Tetrault, the other nurses having been sent back to Leopoldville during the past few days because of the uncertain conditions prevailing. This decision had been taken by Dr. Sinclair in agreement with Dr. Paulin before his departure. When we arrived all seemed calm and their decision seemed to us to have been somewhat hasty. However, as we did not know all the facts of the case, we agreed with them that these nurses should return to Coquilhatville in a few days' time, and as soon as the position becomes clearer.

We got in touch with Dr. Faniel, the provincial medical officer, who gives the impression of efficiency and of knowing exactly what he wants. He asked us to send him more doctors and more health officers of which the province is almost wholly deficient. Dr. Faniel has recently received his consignment of medicaments for the second half-year 1960 and is thus sufficiently supplied. He has, however, no information at all about the work of the teams at Gemena and Lisala for whom he is responsible. He was most insistent that he should be sent messages at regular intervals and that all requests be made through him. We entirely agreed with him about this, since, in view of the smallness of our own resources, it is out of the question to try to take the place of the few Belgian doctors who have had the courage to remain at their posts and whose work is of such a high standard. I assured him that I would instruct the hospitals at Gemena and Lisala to that effect. The reason for their having made direct contact with the Red Cross was that the Belgian administrators of the various hospitals had left their posts without leaving any instructions and also because the doctors of the National Red Cross Societies had been unable to communicate with the provincial medical officers. Dr. Faniel urgently requires the services of a surgeon

with considerable experience of obstetrics in order to get the hospital in working order at Coquilhatville, since the Belgian doctor who is there at present, Dr. Vauthier, is offering his services in this sphere in a purely voluntary capacity. A Canadian surgeon is therefore expected as well as Dr. Allard, an anaesthetist who arrived at Leopoldville during the past few days, but who, at WHO's suggestion, is more or less attached to the University of Lovanium. Dr. Faniel is most insistent that recruitment be made for a Head of Laboratory to take charge of the provincial laboratory which is extremely well equipped.

MONDAY, SEPTEMBER 19, 1960

4. — *Gemena — Pakistan medical team.* — Landing on the airfield at Gemena was carried out under difficult conditions with poor visibility due to thick low-lying morning mist. But once again one was completely reassured by knowing that there was a Sabena pilot in charge.

A team of 5, which is responsible for the district hospital of Gemena (220 beds), was placed at our disposal by the Pakistan Red Cross. This consists of army doctors who have been posted here by their Government and who will decide how long they will remain. The team is delighted with its surroundings in spite of having had to face some difficulties over rations.

Working conditions are good and the hospital is well maintained. Two Belgian Catholic nuns have stayed behind here and as can be seen in all the hospitals where they have remained, certain standards of discipline and cleanliness exist. There is however a shortage of some medicaments and we telegraphed Dr. Faniel, asking him to forward as a matter of urgency the half-year's consignment which he has received for the province.

Red Cross teams seem in fact to be at their most effective in hospitals of this size, which are neither too large nor too small.

5. — *Lisala — Indian medical team.* — The two doctors of the Indian team who are in charge of the hospital at Lisala

have made great improvements there, as the medical personnel, completely lacking in control and discipline, had allowed everything to go to pieces since Independence. These two doctors, with the help of the Belgian nuns, have gradually taken matters in hand and are now in a position to reopen the radiological department. The house physician also deals with the adjacent leper-hospital. The team is engaged in training the native staff with which relations are excellent, but the services of a radiologist are required.

Unfortunately, medicaments are beginning to be in short supply at Lisala. Consequently, I have wired Dr. Faniel, asking him to forward by boat the medicaments earmarked for that hospital.

Visit to Stanleyville. — Not being able to find any accommodation at Lisala, we decided to go on to Stanleyville the same day. This enabled us to get into touch with the medical authorities of the Eastern Province, Dr. Lienard and the Minister of Health, Mr. Guestan.

The hospital at Stanleyville is at present in charge of Belgian doctors who are continuing to carry out their duties.

The Venezuelan team having recently arrived, Dr. Lienard proposed that these doctors should be posted to Bunia, the chief town of the district, in which there are no longer any doctors. The Eastern Province is at present in need of medicaments and their despatch by boat has been asked for as a matter of urgency with priority for the usual amounts of DDT as forecast and which are already awaiting despatch in the DCMP at Leopoldville. There is also unfortunately a lack of funds to buy sufficient quantities of DDT for the campaign at present being waged against an epidemic of plague which has broken out in the Bunia area. The epidemic had originated in a contaminated area in which villagers had refused to be inoculated with the anti-plague vaccine. The medical assistance of the area stated that 25 new cases of plague had broken out, which is clearly above the average. No information is available on this subject and WHO has consequently decided to send some health officers to find out on the spot about what is required

and about the situation there. We are therefore waiting for their report to discover whether additional quantities of DDT need at present be sent by air.

I have forwarded the list of medicaments which had been sent to me at the beginning of September by the Minister of Health, Mr. Guestan, to the DCMP and I have on the other hand promised him that we would withdraw an appreciable amount from other stocks in order to make up his list. On September 25, the supplies which were to have been sent to Stanleyville were withdrawn by myself and Dr. de Sepibus, by whom they will be despatched.

TUESDAY, SEPTEMBER 20, 1960

6. — *Goma — German (Federal Republic) medical team.* — On Tuesday, September 20, we flew to Goma, where we were welcomed by Dr. Tabona and the German medical team. We were informed that, at WHO's suggestion, Drs. Willich and Benz would be leaving Goma on September 21, to take over the hospital at Lubero once more, and that the Irish team would be working at Beni. We took this opportunity of giving them the medicaments which we had brought with us. Unfortunately, in view of the long distance involved and of the bad conditions of the tracks, we will not be able to visit the Irish team at Beni, although we hope to be able to do so on our next journey.

The German team is highly satisfied with working conditions in the hospital at Goma. Requirements for medicaments are more or less similar to those throughout the Congo, with particular need for antibiotics and worm powder. The team is performing good work and an excellent spirit of co-operation exists between its members.

7. — *Bukavu — Yugoslav medical team.* — From Goma we made our way to Bukavu, from where we had intended to visit the Swedish and the German (Democratic Republic) teams on the way at Uvira and Mwenga respectively. Dr. Tabona, however, advised us against taking this route in

view of the bad state of communications and suggested our flying to Usumbura within reach of the Swedish team at Uvira. Unfortunately, on arrival at Usumbura (Ruanda-Urundi), we were unaware of the existence of a "frontier" guarded by three posts in succession, the crossing of which could only be made with the presentation of numerous passes. Under the circumstances and as the aircraft was waiting for us at Bukavu, we had no option but to retrace our steps there as quickly as possible.

Here, we met the Yugoslav team which works in the *Hôpital pour Congolais* and is accommodated in the European hospital and for whom Dr. Tabona had found a vehicle. Dr. Tabona has moreover done excellent work throughout the Kivu area in helping our medical teams to overcome various small administrative problems.

The Yugoslav team above all requires the usual surgical equipment.

We also met Mr. Fischer, our agent in Bukavu, who maintained that we could in point of fact have accomplished the journey from Uvira to Mwenga in 48 hours. Unfortunately, it was by then too late to do this and we had to think of our return journey.

8. — *Shabunda* — *German (Democratic Republic) medical team*. — A tragi-comic episode took place here, which could have had a serious sequel.

On our arrival at Shabunda, a small village deep in the bush, which fortunately possesses an emergency airfield suitable for DC-3 landings, we were received extremely coldly by the territorial administrator, who was offended at our not having warned him of our arrival.

As a matter of fact, on Dr. Tabona's advice, we had telegraphed our itinerary to Dr. Pieraarts, a Belgian doctor at the sanatorium at Shabunda, requesting him to advise the authorities and the Red Cross accordingly. But there were no United Nations forces at Shabunda and the airfield was in Congolese hands. The Belgian aircrew was then led in front of fixed bayonets to the village where Dr. Aderhold informed

us that Congolese troops had wanted to fire on the aircraft since our arrival had been unannounced. The situation was finally restored by one of the hospital nuns who had lived for a long time in the bush. Fortunately, it was then also discovered that the aircrew had in fact announced our arrival by telegram to the post-office at Shabunda. Spirits were finally calmed and we were able to proceed through a vast crowd to the hospital at present in charge of German doctors.

These doctors, who do not feel too cut off in their isolation in the bush, have had some difficulties in obtaining food supplies, which have to be sent from Kindu or Bukavu. I therefore at once discussed with Mr. Norredam of the League the possibility of purchasing the necessary supplies through Mr. Fischer at Bukavu.

The telegraph is functioning here and we propose putting in a request for our telegrams to be sent free of charge, a request which was granted to us at Leopoldville.

The hospital made an excellent impression on us and the German team, which had arrived with sufficient quantities of medicaments, is very satisfied with conditions. Good relations exist with the medical assistants, whom, as elsewhere, the German doctors are trying to train. We suggested taking the necessary action for forwarding the usual small surgical equipment from Bukavu.

WEDNESDAY, SEPTEMBER 21, 1960

9. — *Kindu — German (Democratic Republic) medical team.* — We left the Congolese population of Shabunda amid a great show of sympathy and reached the town of Kindu on the same day.

The German doctors, under Professor Kuentz, have chosen to live in a private house instead of in the hospital itself.

Although relations with the medical staff are good, the doctors have had, as is the case everywhere else, seriously to take up the question of discipline, hours of work and cleanliness. The director of the hospital at Kindu, is in fact politically inclined, who counters remarks made about the Congolese

nursing services not functioning properly, with the retort that there has been a change of government. He has in fact quite arbitrarily introduced an 8-hour day without considering drawing up a night roster or setting up a permanent duty service, all of which have been commented upon members of the team. The doctors keep all medicaments under lock and key. The hospital dispensary is run by a Belgian nun who has lived for thirty years in the Congo.

The German team here is well equipped, but Professor Kuentz handed me a list of medicaments which might have to be made available.

I pointed out to the team that a medical Congolese administration exists and that all their requests should go through the provincial medical officer, but they informed me that they had not as yet heard from him.

THURSDAY, SEPTEMBER 22, 1960

Luluabourg — Australian, Greek and Norwegian medical teams. — We arrived at Luluabourg on the day before the Australian team was to be divided into two parts, Drs. Dwyer and Fox having decided to take over the post at Luisa.

These two doctors, accompanied by Dr. Nicolas of WHO and Mr. Mwomba of the Ministry of Health of the Kasai Province, after having inspected the various hospitals in the area, had in fact decided to give their attention to Luisa.

The other doctors in the Australian medical team will take over from the Norwegian team, due to leave the Congo at the end of October.

The Australian team has had to leave Bakwanga, since there was no work for it to do.

The Greek team is working in the Mikolaï hospital at the Presbyterian mission.

All these teams are working under favourable conditions and are satisfied with the results which have been obtained.

On the same day I met Dr. Farrior of the Presbyterian mission, who is a doctor at the hospital at Bibanga. He supplies several other dispensaries by air and I took the opportunity

of handing him some of the medicaments which we had brought with us in our Red Cross aircraft.

The Norwegian team kept on complaining about a lack of mail.

* * *

This first journey of the ICRC, for which a great many representations had to be made, has evidently been a success.

The Red Cross teams which we visited seemed to be pleased to see us and we were able to distribute medicaments which were always greatly appreciated. We could thus see for ourselves which were the most pressing requirements and we were also able to make an assessment of the teams themselves.

Generally speaking, we have nothing but praise for all these teams, which have retrieved the situation in such a conscientious manner.

But, one may well ask oneself, what will happen to those hospitals and how will medicaments be supplied in a few weeks' time? Will the Congolese administration be functioning normally? Cannot we then expect to see further outbreaks of epidemics of malaria, sleeping sickness and the plague in view of the lack of medical assistants throughout all the provinces of the Congo?

We know that this anxiety is shared by both the ICRC and WHO alike and the observations which have been made as a result of this journey only serve to draw attention to the urgency of the situation.

THE ACTIVITIES OF THE ICRC IN THE CONGO

October 19, 1960. — As a result of the bitter tribal conflicts between Baluba and Lulua in Kaisai Province, a great many members of the Baluba tribe left the northern area and took refuge in the south east of this province, especially in the Bakwanga district. So far no official census has been taken but the number of refugees can be estimated at 150,000 to 250,000. Owing to the general disorganisation in the Congo, the food and health situation of these refugees has deteriorated rapidly.

The delegation of the International Committee of the Red Cross in Leopoldville, on examining the problem with the United Nations services, saw that it was faced with the important task of organising, in these refugees' behalf, the transport and distribution of several hundred tons of foodstuffs. The transport of these relief supplies, made available by the United Nations in Leopoldville, had to be arranged by DC-3 aircraft from Leopoldville to Luluabourg and from there, in small aircraft or by lorries, to the Bakwanga area.

The work of the delegates of the ICRC consists in preparing and accompanying these transports, organising and supervising (in cooperation with the local Congo authorities) the distribution of foodstuffs on the spot. Furthermore, a member of the Swiss Red Cross medical team in the Congo (who had been placed temporarily at the disposal of the Congo Red Cross in Luluabourg) took an active part in the action of the ICRC, and the Congo Red Cross also lent its assistance.

Two tons of powdered milk and sugar, a gift of the Protestant Mission, will be unloaded at Bakwanga today and distributed ; in addition, during the next few days, the aircraft made available

to the ICRC will carry large quantities of foodstuffs—supplied by UNICEF—from Luluabourg to Bakwanga.

* * *

October 28, 1960. — Struggles took place recently in Ruanda-Urundi territory (the Shangugu area) between the Tutsi and Bahutu tribes. Following these disturbances and subsequent acts of violence, the population started to flee in the direction of the Congo, mainly towards Bukavu, the capital of Kivu Province.

The number of these refugees has been estimated by a representative of the ICRC at about eight thousand (of whom two-thirds are women and children). This mass arrival has raised new and difficult problems for the authorities and the local Red Cross, already overburdened with the internal disturbances in the Congo.

In order to meet the situation an Emergency Relief Committee has been set up with the co-operation of the regional delegate of the ICRC in Bukavu and a representative of the Delegation sent especially from Leopoldville to assist.

Distributions of foodstuffs and milk have been made with the co-operation of the Congo Red Cross, in the presence of representatives of the ICRC who have also, with the authorities' agreement, supervised the inoculation of all refugees against smallpox.

**EIGHTEEN RED CROSS MEDICAL TEAMS TO CONTINUE
CONGO ASSIGNMENTS FOR THREE MONTHS**

October 28, 1960. — (Joint communication League-ICRC). *The services of 18 medical teams from National Red Cross, Red Crescent or Red Lion and Sun Societies of 14 countries have already been made available for a further three months' emergency assignment in Congo hospitals, it was announced here to-day by the International Committee of the Red Cross and the League of Red Cross Societies. Prolongation of the initial three months' tour, terminating for most teams between 31 October and 15 November, has been requested in view of the continuing unsettled conditions which prevent the recruitment of doctors under long-term contracts.*

The National Societies which have already announced their readiness to have their teams remain on Congo duty through January 1961 are those of Australia (two teams), Austria, Canada (two teams), Czechoslovakia, Finland, the German Federal Republic (two teams), India, Iran, Ireland, Norway, New Zealand, Poland (two teams), Sweden and Yugoslavia. The National Societies of the German Democratic Republic, Pakistan and Venezuela are still examining the possibility of extending the assignments of their teams.

A MISSION OF THE ICRC TO THE GERMAN
DEMOCRATIC REPUBLIC AND CZECHOSLOVAKIA

In September, Mr. H. G. Beckh, delegate of the ICRC, visited the headquarters of the Red Cross of the German Democratic Republic at the invitation of this Society. An exchange of views took place with members of the Executive Committee, of which Dr. W. Ludwig is President, and current problems of interest to both the Red Cross institutions were widely discussed.

Afterwards Mr. Beckh visited the Red Cross regional branches in large and small centres of the Dresden, Cottbus and Postdam areas. He thus saw the efficient work that has been done and the devoted services given by the Red Cross members. The delegate saw various features of the Society's various activities in the fields of public health, medical assistance, first aid, etc.

During his stay Mr. Beckh was received on September 16, 1960, by the Deputy Minister for Foreign Affairs, H. E. Mr. Schwab, and the Deputy Minister for Internal Affairs, Mr. Grünstein, Secretary of State.

* * *

Mr. Beckh visited the Czechoslovak Red Cross in Prague and met members of the directorate of this Society, with whom he discussed matters of common interest. The delegate also

had the opportunity of visiting a Red Cross school in Lisno near Prague, where Red Cross teams are given instruction in social welfare work. He was received by Dr. Janouch, President, and Mrs. Sebankova, Vice-President.

The delegate stopped at Vienna on his return journey and paid a visit to the Austrian Red Cross. He was also received by Mr. A. Proksch, Minister of Social Welfare, and thus had the opportunity of thanking him for the support afforded to the ICRC Delegation in Austria.
