international review of the red cross

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The Emblem of the Red Cross

A brief history

by F. Bugnon

"It was neither Dunant's desire nor that of his collaborators, nor that of the countries participating in the Geneva Convention that the work and emblem of the Red Cross should bear a religious stamp, or be in any way attached to a given set of philosophical ideas. On the contrary, the movement was not only to serve, but also to gather to itself, all sorts and conditions of men."

Max Huber
The Red Cross
Principles and Problems.

Introduction

The marking of ambulances and hospitals is a practice which goes back a long time, but until the middle of the nineteenth century different colours were used by different countries: Austria a white flag, France a red one, Spain and the United States yellow, to mention a few examples. The devices displayed were not generally well known, so that they were
seldom respected: it frequently happened that artillery shelled ambu-
lances, that grapeshot riddled the wagons bearing the wounded but
displaying no outward sign that their mission was one of mercy.

In any case, for want of a special agreement between belligerents,
such markings had no legal backing. An attack on an ambulance was
regrettable, of course; but it infringed no law of war.

Consequently, field hospitals were generally far behind the lines,
beyond the range of enemy fire; but for the casualties this meant a long
haul on uncomfortable litters or on the straw-covered floor of a wagon,
their broken limbs interminably jolted and jerked, while their wounds
became infected.

The medical services, their resources spread over too great a distance,
were not equal to their task. After the battle of Solferino (24 June 1859)
it took the Quartermaster’s department of the French-Sardinian army six
days to remove the wounded: six days for which the helpless casualties lay
exposed to thirst, flies, infection and looters.

Wounds became gangrenous and all the army medical service could
do was amputate. The troops returning from the campaign were followed
by a long procession of disabled.

Henry Dunant determined to do something about the state of affairs he
had witnessed at Solferino. Three years after the battle he expounded his
views in a book, A Memory of Solferino, which soon created a
great stir.

Hardly had the book come off the press when a committee was formed
in Geneva—the International Standing Committee for Aid to Wounded
Soldiers—for the purpose of translating Dunant’s ideas into action. The
committee, which later became the International Committee of the Red
Cross, set itself two objectives:

to promote the founding in each country of a committee for relief to
the military wounded; these committees were to be permanent so that
they would be ready to act immediately war broke out;

to induce governments to commit themselves, by treaty, always to
respect military ambulances and medical personnel.

Both ideas were brand-new, quite unrelated to the charitable com-
mittees which formed spontaneously after the battles and whose help, for
want of preparation, more often than not came too late. The new com-
mittees were to be permanent, preparing in peacetime to carry out their mission. They had to train volunteer nurses, stock medical supplies, have suitable equipment and transport ready for action; in no other way could assistance be brought to the wounded in good time.

Similarly, these ideas supplanted the short-lived cartels for the granting of neutrality to ambulances and nursing personnel. The hazards of war all too rarely permitted the conclusion of such cartels which, in any case, lapsed soon after the battle, with no assurance that they could be renewed before the next. What was required was a solemn and permanent commitment concluded during peace and binding on the greatest number of Powers; in no other way could ambulances and medical personnel be assured of neutral status when hostilities erupted and for as long as they lasted.

The programme was a bold one; but the International Standing Committee for Aid to Wounded Soldiers tackled it with a will, working for both objectives simultaneously. In 1863 and 1864 two international conferences were held in Geneva. The first brought forth the Red Cross movement; the resolutions it adopted are the foundation on which the work of some 120 National Red Cross Societies is based.

To the second conference we owe the Geneva Convention of that year, the start, as it were, of modern humanitarian law. The 1864 Convention was revised in Geneva in 1906, 1929 and 1949. One hundred and forty States are now parties to the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field.

The International Committee's two objectives entailed the adoption of one single sign; for how could ambulances and medical personnel be protected so long as each State chose a sign of its own? Hence the need for a single simple sign, recognizable from a distance, known to all and identical for friend and foe: a sign of the respect due to the wounded and to the medical personnel: a sign which would have the backing of the law.

From very ancient times the white flag had been the sign of surrender or of the wish to negotiate. Customary law forbade firing on anyone displaying the white flag in good faith, for the white flag was symbolic of a truce.

By adding a red cross, the flag's message went a stage further, demanding respect for the wounded and for the medical personnel as well as a cease-fire.
If the protective sign was to be effective, it had to be known to all. It therefore had to be the same everywhere. The universality of the emblem appearing to be essential, it was an explicit requirement in the 1863 resolutions and the 1864 Convention.

Moreover, for its protection to be guaranteed, the sign had to be sanctioned by law. So long as every State was free to mark its ambulances as it liked—or not to mark them at all—an attack on an ambulance could not be unlawful. By contrast, under the Geneva Convention, anyone deliberately attacking an ambulance protected by the emblem specified in the Convention would be setting himself outside the law, might lay his side open to reprisals, and in the event of capture would be liable to punishment.

Hence the need for a standard protective sign sanctioned by law. The same emblem was adopted for the protection of army medical services and of voluntary nurses sent by the Committees for Aid to Wounded Soldiers. This was logical, for the latter were essentially the helpers of the former.

We have seen what requirements were satisfied by the adoption of the red cross emblem. The train of thought which led logically from the desire to ensure respect for the wounded to the adoption of a universal protective sign did not take any religious considerations into account.

Nevertheless, since 1876 it has been claimed in some circles that the sign of the Geneva Convention is a Christian symbol, with the result that the hope of universal recognition was shattered. Other signs were devised and their recognition in law was soon demanded. As time passed, these demands became increasingly pressing, so much so that the 1929 Diplomatic Conference, not without some reservations, recognized the emblems of the red crescent and of the red lion and sun.

The disadvantages of the new situation soon became so apparent that the 1949 Diplomatic Conference found itself facing two opposing demands, namely, one for the return to a single emblem and one for the recognition of new emblems considered more befitting to certain religious, cultural or national traditions than the signs previously recognized.

Finally, the 1949 Conference maintained the situation which had been created in 1929. Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field is the basic provision in force today. It reads:
As a compliment to Switzerland, the heraldic emblem of the red cross on a white ground, formed by reversing the Federal colours, is retained as the emblem and distinctive sign of the Medical Service of armed forces.

Nevertheless, in the case of countries which already use as emblem, in place of the red cross, the red crescent or the red lion and sun on a white ground, those emblems are also recognized by the terms of the present Convention.

In the following pages an attempt is made to trace, through the records of international conferences, the history of the red cross sign and of the erosion of its universality. This study comprises three parts:

part one, the longest, reviews discussions on the subject of the sign at the Geneva Conferences of 1863, 1864, 1906, 1929 and 1949, and at the Hague Conferences of 1899 and 1907; special attention is given to the attitude of the International Committee of the Red Cross;

part two mentions proposals which have been put forward for the recognition of new emblems in addition to the existing three;

in our conclusions we briefly analyze the situation today.

A bibliography is attached.

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2 As customary, we use "red cross" (with lower case) when referring to the emblem and "Red Cross" (initial capitals) for the institution. However, when quoting from documents we have retained the manner of the document even if it did not follow current practice.
CHAPTER I

Unity of the sign

1. The origin

The adoption of a distinctive uniform sign for the army medical services and for the Societies for Relief to the Military Wounded seems to have been one of the earliest concerns of the Red Cross founders.

The record of the first meeting of the International Standing Committee for Aid to Wounded Soldiers—the future International Committee of the Red Cross—states:

Finally, a badge, uniform or armlet might usefully be adopted, so that the bearers of such distinctive and universally adopted insignia would be given due recognition.¹

That was at the meeting of 17 February 1863, when the societies of relief to the military wounded were still only an idea and the Geneva convention a project.

Moreover, with a view to the international conference of October 1863 which was to institute the founding of relief societies, the International Committee drew up a draft covenant, article 9 of which stated:

Voluntary nurses in all countries shall wear a distinctive and identical uniform or sign. They shall be inviolable and military commanders shall give them protection.²


² Compte rendu de la Conférence internationale réunie à Genève les 26, 27, 28 et 29 octobre 1863 pour étudier les moyens de pourvoir à l'insuffisance du service sanitaire dans les armées en campagne, 2nd ed., Genève, ICRC, 1904, p. 17.
The draft covenant drawn up by the International Committee was the basis for the conference proceedings. Article 9 was considered during the third meeting, on 28 October 1863.

At the outset Mr. de Préval (France) proposed an amendment according to which the Conference would recommend restoring neutral status to ambulances. The motion was seconded by Dr. Loeffler (Prussia). 3

The Chairman (G. Moynier, International Committee) pointed out that these proposals would be discussed later, when the Conference would be drawing up recommendations to governments. 4

Dr. Appia (International Committee) stressed the importance of a distinctive international sign and proposed adding to the first paragraph the sentence: “The Conference proposes a white armband on the left arm”. He went on to say that the Conference should not ignore the effect of a symbol the mere sight of which, like the flag for a soldier, could stimulate the esprit de corps which would attend this most generous idea, this undertaking common to all civilized mankind. 5

At that stage there was still no question of the red cross but, even then, what Dr. Appia said contained the essentials, namely:

(a) that an internationally recognized distinctive sign should be adopted;
(b) that the sign should be backed by international agreement;
(c) that the sign should arouse a sort of reflex of respect for the soldier.

The Minutes do not say why the Conference decided to add a red cross to the white armband proposed by Dr. Appia. 6 They merely record that:

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3 Idem, p. 93.
4 Idem, p. 93.
5 Idem, pp. 93-94.
following discussion, Mr. Appia's proposal was adopted after being
amended to the effect that the white armlet would bear a red cross.\footnote{Compte rendu... 1863, p. 94.}

Dr. Brière (Switzerland) again raised the question of ambulances and
army medical personnel:

Dr. Brière recommended that the wounded be succoured irrespective of
the side to which they belonged; that those who tended the wounded be
safeguarded and not taken prisoner; that the same flag be given to all
military hospitals and ambulances of the various nations; that any place
displaying that flag be considered an inviolable place of asylum; and that a
single distinctive sign, if possible a uniform of a special colour or an easily
recognizable sign, be attributed to the military medical corps of every
army.\footnote{Idem. p. 95.}

Who, better than Dr. Brière, could bring out how indissociable were
the two essentials, namely the unity of the distinctive sign and the insti­
tution of an international system of protection for the wounded?

Before ending on 29 October, the Conference adopted ten resolutions
on the organization of voluntary societies for relief to wounded soldiers.
It also gave its attention to the establishing of an international system of
protection for the wounded, but this being obviously beyond the authority
of such a meeting it could do no more than make recommendations.\footnote{For recommendations and resolutions see Compte rendu... 1863, pp. 116-118; International Red Cross Handbook, pp. 375-377; The Laws of Armed Conflicts, pp. 199-201.}

But in both cases, the adoption of a uniform sign appeared to be
essential to a system of protection for military wounded:

The principle of sign uniformity was taken into account in resolution
No. 8 concerning volunteer nurses:

They shall wear in all countries, as a uniform distinctive sign, a white
armlet with a red cross.\footnote{Compte rendu... 1863, p. 117}
As regards the medical personnel:

*That a uniform distinctive sign be recognized for the Medical Corps of all armies, or at least for all persons of the same army belonging to this Service; and

that a uniform flag also be adopted in all countries for ambulances and hospitals.*

The recommendations of the 1863 Conference did not become mere pious hopes. In the following year the Swiss Government convoked a diplomatic conference in Geneva with a view to establishing by treaty the neutrality of the medical services of armies in the field.

For that purpose the International Committee drew up a draft convention, article 9 of which was the third recommendation of the 1863 Conference, namely:

*A distinctive and uniform armlet shall be admitted for the medical officers and workers of all armies.*

*An identical flag shall also be adopted in all countries for military ambulances and hospitals.*

*This armlet and flag shall be those adopted in Geneva by the International Conference of October 1863 (red cross on a white ground).*

The 1864 Diplomatic Conference unhesitatingly followed the experts at the 1863 meeting. When article 9 came up for discussion during the fourth meeting on 12 August 1864 no objection was raised to the use of the red cross as a distinctive uniform sign.

Article 7 of the Geneva Convention of 22 August 1864 was as follows:

*A distinctive and uniform flag shall be adopted for hospitals, ambulances and evacuation parties. It should in all circumstances be accompanied by the national flag.*

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11 *Idem, p. 118.*
12 *Compte rendu de la Conference internationale pour la Neutralisation du Service de Sante Militaire en campagne, Geneva, 8-22 August 1864* (handwritten), Annex A, art. 9; (reproduced in De Martens; *Nouveau Recueil general de Traites*, vol. XX, pp. 375-399).
13 *Compte rendu... 1864, p. 25.*
An armlet may be worn by personnel enjoying neutrality but its issue shall be left to the military authorities.

Both flag and armlet shall bear a red cross on a white ground.\textsuperscript{14}

This provision, reworded in 1906, was the general rule until the 1929 Conference.
The rule that the sign should be the same for all does not seem to have been questioned at the 1868 Geneva Conference\textsuperscript{15} or at the 1874 Brussels Conference,\textsuperscript{16} although Turkey was represented at both.\textsuperscript{17}

2. The Russo-Turkish War (1876-1878)

The rule that the sign should be the same for all was \textit{de facto} disregarded, although not rescinded during the 1876-78 war.

Turkey had acceded to the 1864 Convention on 5 July 1865 without any reservation.\textsuperscript{18} However, on 16 November 1876, the Sublime Porte informed the Swiss Government, the depositary of the Convention, that it would respect the red cross sign protecting enemy ambulances but would use the red crescent on a white ground as the protective sign for its own ambulances.\textsuperscript{19} It stated that the distinctive sign of the Convention "had so far prevented Turkey from exercising its rights under the Convention because it gave offence to Muslim soldiers".\textsuperscript{20}

At the same time, an Ottoman Society for Relief to Military Wounded and Sick was revived in Constantinople and adopted the red crescent.\textsuperscript{21}

\textsuperscript{14} Idem, Annex B, art 7. See also \textit{International Red Cross Handbook}, p. 8; \textit{The Laws of Armed Conflicts}, pp. 203-206.
\textsuperscript{16} See: \textit{Actes de la Conference de Bruxelles (1874)}, Brussels, Imprimerie du Moniteur Belge, 1874.
\textsuperscript{17} It is true that the Turkish delegates attended only part of each conference because they arrived late.
\textsuperscript{18} \textit{The Laws of Armed Conflicts}, p. 206.
\textsuperscript{20} Idem, p. 36.
\textsuperscript{21} See \textit{Bulletin international...}, No. 30, April 1877, pp. 39-47.
Two problems confronted the ICRC: how could it co-operate with the Ottoman Society? How would the Turkish decision to adopt the red crescent affect the Geneva Convention?

In a circular letter dated 30 April 1877 informing the National Societies of the Ottoman Society’s reconstitution, the ICRC said:

...We must, however, draw your attention to the fact that the Ottoman Society for Relief to Military Wounded and Sick has adopted the red crescent on a white flag and armband as the distinctive sign of neutral personnel.

This substitution of the red crescent for the red cross, in accordance with the proposals of the Sublime Porte to the States signatories to the Geneva Convention, places the Ottoman Society in an irregular position so far as its relations with the other Societies for relief to the wounded are concerned.

...While entertaining formal reservations on the substitution of the red crescent for the red cross and the adoption of the former by the Porte before the States signatories to the Geneva Convention have agreed to it, we believe the Ottoman Society can render useful service to the cause of humanity.

Nothing could be clearer than that!

How the Turkish adoption of the red crescent might affect the Geneva Convention was primarily a question of concern to the States signatories to the Geneva Convention; but, as the initiator of that treaty, the ICRC gave its opinion. It did this in two monographs in Nos. 30 and 31 of Bulletin international des Sociétés de Secours aux Militaires blessés.

These studies mentioned signatory government reactions to the decision of the Porte. Austria-Hungary and Russia pointed out the danger of adopting a national emblem as a sign of neutrality and a claim to protection. The French comment was reproduced:

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22 Idem.
23 Idem, p. 39 (emphasis added).
24 Idem, p. 40 (emphasis added).
26 Bulletin international..., No. 30, p. 42.
It is reasonable to suppose that these objections [the Ottoman Government’s to the red cross] were not expressed sooner because the Porte realized the proper significance of the emblem adopted for the neutrality of hospitals, the emblem suggested by the design of the Swiss federal flag, with no religious character, and, in the minds of the plenipotentiaries, a tribute to the country which took the initiative and to which honour is due for the negotiations which culminated in the Geneva Convention.” 27

The standpoint of the ICRC was even more definite:

... it is surprising that, after acceding unreservedly to the Geneva Convention, and consequently accepting article 7 stipulating ‘A distinctive and uniform flag shall be adopted for hospitals, ambulances and evacuation parties... an armlet may also be worn by personnel enjoying neutrality... both flag and armlet shall bear a red cross on a white ground’, Turkey should now, on the eve of a great war, simply inform the contracting powers that it has on its own initiative, and so far as it is concerned, made an important change in a clause of the treaty.

That any contracting party should change the contract in any way, and purpose to have the other parties accept the change without any proper decision in the form of an additional article or a revision, is quite inadmissible. 28

The ICRC went on to underline the dangers involved in abandoning the unity of the sign: it would result in opposition between the red cross—which the Moslems wrongly considered a religious symbol—and the crescent, the religious and national emblem of the Ottoman Empire; in that way the opposition between peoples and beliefs would be transmitted to the protective sign: such opposition had to be avoided, especially during a war in which religious fanaticism was likely to be stirred to fever pitch. 29

The fact remained that Turkey had implied that it was powerless to enforce respect for the Geneva Convention by its troops if the proposed change was not accepted. The threat to the wounded of both sides was serious, so the ICRC urged a modus vivendi in view of the war which had just broken out. 29

27 Bulletin international..., No. 31, July 1877, pp. 83-84.
28 Bulletin international..., No. 30, April 1877, pp. 43-44, (underlined in the original).
29 Idem, p. 44.
30 Idem, p. 45.
There was, therefore, no question of permanently abandoning the unity of the sign.

This is clear also from the communication of 30 June 1877:

...It was well understood that any arrangements the belligerents agreed to would not be a precedent and would cease at the end of the present war.²¹

The attitude of the Swiss Federal Council was identical.²²

∗

The study of this event reveals two facts. First, that Turkey's unilateral decision placed before the ICRC, the depositary State and the signatory States, a factual situation which was accepted only for the duration of the war: the single-sign rule was called into question but not then broken. Second, that the ICRC immediately and clearly defended the integrity of the Convention and the unity of the emblem.

The legal situation created by the exchange of notes between the depositary State and the contracting States remained the same until the Hague and Geneva Conferences (1899, 1906 and 1907).

Three conclusions may be drawn from this exchange of communications:

(a) the ICRC was opposed to more than one sign;
(b) the ICRC was opposed to a national or religious emblem as a protective sign;
(c) the ICRC pointed out that the Ottoman Society's adoption of an emblem not recognized by the Convention would place that Society in an irregular situation.²³

²¹ Bulletin international..., No. 31, July 1877, p. 89.
²³ It would seem an exaggeration to say that the ICRC officially recognized the Ottoman Society for Relief to Military Wounded and Sick in 1877. It did approve the reconstitution of that Society and agreed to a relationship with it, but at the same time it said that the adoption of a sign other than the one recognized in the Convention would place the Society in an irregular position.

So far as we know, it was not until 1887, at the Fourth International Red Cross Conference at Karlsruhe that the ICRC was assigned the mandate of notifying existing National Societies of the constitution of new Societies after verifying the bases on which they were founded. See Compte rendu de la Quatrième Conférence internationale de la Croix-Rouge, Karlsruhe, 1887, pp. 19-20 and 87-102. See chapter II below.
As can be seen, all the essential ingredients for a debate which continues even today were at hand already at that time.

3. The Peace Conferences and the Revision Conference
(The Hague, 1899 and 1907; Geneva, 1906).

As far back as 1866, the ICRC had been concerned to adapt to sea warfare the principles hallowed by the 1864 Convention.

In 1868 the Swiss Federal Council convoked a diplomatic conference for that purpose. The Conference adopted fifteen articles—nine of them relating to war at sea—for addition to the Convention of 22 August 1864.\(^{34}\) The articles were never ratified, and the uncertainty of law applicable to war at sea continued.\(^{35}\)

To remedy that situation was one of the objectives of the 1899 Hague Peace Conference which drafted a Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention of 22 August 1864.\(^{36}\)

Yet to broach the problem of hospital ship protection meant reviving the emblem controversy, and this the first subcommission of the Second Commission did. The matter was again discussed by the Second Commission.\(^{37}\)

The Turkish, Persian and Siamese delegates spoke in favour of particular signs for the protection of their hospital ships (the red crescent, the red lion and sun, and the Buddhist flame respectively; the latter jointly with the cross).

The delegate of the United States of America stated that, the cross being religious in character and appealing particularly to Christian

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\(^{34}\) Protocole de la Conference internationale reunie a Genève en octobre 1868, Geneva, Imprimerie Fick, 1868, pp. 51-54; The Laws of Armed Conflicts, pp. 207 ff.

\(^{35}\) The Laws of Armed Conflicts, pp. 207 ff.


\(^{37}\) The Proceedings... 1899, pp. 453-454, 461-462, 388, 390-391. So far as we know, the emblem was not discussed in the plenum; see op. cit., pp. 27-44.
nations, there would be advantage in adopting another sign which
would be recognized by all.\footnote{Idem, pp. 461 and 388.}

The Swiss delegate, Mr. Odier,\footnote{He was attending the Conference as a delegate of the Swiss Government but he was also the secretary and a member of the ICRC. The ICRC itself was not represented.} pointed out that the Conference was not competent to give its opinion on proposals to amend the Geneva Convention; only a conference convened to revise the 1864 Convention could examine those questions.\footnote{Idem, p. 390.}

This point of view prevailed: the Conference therefore merely took note of the various statements.\footnote{Idem, p. 391.}

Turkey, Persia and Siam signed and ratified the Hague Convention No. III (1899) without making any reservation about the protective sign.\footnote{The Laws of Armed Conflicts, pp. 211-215.}

The question was again discussed at the 1906 Geneva Conference which had been convoked by the Swiss Government to revise the 1864 Convention.

Point 12 of the questionnaire which the Swiss Government sent to invited States brought up the problem of the emblem:

\textit{To examine whether the red cross on a white ground (article 7 of the Convention) should remain the only distinctive sign or whether exceptions should be admitted for non-Christian States, such as Turkey which has substituted the red crescent for the red cross.}\footnote{Actes de la Conference de Revision reunie a Geneve du 11 juin au 6 juillet 1906, Geneva, Imprimerie Henry Jarrys, 1906, p. 17.}

The English plenipotentiaries had prepared a draft convention, article 14 of which would have retained the red cross as the only protective sign.\footnote{Idem, p. 63.} In an accompanying note they stated that a mention of the source whence the sign was derived might obviate objections to it entertained by Turkish troops.\footnote{Ibid.}

The emblem question was submitted to the Fourth Commission, which discussed it at its second meeting.\footnote{15 June 1906. See Actes 1906, pp. 160-163.}
The proceedings were opened by the Commission Chairman, Mr. de Martens (Russia), who was in favour of the unity of the sign. He was followed by the delegate for Holland, who spoke for the maintenance of the red cross: *It is wrong to believe this sign has religious significance; it is merely the inversion of the Swiss colours.* The delegates of Great Britain and Greece also favoured a unique sign. The Greek delegate emphasized the consequences of departing from a unique sign and asked whether a State unable to guarantee the protection invoked by the sign could continue to be a party to the Convention.

Mr. de Martens, referring to the Russo-Turkish war, said:

...in 1877 Turkey stated that it could not guarantee that its troops would respect the red cross and admitted itself powerless to ensure observance of the Geneva Convention. It proposed substituting the crescent for the cross. Russia was obliged to accept that proposal, otherwise its medical units would have been deprived of protection. There is a misunderstanding in that substitution. Two Powers had reservations about it recorded in the Minutes of the Hague Conference.

The delegates of four Asian countries then successively took the floor.

The Japanese delegate stated that his delegation attached no religious significance to the sign of the cross and had no objection to it. The Chinese delegate said he had already conveyed to his Government that interpretation which was historical and quite satisfactory, and he expected to receive favourable instructions to that effect.

The delegate for Persia, Mr. Momtaz-as-Saltaneh, made a similar statement, adding that the difficulties encountered by non-Christian States in applying the red cross as the distinctive sign could not be attributed to the

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47 *Idem*, p. 161. The Dutch delegate proposed substituting the word “emblem” for “flag”, as a rigid panel was sometimes more easily seen than a flag. The proposal was accepted by the Second Commission.

48 *Idem*, p. 162.

49 Ibid.

50 Although invited to the Conference, Turkey did not send a delegation.

51 *Acts 1906*, p. 162.

52 Ibid.
religious idea of the cross but to other historical considerations, and that, at least in his country, the cross was respected in accordance with the Moslem religion. 63

The delegate for Siam spoke in a similar vein. 64

The Chairman was about to put to the vote the question of the maintenance of the red cross as the sole distinctive sign when the British delegate intervened:

Sir Ardagh proposed that the meeting state categorically whether the régime was or was not religious in character. The Chairman called upon the meeting to do so. No one taking the floor, he took note that no one attached any religious significance to that sign.

Mr. Renault proposed that the text indicate the origin of the cross as follows:

"As a tribute to Switzerland, the heraldic sign of the red cross on a white ground is admitted as the emblem and distinctive sign of army medical services"... 65

There then followed an exchange of views about the admissibility of reservations on this matter:

Mr. Lou Tseng Tsiang (China) asked that delegates be allowed to make reservations.

The Chairman replied that that was every delegate's unquestionable right.

63 Ibid.
64 Ibid.
65 Ibid. Some writers attach considerable importance to the fact that there was no actual vote. In contrast to the Commission Rapporteur, they contend that the Chairman of the Fourth Commission simply recorded the fact that no delegate asked for the floor. It should be mentioned that diplomatic conference procedure of that time was less formal than today. Generally a vote was taken only if requested; otherwise assent was assumed if no objection was raised. Nevertheless, the procedure demonstrated agreement, and that was what counted. Incidentally, the practice has recently returned to favour at the United Nations, where it is called the "consensus". It was in that manner that the "Declaration on Principles of International Law concerning Friendly Relations and Co-operation among States in accordance with the Charter of the United Nations" was adopted without a vote by the General Assembly (Resolution 2825 (XXV) 1970).
Mr. Schücking (Austria-Hungary) asked whether the adoption of this sign might prevent signature by some Powers.

The Chairman said he did not think so, in view of the exchange of opinions that had just taken place.

The question was put to the vote.

Except for three abstentions (China, Persia, Siam) the unity of the red cross sign was adopted unanimously.

The Chairman pointed out that there was also unanimity for the unity of the armlet, as well as of the emblem.

During the third meeting of the Commission, the delegate for Siam stated that his country unreservedly accepted the red cross as the emblem of the Geneva Convention.

The report submitted to the plenary conference by Louis Renault (France) on behalf of the drafting committee commented as follows on the decision concerning the emblem:

The first question was whether the red cross on a white ground should be maintained as the only distinctive sign (Art. 7 of the 1864 Convention).

No proposal was made to change a state of affairs which has existed for more than forty years or a name which has become a household word in every civilized country of the world. A change would confuse the general public and could well do considerable harm to the humanitarian work which it is the purpose of the Convention to promote. Moreover, a change would have no motive behind it. It is well known that it was by no means as a religious symbol that the cross was adopted by our predecessors. They had Switzerland in mind, the country which was their host and which had taken the initiative to call them together; they desired to pay a tribute to her and at the same time they thought that an emblem borrowed from a country neutralized by solemn treaties would be particularly suitable for the objective they had set themselves. They therefore adopted the Swiss flag with inverted colours. It is an insignia easy to make, recognizable by its simplicity and sharply contrasting colours.

\[66 \text{ Acres 1906, pp. 162-163.} \]

\[67 18 \text{ June 1906, idem, p. 175.} \]
This explanation should satisfy all requirements; it proves that the emblem adopted cannot offend any religious conviction.

The Conference observed that the emblem was of no religious significance, and the wording of the proposal was designed to emphasize the purely historical origin of the red cross and the character of the emblem. It had first been thought unnecessary to say that the emblem was borrowed from the Swiss armorial bearings with the colours reversed, but on second thoughts it was considered expedient to do so. The expressions used clearly show, even though implicitly, that there is no religious significance. We are pleased to note that the representatives of several non-Christian States have declared their satisfaction with this explanation and that their Governments did not object to the maintenance of the principle underlying article 7 of the Convention.

The Conference thought there was no reason to specify the shape of the cross by stating that 'it comprised five squares'. It thought such detail pointless and even dangerous. Indeed, the shape has been hallowed by constant and universal usage from which no one would dream of departing. In addition, such precision might be invoked to claim that a cross of different proportions, a cross of different dimensions used in one religion or another, would not be the distinctive sign of the Geneva Convention and hence not an abuse." 58

The Drafting Committee therefore proposed the following wording:

Out of respect to Switzerland the heraldic emblem of the red cross on a white ground, formed by the reversal of the federal colours, is continued as the emblem and distinctive sign of the sanitary services of armies. 59

This article was adopted without discussion or opposition by the fourth plenary meeting on 28 June 1906. 60 It thus became article 18 of the Geneva Convention of 6 July 1906. 61

The delegates of Persia signed the Final Act of the Conference, formulating one reservation about article 18; 62 however, Persia did not

58 Actes 1906, p. 260 (underlined in original).
59 Ibid.
60 Ibid, p. 214.
61 Ibid, p. 286; The Laws of Armed Conflicts, p. 228.
ratify the Convention. Turkey acceded to the Convention on 24 August 1907, making one reservation about the sign. Egypt acceded to the Convention on 17 December 1923 with a similar reservation.

Such was the legal situation arising from the Revision Conference of 1906.

The emblem question was discussed again at the Second Peace Conference at The Hague in 1907.

The Hague Conference of 1899 had drawn up a Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention of 22 August 1864. The latter having been revised in Geneva in 1906, it appeared necessary to revise also the Hague Convention in order to ensure consistency between rules applicable to land warfare and those applicable to war at sea.

The question was referred to the Third Commission, at whose first meeting on 24 June 1907 the delegate of China read out a statement in favour of the unity of the sign, and the delegate of Turkey restated his Government’s position.

The discussion was resumed by the second subcommission of the Third Commission which had been assigned to examine the law of war at sea.

During the first meeting on 2 July 1907 the delegate of the Ottoman Empire delivered a long statement on his Government’s attitude. He reminded the subcommission of his country’s commitment to respect the sign of the red cross and also described the historical circumstances which had led Turkey to adopt another emblem for the protection of its ambulances. He asked the Conference to recognize as a consequence the inviolability of the red crescent by inserting an appropriate clause in the draft Convention.

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63 *The Laws of Armed Conflicts*, p. 233.
The German delegate subsequently stated that his Government saw no obstacle in the way of respect for the red crescent sign on the same footing as the red cross. On the other hand, he urged the Turkish delegate not to ask for the insertion of an article to that effect as it would make amendment of earlier Conventions necessary. 68

The Turkish delegate explained that he merely sought reciprocity, and that he expected from the Conference a solution which would satisfy his Government. 69

Mr. Montaz-os-Saltaneh made a similar statement concerning the use by Persia of the red lion and sun. He said that Persia had signed the 1906 Convention, subject to a reservation about article 18. Persia’s objections did not arise from religious considerations. 70

Mr. Carlin, the Swiss delegate, read out article 18 of the 1906 Convention. He reminded the subcommission that the 1906 Conference had unanimously admitted that no religious significance was attached to the emblem of the red cross. He pointed out, in addition, that the subject before the meeting was solely the adaptation to maritime warfare of the principles of the 1864 and 1906 Conventions and that one of those principles—unanimously admitted, except by Persia—was the adoption of the red cross as the sole sign. 71

The delegate for Persia then pointed out that he had been permitted to sign the Geneva Convention of 1906 in spite of the reservations which he had made in regard to article 18, adding that there was no necessity to revert to that question. 72

The draft convention drawn up by the second subcommission was submitted to the Third Commission which discussed the sign during its second meeting when dealing with article 5, concerning the marking of hospital ships. 73

The delegates of the Ottoman Empire, Persia and Switzerland repeated what they had said in the subcommission. 74 To sum up the debate, the Chairman, Count Tornielli, pointed out that the Commission

68 Idem, pp. 562-563.
69 Idem, p. 563.
70 Ibid.
71 Idem, pp. 563-564. (italics in original).
72 Idem, p. 564.
73 16 July 1907, idem, pp. 296-299.
74 Ibid.
would “exceed the limits of the programme outlined for it if it entered into a discussion of what was decided at Geneva”, and that the Commission could only take note of the Turkish and Persian statements. He also stated that the “principle of reciprocal recognition of the distinctive flags of hospital ships requested by the two delegations had been accepted by the delegations of Germany, Italy and Russia and had elicited no opposition”.75

The draft convention was then referred to the plenary conference, which discussed it at its third meeting on 20 July 1907.76

The delegate of Turkey confirmed his earlier statements. He said that his delegation had not insisted on the insertion of a special clause in the draft convention but, he added, “the representatives of the Governments gathered together at this conference have been kind enough to accept the principle of the reciprocal recognition of the Red Cross and the Red Crescent as distinctive emblems of hospital ships and hospital attendants”.77

The delegates of Persia and Switzerland confirmed their previous statements.78

The delegate of Great Britain subscribed to the statements of the German, Italian and Russian delegations concerning reciprocal respect for protective signs displayed by hospital ships. The delegates of the United States of America and Austria-Hungary did likewise.79

Article 5 was adopted under these various reservations.80

At the same meeting the draft convention was adopted unanimously under the reservations previously formulated.81

At the ceremony for signature on 18 October 1907, the delegate for Persia signed the Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention82 “with reservation of the right, recognized by the Conference, to use the Lion and Red Sun instead of

75 Idem, pp. 298-299.
77 Idem, p. 63.
78 Idem, pp. 63-64.
79 Ibid.
80 Idem, p. 64.
81 Idem, p. 65.
82 Hague Convention No. X of 18 October 1906.
and in the place of the Red Cross”. The Turkish delegate made a similar reservation on the use of the red crescent.

In fact, neither Persia nor Turkey ratified the Convention! 

What conclusions can be drawn from the proceedings of the 1899, 1906 and 1907 Conferences?

The 1899 Hague Conference, at the instigation of the Swiss delegation, refused to discuss the sign.

On the other hand, this question was prominent in the proceedings of the Revision Conference of 1906. Apparently two decisions reached by the Conference, while not actually contradictory, were in substance nonetheless at variance.

First, the Conference reached a decision of principle: it chose to retain the red cross as the only protective sign; the unity of the emblem was therefore maintained. In addition, the Conference stated categorically that the red cross sign was not of a religious character. To make this point, it adopted a new wording stating the historical origin of the emblem.

A difficulty arose, however. What would the situation be if some States remained adamant in their determination to use other signs?

There were only two possible courses: the Conference could either

(a) follow to its logical conclusion the decision to maintain the unity of the sign—in which case it had no choice but to exclude from the treaty system the reserving States; this was the opinion of the Greek delegate; or

(b) authorize those States to participate in the treaty system, thereby admitting exceptions to the general rule of emblem unity—in which case the principle of a single sign was seriously impaired.

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85 Ibid.
86 See Conference Chairman’s closing speech: Actes, 1906, pp. 270-271: “The unity of the emblem of army medical services has been maintained...”
87 Actes ... 1906, p. 162.
In view of the situation brought about by some States, there was a conflict between the single sign principle and the Conference objective of a universal treaty. The Conference gave precedence to the universality of the treaty: reservations were admitted.

Thus two differing rules co-existed: the general rule of unity of the sign and a subsidiary rule established by reservations under which some States could adopt exceptional signs.

Whereas the general rule was binding on most States parties to the Convention, the subsidiary rule applied only to States which made reservations and to their relations with others. Like all rules established by reservations, this subsidiary rule was strictly of a deviant and exceptional nature.

Such seemed to be the legal position after the 1906 Conference.

The purpose of the 1907 Conference was to adapt the principles of the Geneva Convention to sea warfare. It was not therefore empowered to change the law referring to the sign, and in our opinion did not do so. It maintained the general single sign rule which was confirmed by article 5 of Convention No. X. That article mentions only the red cross as the distinctive sign for hospital ships. The Conference did, however, admit the reservations formulated by Turkey and Persia and confirmed them by the commitment undertaken on a reciprocal basis by some States to respect the sign of the red crescent.

Here again, in Convention No. X, the general single sign rule co-exists with the deviant rule for the States making reservations.

(to be continued)
In March, three missions took the President of the ICRC, Mr. Alexandre Hay, to Iran, India and Poland.

In Teheran, on 7 March, he was received in audience by H.I.M. the Shahinshah Aryamehr. He later had an interview with the Prime Minister and luncheon with the Minister of Foreign Affairs.

At the headquarters of the Red Lion and Sun Society, Mr. Hay, who was accompanied by Mr. J.-P. Hocké, Director of the Operations Department, and Mr. J. de Courten, regional delegate, was greeted by H. E. Mr. H. Khatibi, director general of the National Society, and other leading Red Lion and Sun officials.

The ICRC President left Teheran on 8 March for New Delhi, where the First Asian Regional Red Cross Conference was held.

The ICRC President was welcomed by leaders of the Indian Red Cross and had talks with the Permanent Secretaries of the Ministries of Defence, of External Affairs and of Home Affairs, and with the Chief of the General Staff.

On 16 March, the ICRC President arrived in Warsaw to attend the first part of the European Seminar on the dissemination of knowledge of the Geneva Conventions and was greeted by the President of the Polish Red Cross, Mr. R. Brzozowski, Vice-Minister of Health, and by other Red Cross officials. Mr. Hay had talks with various Polish authorities and was received by the Chairman of the Council of State, H.E. Mr. H. Jablonski, and by the Minister for Foreign Affairs.

In Poland, the ICRC President was accompanied by Mr. Jean Pictet, Vice-President of the ICRC, Mr. Jacques Moreillon, Director of the Department of Principles and Law, Mr. Melchior Borsinger, delegate-general for Europe and North America, Mr. Alain Modeux, Head of the Press and Information Division, and several other ICRC staff members from Geneva.
Death of Mr. Paul Carry, ICRC honorary member

Mr. Paul Carry, who was an honorary member of the International Committee of the Red Cross, died in Geneva on 30 March, after a short illness.

Paul Carry was born in Rome in 1892 and graduated from the Faculty of Law at Geneva University in 1913. He took a doctorate in law in 1926. He then practised as a barrister, lectured in law and later was appointed professor of commercial law at Geneva University and Dean of the Faculty of Law. He was the author of a number of books on law and of numerous articles in legal journals. Several universities, in Switzerland and abroad, conferred honorary doctorates upon him.

He was for many years a member of Geneva’s Grand Conseil and of its Municipal Council. From 1942 to 1944, he was President of the Supreme Court (Cour de Cassation). He was also a member and later President of the Swiss Army Military High Court (Tribunal militaire de Cassation) with the rank of colonel. He exercised at various times the functions of judge ad hoc at the International Court of Justice at The Hague.

Mr. Carry was invited to become a member of the International Committee of the Red Cross on 23 December 1946. He contributed to the ICRC’s legal work and to the development of international humanitarian law. He was an active participant, as one of the ICRC’s delegates, in the work of the Seventeenth International Red Cross Conference (Stockholm, 1948) and of the Diplomatic Conference, held in Geneva from April to August 1949, which drafted the 1949 Geneva Conventions for the protection of war victims. He played a significant part in the ICRC’s work at the time of the negotiations relating to the application of article 16 of the Peace Treaty with Japan, in connection with which he carried out several missions in various countries.

In 1959, Mr. Carry did not seek re-election to the International Committee of the Red Cross, as his state of health and professional activities no longer allowed him to work with the ICRC as closely as he
had done in the past. The International Committee bowed before this decision and, in recognition of his services to the Red Cross, nominated him at its session of 8 January 1959 an honorary member, in which capacity he was frequently consulted, his opinion being accepted as authoritative.

It was with deep regret that the International Committee learnt of Mr. Paul Carry's death and it presents to his family its sincere condolences.

Swedish Red Cross distinction to Mr. R. Gallopin

Mr. Roger Gallopin, former President of the ICRC Executive Board, has received the Swedish Red Cross Gold Royal Medal, the highest award conferred by that Society.

In his letter to Mr. Gallopin announcing the award, the President of the Swedish Red Cross, Mr. Matts Bergom Larsson, wrote: "Your personality and your position have given you an outstanding influence on our movement for many years and in several fields of Red Cross activity. . . . Our highest award, which is here given to you in grateful memory of your outstanding contributions to humanitarian work and a token of our hopes for your continued participation in the leadership of the Red Cross movement".
Africa

Madagascar and the Comoros

In its March 1977 issue, International Review described the emergency relief action carried out by the ICRC in Madagascar and the Comoros to help Comorian citizens who had been resident in Madagascar and who wished to get back or had just gone back to their homeland. At the end of January, ICRC aid in Madagascar was no longer needed, but in the Comoros, the medical delegate and nurse dispatched by the ICRC continued providing assistance during the whole of February.

Their task was not an easy one, as the repatriates were accommodated on arrival in many different homes on three of the islands—Grande Comore, Anjouan and Moheli—before being reunited with relatives. The ICRC medical delegate had first to supervise, with a Comorian doctor, the medical and other arrangements for receiving the repatriates, in particular as regards vaccination, and then to carry out in the various medical establishments on each of the three islands a full survey of the medical and health conditions. The purpose of the survey was to evaluate needs and make plans for future action. The ICRC also provided some supplementary foodstuffs (whole milk powder, enriched milk for babies, and various foods rich in proteins and polyvitamins).

On 1 March the operations were taken over by the League of Red Cross Societies, which had sent a delegate to the Comoros the previous month, and the ICRC doctor and nurse left on 2 March.

The ICRC's mission to the Comoros was an opportunity for making the Red Cross better known and for convincing both the Government and the public of the need for a Red Cross Society in the archipelago (though it should be noted that a Red Cross branch which existed in Anjouan before independence is still active). League and ICRC representatives will seek to promote the formation of a National Red Cross
Society in the Comoros and will propose to the Government that it accede to the 1949 Geneva Conventions.

On 3 March, Mr. Yves Le Bret, plenipotentiary and roving ambassador of the Comoros for Western Europe, visited ICRC headquarters in Geneva and thanked the ICRC for its work, which he said had been highly appreciated.

Southern Africa

Delegate General's Mission

From 25 March to 26 April, Mr. F. Schmidt, ICRC delegate general for Africa, carried out a mission in Africa, including Rhodesia/Zimbabwe.

In South Africa, Mr. Schmidt took part in a further series of visits to sentenced political detainees, starting on 29 March and carried out by three delegates and one medical delegate. They saw 373 prisoners in four places of detention.

In Salisbury, Mr. Schmidt was to meet the Minister for Justice to discuss ICRC visits to political detainees and to request authorization to visit all persons detained because of the conflict (at present only persons detained under the Emergency Regulations are visited by the ICRC).

Opening of a Permanent Delegation in South Africa

In view of developments in southern Africa, the ICRC, at the end of 1976, proposed to the authorities of the Republic of South Africa that a permanent delegation of the ICRC be set up in Pretoria.

The South African Government having notified its agreement in mid-March, the ICRC immediately made the necessary arrangements for the opening of its delegation. It will be led by Mr. N. de Rougemont, who was until now stationed in Salisbury (Rhodesia) as regional delegate for southern Africa. He will be assisted by Mr. D. Dufour, formerly regional delegate for West Africa.

Rhodesia/Zimbabwe

Mr. F. Perez has been appointed head of the ICRC delegation in Salisbury and is assisted by Mr. C. Béglé.
Botswana

Mr. H. Schmid de Grüneck, ICRC regional delegate, was in Botswana in March and contacted the authorities there. He visited a camp in Francistown, to assess the needs of the refugees, including children, living there. Following this visit, the ICRC has allocated to the "Botswana Red Cross" the sum of 30,000 Swiss francs for the purchase of medical supplies for the refugees.

Latin America

Argentina

ICRC delegates and doctors continued their visits in February and March to places of detention in Argentina. Since mid-January of this year, the ICRC has been authorized to visit places of detention in the capital and in the provinces to examine the living conditions, health and treatment of detainees. Consignments of medicines were delivered to two places of detention following visits by the delegates.

The ICRC delegation at Buenos Aires is now composed of eight persons: Mr. R. Jenny, regional delegate, two delegates, two medical delegates, an Agency specialist, an administrator, who also deals with relief matters, and a secretary.

Chile

Visits to places of detention, and assistance to detainees and their families, have continued in Chile. In February, ICRC delegates visited, in different parts of the country, ten places of detention with a total of 69 detainees, distributing relief material worth $3,500. In March, they visited twenty places of detention with 115 detainees. Relief valued at more than $2,000 and eight consignments of medicines and other items, such as spectacles, toilet articles and sports material, were delivered to the places visited.

Assistance to the families of detainees also continued. In February, 445 families in Santiago and 870 in the provinces received relief valued at $27,000 and in March 400 families in the capital and 870 elsewhere in the country were given ICRC assistance worth $17,400.
Bolivia

From 7 to 12 March, Mr. L. Isler, regional delegate for the Andean countries, visited La Paz. In co-operation with the Bolivian authorities and Red Cross, he worked out a programme for distribution of 200 tons of powdered milk from the EEC to schools and children's homes in various towns.

Paraguay/Uruguay

In mid-March, Mr. B. Glauser, regional delegate for the southern part of South America, and Mr. R. Jenny, his successor in that post, visited Paraguay and Uruguay, for the purpose of introducing Mr. Jenny to the authorities and National Societies of the two countries.

Asia

Thailand

Since the beginning of the year, the ICRC delegation at Bangkok has undertaken a general study of living conditions in camps for Indo-Chinese refugees in Thailand. The delegates first visited camps in the province of Chantaburi, in the south, and then camps in the province of Nongkhai, in the northeastern part of the country. In the latter region, they also visited four police stations where 174 refugees were under detention.

Mr. S. Nessi, ICRC delegate general for Asia, during a visit to Bangkok in mid-March, examined the initial conclusions of the study. Mr. Nessi also met leaders of the Thai Red Cross Society and representatives of the Ministries of Foreign Affairs and the Interior.

Indonesia

Visit to political detainees. — An ICRC mission consisting of four delegates, two of them doctors, was in Indonesia from 25 January to 18 February to visit seven places of detention selected by the Indonesia authorities. The centres visited were Salemba, Nirbaya, Ambarrawa, Plantungan, Koblen, Sukamulia and Tandikat.

In accordance with custom, the ICRC communicated the observations of its delegates only to the Indonesia Government. In submitting its report, the ICRC drew the attention of the authorities to the fact that
its delegates’ findings could not be regarded as an indication of the real conditions of detention in Indonesia for two reasons: the limited number of places visited and the difficulties encountered during the visits.

The ICRC will continue its visits to places of detention in Indonesia on the condition that these difficulties are overcome.

Iran

First visit to places of detention.—Two delegates and one doctor delegate of the ICRC started the first series of visits to places of detention in Teheran on 18 April, following an agreement between the Iranian authorities and the ICRC President Mr. A. Hay reached on 6 March in Teheran.

Middle East

Lebanon

Since the end of February, the situation in southern Lebanon has remained very tense. Fighting involving several parties has produced a major exodus northward of civilians fleeing from the fighting zones. It is estimated that some 20,000 displaced persons have fled to Beirut and to Tripoli.

To assist civilians remaining in the south, the ICRC detached two delegates from its delegation in Beirut and sent them to Tyr, where they will be closer to the areas where humanitarian assistance is needed.

During the same period, under somewhat hazardous conditions, the ICRC organized relief convoys to bring assistance to isolated communities. By this means, during March, 120 tons of food, medicine and other products were delivered to the Marjayoun “pocket” and to Bent Jbeil in the extreme south of the country.

Elsewhere, where the situation was calm, the ICRC no longer distributed relief materials directly but turned them over to the Lebanese Government Office for Social Development which has an extensive infrastructure reaching even remote regions.

To deliver relief supplies to Lebanon, the ICRC has on charter a 500-ton ship, the M.S. “Kalliopi” shuttling between Cyprus and the Lebanese ports of Beirut, Jounieh and Tripoli. From 17 February to the end of March, more than 1,900 tons of food, clothing, blankets,
medicines and kitchen equipment were delivered. In addition, ambulances sent by the Qatar Government were brought to Lebanon by the “Kal‐liopi” and turned over to the “Palestinian Red Crescent” on 25 March.

**Prisoners.** — The ICRC continued to contact various parties to the conflict on the matter of captured or missing persons. In southern Lebanon, two prisoners held by Lebanese forces at Kleya were visited by ICRC delegates prior to their release on 25 March.

**Medical assistance.** — The programme for supplying prostheses to war cripples has begun. A Swiss Red Cross team and a team provided by the Netherlands Government have been at work since the beginning of March. Amputees located and registered through a countrywide press campaign are being cared for at the American University Hospital and by the “Palestinian Red Crescent” at Beirut and at centres in Beit Chebab, near Jounieh, and Tripoli, in the north. Technicians have begun to take measurements and make moulds for more than 100 amputees. Specialists in the fitting of eye prostheses have supplied 260 persons who have lost an eye. Among these patients are many children.

As planned, the ICRC emergency hospital which had been on a stand-by status up to the end of February has been closed and its staff disbanded.

The ICRC has continued to provide medicines to dispensaries in regions not covered by government services, in particular in the Akkar, Bekaa and southern Lebanon. A report has been drawn up by the ICRC, based on a general study of the situation in dispensaries, for submission to the Government, with a view to reorganizing the system of distribution of medical relief.

From 15 February to 3 March, Dr. R. Russbach, chief of the ICRC Medical Division, visited Lebanon to review current needs and future ICRC medical activities.

**Tracing Agency.** — Mr. N. Vecsey, deputy director of the ICRC Central Tracing Agency in Geneva, was in Lebanon from 20 February to 2 March to examine the situation in three Agency bureaux at Beirut, Jounieh and Tripoli.

**Information.** — A memorandum on ICRC activities in Lebanon was sent in March to all Governments, all National Societies and all donors and organizations, such as the EEC, WHO and UNICEF, which contribute to the efforts of the ICRC to help victims in Lebanon.
Israel and occupied territories

Following a hunger strike by Arab civilian detainees in the Ashkelon prison in Israel, from 24 February to the middle of March, ICRC delegates made two special visits, in order to hear what the strikers wished to say and to examine with the prison authorities the humanitarian measures required.

Since 1968 the Israeli authorities have allowed ICRC delegates to visit detained persons from the occupied territories and Arab countries, except those still under interrogation. Delegates have observed the improving detention conditions. However, some problems which the delegates have consistently brought up have not yet been solved. One of these problems is overcrowding. Others relate to medical attention and cultural and family matters.

Red Cross courses for the Prisons Department. — A "Red Cross course" was given by ICRC delegates in February to some thirty soldiers on an NCO training course at the Israeli Prisons Department training centre at Kfar Saba. These Red Cross courses are given regularly at the request of the authorities, their aim being to improve the prison staff's knowledge of the ICRC and its work and the humanitarian problems caused by detention.

Medical mission in the occupied territories. — On 14 March ICRC medical delegate Dr. F. Altherr began a survey of hospital and medical services for the population of territories occupied by Israel. The previous survey of this kind was in the summer of 1975.

Travel between Egypt and Gaza and Sinai. — Two "transfer operations" took place on 23 and 30 March at El Khirba in the UN buffer zone in the Sinai, enabling 541 people to go to Cairo, and 409 other people (visitors, students, pilgrims back from Mecca) to go in the opposite direction to the occupied territories of Gaza and Sinai.

Food convoy. — Mid-March, under ICRC auspices, 24 tons of foodstuffs from the Arab Republic of Egypt crossed the UN buffer zone at Abu Rodeis for relief to civilians in the Sinai peninsula.

In addition, ICRC delegates have been to several places in the Sinai to inquire into the inhabitants' living conditions.

Reuniting of families. — At Kuneitra, on 21 March, three people from the Syrian Arab Republic, escorted by the ICRC, were able to join relatives in the occupied Golan territory.
Repatriation. — Seven Lebanese who had been in detention in Israel were repatriated by the ICRC via Roshanikra (Ras Nakura) on 25 March.

Jordan

On 1 March the head of the ICRC delegation in Amman visited two Israeli nationals who had entered Jordan. The two men were released on 20 March and their repatriation over the Allenby Bridge was witnessed by an ICRC delegate. At the same time a Jordanian national detained by the Israeli authorities was permitted to return to Jordan.
Japan lived until recently in isolation. It was during the Meiji Restoration, as from 1868, that the country opened itself to the outside world. In 1877, Japan had its last civil war, which took place in Kyushu, the southernmost island. Tawarazaka, in the present Kumamoto Prefecture, was the Solferino of Japan, and Count Tsunetami Sano was our Henry Dunant. Count Sano, a member of the Senate, who visited Europe in 1865 and 1867, introduced the Red Cross into Japan.

The battlefield at Tawarazaka reminded him of the Red Cross activities he had observed in Europe and he lost no time in asking the government for permission to organize a society which would care for the sick and wounded on both sides alike. He made a direct appeal to Prince Taruhito Arisugawa, Commander of the Imperial Forces, who was at the front. The prince had been deeply impressed by the harsh realities of the battlefield and immediately granted Count Sano the necessary authorization. It was the 1st May 1877, and this date is regarded as the birthday of the Japanese Red Cross Society.

Count Sano organized the Hakuaisha or Philanthropic Society at once and began to take care of the sick and wounded on the battlefield. It is interesting to note that when the medical units of the Japanese Army first wanted to use the Red Cross emblem, eminent leaders of the government opposed the idea, arguing that Japan was not a Christian country. So the army removed the vertical bar of the red cross and adop-

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ted a wide red horizontal line for its emblem. When the Hakuaisha was organized, Count Sano took as its emblem the wide red horizontal line with a red rising sun above it.¹

On 15 November 1886, the Japanese Government ratified the Geneva Convention and the Hakuaisha changed its name to Japanese Red Cross Society on 20 May 1887. The Society began using the red cross emblem and this time there was no opposition to its use. The leaders of the government and the general public understood the real meaning of the red cross which had nothing to do with any kind of religious idea.²

In the following year, Mount Bandai in Fukushima Prefecture erupted, causing a great many casualties. At that time, although the Japanese Red Cross Society had been organized for the purpose of caring for sick and wounded soldiers, the Society, by special order of Empress Shoken, conducted the first peacetime relief service in its history. It is remarkable that Empress Shoken realized the importance of Red Cross peacetime services thirty years before the organization of the League of Red Cross Societies.

At first, in conformity with the Geneva Convention, the Society wished to train medical personnel or nurses. Since it was imperative to have a hospital for the training of nurses, Count Sano established the Hakuaisha Hospital in November 1886; the following year it became the Japanese Red Cross Hospital. The actual training of nurses, however, did not begin until 1890. This hospital has now grown to be the present Japanese Red Cross Medical Center in Tokyo, one of the most modern hospitals in Japan, with a 1,000-bed capacity. In addition, the Society now has 91 general hospitals, three maternity hospitals, two atomic disease hospitals and nine medical clinics with a total of 34,000 beds.

Today the Society operates two Junior Women’s Colleges of Nursing, 38 Practical Colleges of Nursing and two Schools of Midwifery. Over one thousand nurses graduate from these colleges and schools every year. When the Florence Nightingale Medal was created and the first presentation made in 1920, three Japanese Red Cross nurses were honored with this award; to date 59 Japanese nurses have been so honored.

¹ See International Review of the Red Cross, June 1977, article entitled “The Emblems of the Red Cross”, 3rd part. (Ed.)
² The literal translation of “Red Cross Society” in Japanese is “Society of the red character 10”. (Ed.)
The emphasis on medical activity is one of the characteristics of the Japanese Red Cross. Out of its present 29,358 career staff members, more than half are medical personnel.

These medical personnel can be organized into four hundred and forty-five medical relief teams, each consisting of one doctor, one head nurse, two nurses, one clerk and one technician, and they can be dispatched to the scenes of disaster whenever they are needed. They can even be flown, together with medicines, relief goods, blood, etc., by the Japanese Red Cross Flying Corps, composed of volunteer amateur pilots.

During the Sino-Japanese War (1894-1895) and the Russo-Japanese War (1904-1905), Red Cross medical relief teams were dispatched to the front and during World War I such teams served even in France, Great Britain and Russia. In those days the Society had two hospital ships, the Hakuai Maru and the Kosai Maru.

When the second Sino-Japanese War started in July 1937, the Society sent 150 medical relief teams abroad and during World War II it dispatched 960 medical relief teams. During that war, the Red Cross message and tracing services were very active throughout the war and over 1,000,000 cases were handled.

On the occasion of the Ninth International Red Cross Conference held in Washington in April 1912, Empress Shoken made a contribution of 100,000 yen to the International Red Cross. The Japanese Red Cross has been exerting itself to increase the capital of this fund, which at present amounts to more than 2.5 million Swiss francs. Interest from the Fund, about 1.5 million Swiss francs so far, has been distributed year after year to 277 Red Cross Societies, for the development of their peacetime services.

The League of Red Cross Societies was founded on 5 May 1919, and the Japanese Red Cross Society was one of the five Societies which, in the following months, organized the new international Red Cross body.

In 1922 the Junior Red Cross was born at a primary school in Shiga Prefecture near Kyoto; at present there are more than one million members. In 1970, the Technical Seminar for Red Cross Youth in the Southeast Asian and Pacific Regions, called "Konnichiwa '70", was held in Japan.

The Society celebrated the 50th anniversary of its foundation in 1926, and that year the Second Oriental Red Cross Regional Conference took place...
When the Pacific War finally came to an end in 1945, the Japanese Red Cross Society had spent almost all its funds and most of its chapters and hospital buildings had been destroyed. With the end of the war, the Society decided to change its programs to meet peacetime needs. In order to reorganize the Society, its Charter was drastically revised in 1947 and the new Japanese Red Cross Society Law became effective in 1952. Thanks to the great assistance and support of the International Committee of the Red Cross, the League of Red Cross Societies and many sister Societies, the Japanese Red Cross was able to reorganize itself much more quickly than was anticipated.

The repatriation of a great number of Japanese nationals from those countries with which the Japanese Government had no diplomatic relations (such as China, the USSR, etc.) was made possible through the close friendly cooperation and assistance of the sister Societies of those countries.

Volunteer Services, First Aid, Water Safety and Home Nursing were reorganized or newly introduced soon after the end of the war. Today all these services are greatly appreciated by the Japanese people.

It was in April 1952 that the Blood Program was started with the generous assistance of the American National Red Cross. At present over 99 percent of the blood used in this country is collected through the Society from volunteer donors only. Production of blood derivatives has started also.

The Society sent a medical relief team to the Congo in 1960; to Nigeria in 1970; to Bangladesh in 1972 and to Laos in 1973-74.

From 1959 to 1968, the Japanese Red Cross, in cooperation with the Red Cross Society of the Democratic People's Republic of Korea and under the auspices of the ICRC, repatriated from Japan to North Korea about 900 Koreans who had been living in Japan since the Second World War and had been unable to go back to their home country owing to the absence of all relations between the two States.

This year, 1977, the Society is celebrating the centenary of its foundation. It now counts more than 12 million adult members and, as already said above, more than one million Junior Red Cross members.
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Besides the head office in Tokyo, there is a local branch (or chapter) of the Society in each of the 47 prefectures of Japan.

An exhibition was opened in October 1976 at Kumamoto where, as noted above, the Society was born. This exhibition is scheduled to travel to 25 main cities until November of this year.

The Centenary Celebration is to be held in Tokyo on 26 May in the presence of Their Majesties the Emperor and Empress of Japan. The Japanese Red Cross has always enjoyed the protection of the Imperial Family, and H.M. the Empress is the Honorary President of the Society. Every year, she presides over several Red Cross functions, in particular the Florence Nightingale Medal presentation ceremony.

After the official celebration, a large parade composed of Junior Red Cross members, student nurses, youth and adult volunteers, Red Cross visitors from abroad, etc., is planned for Sunday, 29 May, and will march through the Ginza Street in Tokyo. In the sky, small planes from the Flying Corps will fly past during the parade.

A book entitled "History of the Hundred Years of the Japanese Red Cross Society" will be published, a medal has been stamped, a record with music specially composed for the occasion is being put on sale; the new building of the Society head office in Tokyo will be inaugurated. The Japanese Red Cross Society is starting on the second century of its history, grateful for the support and assistance it has received in the past from millions of people, and hopeful that this solidarity and cooperation will not fail it in the future.¹

¹ Article based on a text received from the Japanese Red Cross Society.
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ASIAN REGIONAL RED CROSS CONFERENCE

The first Asian Regional Red Cross Conference was held in New Delhi from 9 to 16 March 1977. It was opened by H.E. Mr. B. D. Jatti, President of the Republic of India and President of the Indian Red Cross Society.

The Conference, which was organized jointly by the League of Red Cross Societies and the Indian Red Cross, was chaired by Mr. S. Ranganathan, Chairman of the Indian Red Cross, and was attended by delegates of twenty-four National Red Cross Societies of Asia and the Pacific area, and of seven European and North American Societies concerned in various bilateral or multilateral assistance programmes. The Red Cross Societies of Tonga and of Papua New Guinea, which have yet to be recognized, and eighteen other organizations, including United Nations specialized agencies and a number of voluntary institutions, were also represented at the Conference.

The ICRC delegation, which had been invited to take part in the Conference, was led by Mr. A. Hay, President of the International Committee of the Red Cross, and that of the League of Red Cross Societies by Mr. H. Beer, its Secretary-General.

Immediately after the Conference was opened, the participants separated into two seminars, one on disaster relief preparedness and the other on Red Cross development. After three days of discussions, their reports were submitted to the plenary session.

Delegates at the disaster relief preparedness seminar felt that the Red Cross should be in a position to co-ordinate relief actions in those countries where no overall plan existed. Regional co-operation and mutual assistance were essential at all levels. Special importance should be attached to training personnel in specialized skills and building up relief stocks.

At the development seminar, all the participants placed emphasis on the need to draw up a national development plan covering both the organization and activities of the National Society. The delegates drew up a number of rules and principles, as well as the broad outlines of a plan of action calculated to strengthen the impact and intervention potential of the Red Cross in this region.

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The plenary session devoted half a day to an examination of the ICRC's role in Asia, National Society assistance to war wounded and the dissemination of knowledge of international humanitarian law. In the course of the discussion which followed the reading of the ICRC's reports on those subjects, several delegates called upon the ICRC to encourage governments, should the occasion arise, to entrust their own National Societies with a greater share of responsibility when plans were being drawn up to provide medical aid for military or civilian wounded in the event of conflict; to increase its assistance to National Societies in the dissemination of knowledge of Red Cross principles and of international humanitarian law, in particular by augmenting the range of its publications and the number of copies issued in the different national tongues, and by organizing seminars on dissemination; to demand from Governments that they should more vigorously curb abuses of the emblem, which appeared to be on the increase in many Asian countries, and to this end to pass and enforce more severe legislation. In addition, delegates demanded that this question should be debated at the forthcoming International Conference of the Red Cross.

The ICRC President said, in reply to those recommendations, that all possible action would be taken to follow them up. He also invited the National Societies represented at the Conference to support the ICRC in its protection and assistance activities, particularly when it intervened in aid of persons who lacked the protection of the Geneva Conventions. With regard to the dissemination of knowledge of international humanitarian law, he assured all National Societies anxious to organize national or regional seminars on this topic that the ICRC would not hesitate to provide the technical assistance which they might require, in the same way as it had done for the recent Warsaw seminar.

The Conference provided very valuable reference material for the evaluation of Red Cross intervention potential in Asia and for the foundation of regional co-operation between Red Cross Societies in this part of the world.

Finally, mention should be made of the perfect organization of the Conference by the Indian Red Cross which spared no effort to make it a success, and of the cordial and relaxed atmosphere in which the discussions in general were conducted.
India: At New Delhi, First Asian Regional Red Cross Conference. H.E. Mr. B. D. Jatti (in white), President of the Republic of India and President of the Indian Red Cross, with Mr. S. Ranganathan, Chairman of the Indian Red Cross, Mr. H. Beer, Secretary-General of the League of Red Cross Societies, and Mr. A. Hay, ICRC President.

Warsaw: Opening ceremony of the European Red Cross seminar on dissemination of knowledge of the Geneva Conventions. From left to right: H. E. Mr. Henryk Jabłonski, Chairman of the Polish State Council, Dr. Ryszard Brzozowski, President of the Polish Red Cross, Mr. A. Hay, President of the ICRC.
1877: The flag of the Philanthropic Society, predecessor of the Japanese Red Cross, flies over the battlefield of Tawarazuka.

JAPAN

1977: A helicopter of the Japanese Red Cross flying corps carries injured persons.
SEMINAR IN DAKAR ON INFORMATION TECHNIQUES

The First Regional Seminar for Information and Public Relations Officers of Red Cross and Red Crescent Societies of French-speaking African countries was organized by the League of Red Cross Societies, in co-operation with the Senegalese Red Cross Society, in Dakar (Senegal) from 17 to 29 January 1977.

The aim of this seminar was to promote a better knowledge of information techniques among Societies of the Red Cross.

National Society Information and Public Relations Officers of thirteen countries took part in the seminar. Based on African experience in this field the seminar was centred on the promotion of Red Cross knowledge among rural populations, as well as on learning professional techniques in the fields of press, radio, television, and methods of communicating with the public. Radio, one of the most effective means of sensitizing rural African populations, was a major item on the seminar’s programme.

EUROPEAN SEMINAR ON DISSEMINATION OF KNOWLEDGE OF GENEVA CONVENTIONS

The first European Red Cross seminar on dissemination of knowledge of the Geneva Conventions took place in Warsaw from 21 to 29 March. It was attended by about eighty delegates from twenty-three National Red Cross Societies of Europe and North America, and by representatives of the International Committee of the Red Cross and the League of Red Cross Societies.

Under the patronage of the Polish Premier, Henryk Jablonski, the seminar was organized jointly by the Polish Red Cross and the ICRC. Its purpose was to enable National Societies to exchange their views and experiences in order to improve the dissemination of knowledge.

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of humanitarian law in their respective countries, especially in the armed forces, and in schools, universities and among the general public.

Premier Jablonski said in his inaugural address:

"The support consistently given by Poland to any new development, strengthening, dissemination and application of international humanitarian law in armed conflicts is entirely in line with the peaceful objective of our foreign policy. We consider it to be an important duty for us, one which is always timely. The banning of war by existing international law, unhappily, is not yet respected in many parts of the world. We have not yet succeeded in eliminating armed conflicts.

"It follows from this situation that the main objective in disseminating and applying humanitarian law in armed conflicts is to reduce the suffering of victims of these conflicts and to increase protection for the civilian population... Such dissemination also has great importance in consolidating and propagating universal humanitarian values, strengthening the foundations of humanitarian culture and the education of society in a spirit of peace".

In his warm welcome to the participants in the seminar, Dr. Ryszard Brzozowski, President of the Polish Red Cross, told them:

"As Poles and Red Cross militants, as inhabitants of a Europe which places all its hopes in the development of international co-operation and an atmosphere of security and peace, we are aware that our seminar, however modest, is a concrete expression of the profound desire which all of us share to contribute through the means specific to the Red Cross to an atmosphere encouraging the achievement of peaceful coexistence in Europe and throughout the world, and thus to the elimination of armed conflicts as a means for settling differences.

"The dissemination of the principles of humanitarian law in the Geneva Conventions is for us one of the means of education which helps to instil, especially in youth, the conditioned humanitarian reflex which impels us to be ready to serve mankind under all circumstances, reminding us at the same time that the most effective means of safeguarding human life and dignity is the construction of peace.

"We are happy indeed, in this part of Europe, that we have been granted the honour of serving as hosts for this seminar, which is the expression of our common desire to make an ever greater contribution, through the humanitarian activities of the Red Cross, to the development of co-operation and the consolidation of peace among peoples".
ICRC President Alexandre Hay commented in his address, “It serves no purpose to develop, negotiate and ratify humanitarian law if it is to remain unknown to those responsible for applying it, and especially to the armed forces”.

“The work of diffusing knowledge of the Geneva Conventions”, went on the ICRC President, “is one of the most important and, at the same time, one of the most difficult duties of the National Societies and the ICRC. It is difficult, because it is, as it were, a long-term investment—and often unpopular. Nobody likes talking about war in time of peace, even within a movement that originated on a battle-field. Yet if the Red Cross does not at least make the effort, who will do so? Dissemination, in the wide sense which we attribute to it, implies also spreading knowledge of the ideals and principles of the Red Cross. Above and before the letter of the law, there is the spirit. The Red Cross spirit is conducive to mutual understanding, friendship, co-operation and long-lasting peace among all nations”.

Mr. K. J. Werras, Vice-Chairman of the League of Red Cross Societies, defined as follows the importance of the tasks confronting National Societies and the League:

“Our task should not be limited to disseminating only the Geneva Conventions but should also include dissemination of the Red Cross principles and the humanitarian ideals which constitute the basis for all Red Cross activities. Efforts at dissemination, for example, must be part of the programmes of Junior Red Cross groups, so as to implant in the minds of youth an attitude encouraging mutual understanding, friendship and humanitarian conduct. A National Society can and should instil humanitarian values into their communities. At the same time, close co-operation between National Societies and their governments is of vital importance. The National Societies should continue to influence their governments in this field and play a role in the application of the Law of Geneva. In this field of activity, the Red Cross can only achieve its maximum effectiveness by mobilizing the resources of the whole movement. This is one of the objectives of this seminar.”

The atmosphere during the proceedings was excellent. The spirit of tolerance and mutual understanding characteristic of the Red Cross was evident throughout the ten-day meeting, and the unanimous view of the organizers, in the Polish Red Cross and in the ICRC, was that this first European seminar had fully achieved its avowed objectives.
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On a practical plane, despite marked differences between the National Societies, both in their programmes of activities and in their working methods, the participants succeeded in finding grounds for agreement on most of the subjects discussed, and they enunciated several significant conclusions:

— the spread of knowledge of international humanitarian law, though primarily a duty of the States, should be one of the principal concerns of the Red Cross in general, and particularly of each National Society within its own country;

— the work of dissemination ought not to be limited to the Geneva Conventions; it should include the fundamental principles of the Red Cross;

— this work cannot be dissociated from the encouragement of a spirit of peace, and should never make war appear "acceptable";

— since it is an ideal that is to be disseminated, the work should be done by persons motivated by a deeply held belief in this ideal.

All those taking part in the seminar considered that its success was largely due to the fact that it was organized by the Polish Red Cross, in a country that has suffered from centuries of conflict and that has paid a heavy price for its profound conviction that any dialogue which brings nations together helps to prevent war.

BOARD VOTES NEW LEAGUE CONSTITUTION

The League's Board of Governors voted a new constitution for the world federation during an extraordinary session held in Geneva 1-6 November. The International Review of the Red Cross, in its December 1976 issue, published an account of this important session of the League Board of Governors and gives below some additional details.
The new Constitution defines the general object of the League as being to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by the National Societies with a view to the prevention and alleviation of human suffering and thereby contribute to the maintenance and the promotion of peace in the world. It also codifies for the first time the principal functions of the League, particularly in the fields of disaster relief and preparedness, health activities, the education of young people and the promotion of the Red Cross principles and ideals.

New statutory bodies

Under the new Constitution a General Assembly will replace the Board of Governors as the supreme authority of the League. Made up of all member Societies of the federation, it will meet once every two years. In between sessions of the Assembly, League business will be carried on by an Executive Council, which will meet twice a year. The Council will be made up of 26 members: 16 National Societies elected by the Assembly, and the President and nine Vice-Presidents of the League.

League officers

The League President and Vice-Presidents (formerly the Chairman and Vice-Chairmen) are to be elected by the Assembly for a four-year term of office. They may not hold office for more than two consecutive terms. Eight Vice-Presidents will be appointed by the Assembly after its election of eight National Societies based on fair geographic distribution; each National Society running for election must first nominate a candidate from its Society for a Vice-Presidential post. The ninth Vice-President will be, as now, ex officio the President of the National Society of the country in which the League has its headquarters.

The Secretary General of the League will be appointed by the Assembly on the proposal of the Council for an indefinite term of office. His responsibilities, particularly in relation to financial matters, are more clearly defined.

Observers authorised

For the first time observers will be formally authorised to attend ordinary sessions of the League's governing body. Specifically mentioned are the International Committee of the Red Cross and intergovernmental organisations with which the League has consultative status.
organisations with which the League works and National Societies in the process of formation may also be invited to attend sessions of the Assembly.

A preamble to the Constitution has been introduced, setting forth the seven Principles of the Red Cross and reaffirming the mottos "Inter arma caritas" and "Per humanitatem ad pacem" as an expression of the ideals of the Red Cross movement as a whole.

Among other additions to the League statutes:

- the rights and duties of National Societies are spelt out, together with the conditions for their admission to, and suspension from, the League;

- co-operation between the League and the International Committee of the Red Cross is dealt with more specifically and the federation is given wider powers to develop activities and conclude agreements with its sister organisation;

- rules are laid down for the organisation of regional Red Cross conferences by the League.

During the session the Board also approved a series of financial regulations and staff rules.

First major updating

By adopting the 37 articles of the new Constitution the Board updated a statutory document which had been revised—and then only partially—only three times since the foundation of the League in 1919. The changes are meant to give the League a constitution corresponding to its present-day role; they clarify and complete the original Constitution, streamline the executive machinery of the federation and give greater continuity to the direction of its affairs. The powers of its collective and individual bodies are now more clearly defined, as are those of its deliberative and advisory bodies.

The revised Constitution will come into force once the complementary Rules of Procedure have been adopted by the next session of the Board of Governors. This will be held immediately prior to the XXIIInd International Conference of the Red Cross, which will take place in Bucharest, Romania, in October 1977.

A new draft of the Rules of Procedure, reflecting the provisions of the newly-adopted Constitution, will be prepared for the Bucharest meeting.
by the Constitution Revision Commission whose mandate was extended for one more year by the Board. The Commission was set up in 1970 to prepare the draft texts on which the extraordinary session worked. As in the case of the Constitution the Commission will draw extensively on proposals from National Societies in drafting the new Rules.

INTERNATIONAL RED CROSS MUSEUM AT CASTIGLIONE

The Steering Committee of the International Red Cross Museum held its annual meeting at Castiglione on 11 March. The Italian Red Cross was represented by the Presidents of the local committees of Mantua, Verona, Milan, Brescia and Castiglione.

The Committee adopted after consideration a new set of rules for the running of the Museum. These rules do not affect the Museum statutes, but do bring them into line with the regulations of museums in Lombardy in general. The Committee approved the report for 1976 drawn up by Mr. Mutti, the Museum Director, and giving in the main an account of the exhibition organized by the ICRC in that year. The Committee also approved the Museum’s accounts for the financial year.

Following the recent death of the Committee President, Mr. Emilio Ondei of Brescia was elected as the new President. Mr. Boletti continues as one of the two vice-presidents and Mr. Pierre Gaillard of the ICRC was elected as the second vice-president in place of Mr. Marc Gazay, who has announced his forthcoming departure from the League. The new League representative on the Committee will be Mr. Murdoch, Director of the League Information Bureau, and the representative for the Henry-Dunant Institute will be Mr. Akerhielm.

For 1978, the 150th anniversary of Henry Dunant’s birth, the Museum will organize a special event at Castiglione.
World Health Day, 7 April, is an annual event marking the anniversary of the coming into force of the Constitution of the World Health Organization. The aim of World Health Day is to interest the public in a theme of importance for the health of mankind. The theme for 1977 is: "Immunize and Protect your Child."

It is tragic that vaccination, one of our most effective techniques in preventive medicine, is not yet available to all children in the world. Over the last fifty years vaccination has been outstandingly successful in many countries in controlling diphtheria, whooping-cough, infantile paralysis and measles, while tetanus and the childhood forms of tuberculosis are also becoming rare diseases—in part due to vaccination.

In contrast, we estimate that in the "developing world" there are 80 million children born each year who require, but do not receive, protection. Yet how many people know that each year about five million children in the developing world are killed by common infectious diseases preventable by immunization? How many know that millions of other children survive but are disabled through brain damage, paralysis, stunted growth, chronic lung illness, deafness and blindness? Yet simple vaccination could prevent these illnesses.

The World Health Organization and the United Nations Children's Fund believe that control of infectious diseases is a necessary condition of social and economic development. To establish an efficient and permanent childhood immunization service is a significant step for any nation's progress in that direction.

Health care systems must be improved to provide immunization along with other effective routine services for children and mothers; and they should be expanded to reach the rural populations and the urban poor. In addition, the informed co-operation of the people, the
raising of the funds and the effective strengthening of the basic health services are all difficult necessities, but attainable and very worthwhile.

* * *

The World Health Day seems an appropriate time to remember a few outstanding dates in the history of vaccination.

1771 Variolation introduced into Britain by Jenner
1885 Pasteur’s rabies vaccine
1892 Haffkine’s cholera vaccine
1898 Wright’s typhoid vaccine
1913 Behring’s toxin/anti-toxin immunization against diphtheria
1921 Calmette and Guérin’s vaccine against tuberculosis (BCG)
1927 Ramon and Zoeller—tetanus toxoid
1954 Salk’s inactivated poliomyelitis vaccine
1957 Sabin’s live oral poliomyelitis vaccine
1968 Type C meningococcus vaccine
1971 Type A meningococcus vaccine

INTERNATIONAL NURSES DAY

International Nurses Day is customarily celebrated throughout the world on 12 May, the anniversary of the birth of the founder of modern nursing, Florence Nightingale.

The International Council of Nurses in Geneva has announced that the theme for International Nurses Day in 1977 will be “The Nurse as an Instrument of Change.”

Nowadays, changes are constantly occurring in many spheres of life. People have become so inured to change that it is accepted automatically, and to a large extent it is believed that all change is necessarily a good thing and a sign of progress.
MISCELLANEOUS

But some are gradually going over to the view that a number of changes, enthusiastically acclaimed a few years back, have given rise to almost as many problems as they have solved. In the matter of health care, in particular, some of the marvels of technology seem to have condemned patients to lead a life of solitude, and some “miracle” drugs have caused terrible unforeseen side-effects.

All the same, there are several sectors of health care in today's community life where it may be not only necessary but even highly urgent to introduce change.

Nurses must become aware of the possibilities which are open to them to contribute towards changes—provided they are constructive—in their own special field of health care, which includes not only the patient and his family, but also the whole social environment in which illnesses appear and health is restored.

The life and work of nurses take place within social and occupation structures. It is here where their contribution towards changes should be made. Besides, they are in a better position to do so than the other medical staff, because they have a more direct, and often more intimate and longer, contact with their patients. In the immediate background of their work, in their professional association, and in the community in general, nurses can tender advice, take action, make constructive suggestions; in short, they can become instruments of change. In all those different ways, in order to satisfy present-day needs, they can contribute to bringing about necessary change and real progress.
THE LEGAL STATUS OF PRISONERS OF WAR \textsuperscript{1}

The doctoral thesis presented in English by Mr. Allan Rosas at the Faculty of Law of the University of Turku on the subject "The Legal Status of Prisoners of War, a Study in International Humanitarian Law applicable in Armed Conflict", has just been published.

After an introductory chapter followed by an account of the general aspects of the law of war, the author gives the historical background to the law relating to prisoners of war, from prehistoric times to 1949, and analyses the innovations which the Geneva Conventions of 1929 and 1949 brought to it. He then examines the military and political factors which influence the treatment of prisoners of war, and presents a range of examples of the manner prisoners were treated in recent conflicts (Algeria, Congo, Yemen, Viet Nam, India, Pakistan, the Middle East, etc.). In another section, Mr. Rosas considers the legal conditions required (categories of conflicts and of prisoners) for captured combatants to obtain prisoner-of-war status. In the concluding section, he deals with the treatment of prisoners of war: detaining powers, executions, torture, reprisals, labour, disciplinary sanctions and so forth. This section concludes with a chapter on the release and repatriation of prisoners of war during or after hostilities.

This very well documented study closes with the conclusions drawn by the author and with a voluminous list of the sources he consulted for his work, which though mainly concerned with the legal aspects also deal with the sociological problems of prisoners of war, in their historical and contemporary contexts (for instance, he mentions the most recent deliberations of the Diplomatic Conference on mercenaries and guerrillas).

Unlike some previous studies on this subject, Mr. Rosas' work is not confined to a more or less critical synthesis of the various Conferences

which have been held, from the 1874 Conference in Brussels to the 1976 Conference in Geneva. He gives factual examples of application and examines the difficulties as well as the possibilities of ensuring, for captured combatants, the guarantees to which prisoners of war are *de jure* and *de facto* entitled. A large amount of space is given over by the author to ICRC documentation and action in this field, and he expresses the hope that the ICRC might be able not only to keep up but to develop its activities in aid of prisoners of war.

In his conclusions, the author recalls briefly the gradual development of the concept of prisoners of war throughout the years and refers to the *growing influence of jus ad bellum over jus in bello* (which is to be found in the reservations to article 85 of the Third Convention, and also in the current discussions on mercenaries and liberation movements). He discusses also the problem of unconventional warfare, in which the application of the Conventions has been governed more by political and military considerations than by a legal obligation. He also mentions that the difference between the treatment of prisoners of war and that of other detainees has diminished and concludes that in any future humanitarian law the human rights aspect will be stronger than certain other notions connected with juridical classifications originating from nineteenth century practice.

PHILIP SELBY: “HEALTH IN 1980-1990” 1

This study, published under the auspices of the Henry Dunant Institute in Geneva and Sandoz S.A. in Basle, provides a look into the future for some of the physical aspects of human well-being. Dealing with nearly every aspect of health protection, it sheds light on many fundamental problems we face today and those we shall confront during the next two decades. What will these problems be, and how shall we set about solving them?

To find answers to such questions, inquiries were made of 63 prominent experts in 19 countries in the fields of clinical medicine, public

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1 Editions S. Karger, Basle, and the Sandoz Laboratories.
health and other disciplines relating directly or indirectly to human health. They were asked simply to make predictions concerning health in the future, rather than to offer their opinions about changes which might be desirable in approaching health problems. Consideration was given in the book not only to the views of the majority but also to especially interesting ideas, even if they were put forward by only one of the authorities. The book may therefore arouse controversy, but it may also be the starting point for fruitful discussion.

One must be grateful indeed for Dr. Selby's work in analyzing such a variety of opinions from specialists in so many different but complementary fields and for producing a report which does not serve as the final conclusion of an inquiry but rather as a starting point for future study and research.

The French text of the work has been published recently under the title La Santé Demain. The full title of the English original is Health in 1980-1990—A Predictive Study Based on an International Inquiry, by Philip Selby, No. 6 in the series Perspectives in Medicine.
<table>
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<td>Draft Additional Protocols to the Geneva Conventions of August 12, 1949,</td>
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<td>Draft Additional Protocols to the Geneva Conventions of August 12, 1949,</td>
<td>20.—</td>
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<td>Conference of Government Experts on the Use of Certain Conventional Weapons,</td>
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<td>Conference of Government Experts on the Use of Certain Conventional Weapons,</td>
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<td>Reservations to the Geneva Conventions of 1949, (C. Pilloud), Geneva 1976,</td>
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</table>
ART. 1. — International Committee of the Red Cross

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.

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

ART. 2. — Legal Status

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

ART. 3. — Headquarters and Emblem

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. — Role

1. The special role of the ICRC shall be:

   (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross;
   (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;
   (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;

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.
(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 ensure the operation of the Central Information Agencies provided for in the Geneva Conventions;
(f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
(g) 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;
(h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

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

ART. 6 (first paragraph). — Membership of the ICRC

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.
ADDRESSES OF NATIONAL SOCIETIES

AFGHANISTAN — Afghan Red Crescent, Pul i Arab, Kabul.

PEOPLE'S SOCIALIST REPUBLIC OF ALBANIA — Albanian Red Cross, 35, Rruga e Turritave, Tirana

ALGERIA — Democratic and People's Republic — Algerian Red Crescent Society, 15 bis, Boule-ervre, Mohamed V, Algiers.

ARGENTINA — Argentine Red Cross, H. Yrigorren 2068, 1059 Buenos Aires.

AUSTRALIA — Australian Red Cross, 22 Flinders Street, Melbourne 3000.

AUSTRIA — Austrian Red Cross, 3 Guntherau-strasse, Postfach 39, Vienna 4.

BAHAMAS — Bahamas Red Cross Society, P.O. Box N 91, Nassau.

BANGLADESH — Bangladesh Red Cross Society, 3, Bangabandhu Avenue, Dacca 1.

BELGIUM — Belgian Red Cross, 98 Chaussee de Bruxelles, Brussels 1040.

BENIN — Red Cross Society of Benin, B.P. 1428, Porto-Novo.

BOLIVIA — Bolivian Red Cross, Avenida Simon Bolivar, 1515, La Paz.

BOLIVIA — Bolivian Red Cross Society, Apartado 1025, La Paz.

BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 104/2, Rio de Janeiro.

BULGARIA — Bulgarian Red Cross, 1, Boul. of Benin, B.P. 1, Porto-Novo.

BURMA (Socialist Republic of the Union of) — Burma Red Cross Society, 42 Strand Road, Rangoon.

CAMEROON — Cameroon Red Cross Society, 15 bis, Boulevard Mohamed V, Algiers.

CENTRAL AFRICAN EMPIRE — Central African Red Cross, R.D. 01, Brazzaville.

CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Correo 21, Caixa 246V., Santiago.

CHINA — Red Cross Society of China, 22 Kanninen Huong, Peking, E.

COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1116, Bogotá D.E.

CUBA — Cuban Red Cross, Calle de la Rosita, Avenida 34, Apartado 1025, San José.

ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, Quito.

EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Rameses, Caire.

ETHIOPIA — Ethiopian Red Cross, Ras Desta Dinsaw Avenue, Addis Ababa.

FIJI — Fiji Red Cross Society, 193 Rodwell Road. P.O. Box 569, Suva.

FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 Helsinki 14/15.

FRANCE — French Red Cross, 17 rue Quentin Baudart, F-75384 Paris cedex 08.

GAMBIA — The Gambian Red Cross Society, P.O. Box 472, Banjul.

GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaiserdamm 2, DDR 01301 Dresden 1.

GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 3000, Bonn 1, Postfach (D.B.R.).

GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, Accra.

GREECE — Hellenic Red Cross, rue Lycavittou 1, Athens 12.

GUATEMALA — Guatemalan Red Cross, Calle 8-40, Zona 1, Ciudad de Guatemala.

GUYANA — Guyana Red Cross, P.O. Box 231, Eve Levy, Georgetown.

HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, Port-au-Prince.

HONDURAS — Honduran Red Cross, Avenida entre 3a y 6a Calles, N° 313, Comayagüela, D.C.

HUNGARY — Hungarian Red Cross, V. Arany János utca 31, Budapest V. Mail Add.: 1367 Budapest 5, P.C. 249.

ICELAND — Icelandic Red Cross, Nostini 21, Reykjavik.

INDIA — Indian Red Cross, 1 Red Cross Road, New Delhi 110001.

INDONESIA — Indonesian Red Cross, Jalan Adul Muis 66, P.O. Box 2009, Jakarta.

IRAQ — Iraqi Red Crescent, Al-Mansour, Baghdad.

IRELAND — Irish Red Cross, 16 Merri Square, Dublin 2.

ITALY — Italian Red Cross, 12 via Toscano, Rome.

IVORY COAST — Ivory Coast Red Cross Society, I.B. 1344, Abidjan.

JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, Kingston 5.

JAPAN — Japanese Red Cross, 29-12 Shibu 5-chome, Minato-Ku, Tokyo 108.

JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, Amman.

KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 60712, Nairobi.

KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, Pyongyang.

KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, Min-Dong, P.O. Box 835, Seoul.

KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, Kuwait.

LAO PEOPLES' DEMOCRATIC REPUBLIC — Lao Red Cross, P.B. 650, Vientiane.

LIBERIA — Liberian Red Cross, rue Spears, Monrovia.

LESOTHO — Lesotho Red Cross Society, P.O. Box 366, Maseru.
LIBERIA — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, Monrovia.

LIBYAN ARAB PEOPLE'S REPUBLIC — Libyan Arab Red Crescent, P.O. Box 541, Benghazi.

LIECHTENSTEIN — Liechtenstein Red Cross, Vaduz.

LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, Luxembourg.

MALAGASY REPUBLIC — Red Cross Society of the Malagasy Republic, rue Clémenceaux, P.O. Box 1168, Antananarivo.

MALAWI — Malawi Red Cross, Hall Road, Blantyre (P.O. Box 30800, Chichilili, Blantyre 3).

MALAYSIA — Malaysian Red Crescent Society, 512 Jalan Belield, Kual Lumpur 08-05.

MALI — Mali Red Cross, B.P. 280, Bamako.

MAURITANIA — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamil Abdel Nasser, Nouakchott.

MEXICO — Mexican Red Cross, Avenida Ejecutivo Nacional nº 1032, Mexico D.F.

MONACO — Red Cross of Monaco, 27 boul. de Suisse, Monte Carlo.

MONGOLIA — Red Cross Society of Mongolia's People's Republic, Central Post Office, Post Box 537, Ulan Bator.

MOROCCO — Moroccan Red Crescent, B.P. 189, Rabat.

NEPAL — Nepal Red Cross Society, Tahachal, P.B. 217, Kathmandu.


NEW ZEALAND — New Zealand Red Cross, 14 Hill Street, Wellington 1. (P.O. Box 12-140, Wellington North.)

NICARAGUA — Nicaraguan Red Cross, D.N. Apartado 3279, Managua.

NIGER — Red Cross Society of Niger, B.P. 386, Niamey.

NIGERIA — Nigerian Red Cross Society, Eko Akota Estate, off St. Gregory Rd., P.O. Box 764, Lagos.

NORWAY — Norwegian Red Cross, Parkveien 33b, Oslo, Mail Add.: Fest Sabha 5344 E-Osto 1.

PAKISTAN — Pakistan Red Crescent Society, National Headquarters, 169, Sarsar Road, Rawalpindi.

PANAMA — Panamanian Red Cross, Apartado Postal 668, Zona 1, Panama.

PARAGUAY — Paraguayan Red Cross, Brasil 216, Asuncion.

PERU — Peruvian Red Cross, Jirón Chacay 881, Lima.

PHILIPPINES — Philippine National Red Cross, 800 United Nations Avenue, P.O. Box 280, Manila 2001.

POLAND — Polish Red Cross, Mokotowska 14, Warsaw.

PORTUGAL — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, Lisbon J.

ROMANIA — Red Cross of the Socialist Republic of Romania, Bd Beatrice Aramis 29, Bucharest.

SAN MARINO — San Marino Red Cross, Palais gouvernemental, San Marino.

SAUDI ARABIA — Saudi Arabian Red Crescent, Riyadh.

SENEGAL — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, Dakar.

SIERRA LEONE — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, Freetown.

SINGAPORE — Singapore Red Cross Society, 15 Penang Lane, Singapore 9.

SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, Mogadishu.


SPAIN — Spanish Red Cross, Eduardo Dato 16, Madrid 10.

SRI LANKA — Sri Lanka Red Cross Society, 106 Dhammapala Mawatha, Colombo 7.

SUDAN — Sudanese Red Crescent, P.O. Box 235, Khartoum.

SWEDEN — Swedish Red Cross, Fack, S-104 40 Stockholm 14.

SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 269, 3001 Berne.

SYRIAN ARAB REPUBLIC — Syrian Red Crescent, Bd Madi: Ben Barake, Damascus.

TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1153, Dar es Salaam.

THAILAND — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, Bangkok.

TOGO — Togolese Red Cross Society, 51 rue Boko Soua, P.O. Box 655, Lomé.

TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, Port of Spain, Trinidad, West Indies.

TUNISIA — Tunisian Red Crescent, 19 rue d'Angleterre, Tunis.

TURKEY — Turkish Red Crescent, Yeniselhir, Ankara.

UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, Kampala.

UNITED KINGDOM — British Red Cross, 9 Grosvenor Crescent, London, SW1X 7EJ.

UPPER VOLTA — Upper Volta Red Cross, P.O. Box 490, Bobo-Dioulasso.

URUGUAY — Uruguyan Red Cross, Avenida de Octubre 2990, Montevideo.


U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, 1. Tokerenshchinskiy prosed 5, Moscow 117036.

VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, Caracas.

VIET NAM, SOCIALIST REPUBLIC OF — Red Cross of Viet Nam, 68 rue Ba-Trai, Hanoi.

YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, Belgrade.

REPUBLIC OF ZAIRE — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, Kinshasa.

ZAMBIA — Zambia Red Cross, P.O. Box R.W.I, 2837 Brentwood Drive, Lusaka.