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INTERNATIONAL REVIEW OF THE RED CROSS

AUGUST 1972 - No. 137

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**FRENCH EDITION
OF THE REVIEW**

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**SUPPLEMENTS
TO THE REVIEW**

SPANISH

Jacques Freymond : El Comité Internacional de la Cruz Roja en el sistema internacional (II) - Informe de Actividad de 1971.

GERMAN

Jacques Freymond : Das Internationale Komitee vom Roten Kreuz im internationalen Gefüge (II).

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Why Nursing is Different

by M. L. Badouaille

Most people are aware of present developments in the tasks that nurses have to fulfil and whose duty it is to respond increasingly to the requirements of patients where health is concerned. In our August 1971 issue, we published a study on a major problem : the relationship between the nurse and the patient. We now reprint another article, which appeared originally in the Revue de l'Infirmière ¹, and which specified why nursing is different. For this function does indeed differ from all else ; it has its own particular characteristics and it is regulated by its own laws. It is advisable to keep that in mind, since the concept of health and the medical needs of individual persons and of Society have varied a good deal. (Ed.).

Before trying to show what this difference is, we must firstly locate the nursing profession among all those other professions that together work to improve health. The very fact that the nurse falls within this category of professions means that she shares a number of characteristics with those working in other fields, e.g. she is devoted to the service of others, she is concerned about the individuality of each person, she has the power to intervene in the physical, psychological or social life of the person in her care, etc. Similarly, we must ignore certain characteristics concerning the particularly low economic status of the nurse, the fact that this profession is an almost exclusively feminine domain and that it commands a rather modest social position.

¹ Our thanks go to the editor of the *Revue de l'Infirmière*, Paris, who has permitted us to quote this study which appeared, like the earlier one, in the January 1971 issue.

Having made these preliminary remarks, it is now possible to try considering why nursing is different, and this lies in its specific nature. It is not a choice of some advanced technique nor a decision to help in preventing disease, nor yet a feeling for human relations that makes nursing specific, but rather the fact that the help given, be it of a technical, manual, instrumental or psychological nature, is aimed, through carefully controlled personal relationships, at the patient as a whole. Such help is given only if the person cannot cater to his basic needs such as those of ingestion and excretion, to his medical needs such as when he requires a transfusion or artificial respiration, or to his purely personal needs, which may not necessarily have anything to do with any given pathological condition, such as those resulting from his degree of culture or education. So nursing consists in providing a temporary or a permanent substitute, the scope of which is both broad and varied, for it concerns both the somatic and the psychosocial domain, it uses both preventive and curative techniques, it concerns both individuals and communities, and finally, because it can be practised within the family circle, in a community such as a district or a borough, or in an establishment.

This specific nature is accentuated by the fact that it relies on "nursing know-how", that is, on a more or less systemized body of knowledge. This knowledge is not, in itself, peculiar to the nursing profession, as it is drawn from the physical, medical, human and social sciences, but it is the way in which it is organized, administered, mixed and balanced that goes to make up that unique whole which promotes the knowledge, so necessary for the nurse, of the human being. As with any other skill, nursing skill progresses, changes, adapts itself to the needs of each country, and must be based on some kind of philosophy of change.

Before being applied, this nursing knowledge must be transformed into what we might call "a nursing diagnosis". The use of the term "diagnosis" may give cause for surprise for it is borrowed from the medical vocabulary. The addition of the word "nursing" shows quite clearly that it is not a medical act that is meant but rather a diagnosis which applies a nursing opinion to a given situation. The nurse must, in fact, be able to analyse a number of symptoms, facts and needs manifested by the patient.

She must be capable of synthesizing while still being capable of not isolating the needs of the patient from those of the nursing staff and of the institution. In fact, although the main aim of any nursing act is to cater to the needs of the patient, it is nevertheless true that a number of other elements must be taken into consideration at the same time. All these factors go to make up the nursing problem that the nurse has to solve. She must be able to compare this problem with those normally described and to decide on the attitude to adopt.

However, making a nursing diagnosis calls not only for general knowledge, a faculty for observation and the ability to use one's own judgement, but also for the ability to communicate. Is the "nurse-patient relationship" different? It is certainly formed in the same way as any other personal relationship but it still has certain characteristic traits. This relationship is always created within a social circle, be it the family, the clinic or the hospital. Consequently, the personal nurse-patient relationship, which should be dynamic and of therapeutic value, gives rise or ought to give rise to a collective relationship in which all are or should be involved. The nurse is the focal point of a care unit; she is the hub of the psychological patient-staff relationship. The value of this situation contrasts sharply with the relationship problems arising in a hospital, for example, where the nurse has to cope with a triple hierarchy i.e. administrative-medical-nursing. In fact, such a situation often causes negative relationships resulting from the problems with which the nurse has to cope in trying to fit into this system. This fine variety of personal relationship contrasts also with what we might call the "robot" nurse working within an enclosed compartment, who, the more she merely takes orders without using any initiative or measure of independence, the further she moves away from her vocation and the more she becomes estranged.

Any nursing diagnosis must result in a nursing "plan of action", that is to say the preparation of a personalized therapeutic nursing plan put together with the help of the patient and the medico-nursing team. I shall not, here, try to define a nursing plan of action, but I would simply point out that in this the nurse has a tool which is specific to the nursing profession. This plan will involve a number of nursing measures to be taken. There is, in

fact, something that we might call the “nursing act” which is a number of movements, actions and attitudes which are specific to the nurse. An injection given by a nurse is certainly the same as that given by a doctor or by a mother, but as soon as this technical act is accompanied by all sorts of other acts, e.g. arranging the pillow, giving a friction, placing the bell-push in easy reach, checking on the effect of the injection, watching for counter-reactions, conversing, observing, transmitting, assessing. . . then it becomes a nursing act. What is more, this technical act forms part of a much broader composite action. It must be given on medical prescription, it must take account of the catering arrangements such as meal times, of the organizational problems such as ensuring that the drugs cupboard is properly kept or that an order is written out in time, of the nurse’s own responsibility such as ensuring that the correct dose is injected for the needs of the patient or that the injection is not given just when a long awaited visitor arrives to see the patient. The nursing act forms a link between many other acts just as the nurse is the mediator within the medico-nursing team.

So what is different about the nurse is basically that she performs an overall function rather than that she possesses or uses any particular science or technique.

M. L. BADOUILLE
Director
Ecole des Cadres
de la Croix-Rouge française

YOUTH AND BLOOD DONATION, SYMBOL OF HUMAN SOLIDARITY

The International Federation of Blood Donors held its seventh Congress in Monaco in October 1971, and the report of its work has now been published.¹ This reproduces various technical communications on, inter alia, "The Importance of Blood Donation for Organ Transplants" and current blood transfusion problems. It contains also a report by the Belgian Red Cross Society's constantly developing blood donor service, for the number of donors has unceasingly increased from 131,000 in 1969 to 147,000 in 1971.

We would like here to reproduce some excerpts from two papers in which we believe our readers may be particularly interested. The first is entitled Les jeunes et le don du sang dans les pays européens (Youth and Blood Donation in Europe). The authors, Dr. Z. S. Hantchef, special consultant to the League of Red Cross Societies, and Mr. G. Hullebroech, Assistant Director-General of the Belgian Red Cross, based their study on the results of an enquiry in all countries of Europe by the League's Health and Social Affairs Bureau which was designed to determine (a) the importance of youth's participation in blood donation, (b) the utility of greater effort to recruit more young donors, and (c) the best educational methods to make young people understand the value of blood donation. Here are some of their conclusions on this subject which is so topical and important for the future.

¹ By the Amicale des Donneurs de sang de la Croix-Rouge monégasque.

Many countries have decided to continue or start a campaign of information and persuasion among youth. They consider that blood donation is of undoubted educational value and that it is essential to prepare for the future. To this end, they emphasize the importance of personal contacts, the advisability of visits to blood transfusion centres, the effectiveness of lectures and discussions, and the value of real-life examples. In one country, it is proposed to send a letter to all young people reaching the age of 18 years.

Everyone agrees to underline the essential role which teaching can play in the preparation of youth for blood donation. It seems to us that this is a method of which general use should be made. We must endeavour to have blood donation included in school programmes for adolescents. Is not knowledge of the problem posed by the need for blood equally as necessary in the training of citizens as understanding of our political institutions and knowledge of the highway code? Blood donation should be considered by everyone as a civic duty . . .

. . . Courses in school would be extremely useful in so far as they acquaint young people with the problems of blood groups and blood donation and inasmuch as they develop altruism. They must be interesting and attractive, for it is essential not to weary young audiences. For that purpose, as complete a documentation as possible must be prepared for teachers. The information should be adapted to class ages. If possible, recourse should be had to attractive audio-visual media : cassettes, slides, films, posters . . .

. . . Action would be long-term. It could not be restricted to information ; it should include active participation by young people. Achievements in this field prove their efficiency and testify to the important role which the Junior Red Cross can play . . .

. . . We would stress that, by common agreement, National Red Cross Societies and blood donor groups could promote day programmes to arouse youthful interest in blood donation. Ways and means for this vary widely. In their choice and implementation, young people themselves can demonstrate their vitality and enthusiasm as much as their social sense and originality of ideas.

We are convinced of youth's disposition for blood transfusion activities, in so far as such participation will be genuinely required

and sought by those who deal with these problems, and also to the extent that young people can participate in a manner consistent with their ideas.

*

The second study from which we quote explains the high moral significance of blood donation. It comes from the pen of Mr. J. F. Apolinario Navarro, President of the Las Palmas committee of the Spanish Red Cross, for whom, as he says, "one of the main methods—and perhaps the main method—to instil this spirit of solidarity is blood donation".

. . . My blood may flow in his veins, or his in mine. My blood may save his life; his may restore me to life. This is a thought never to be lost sight of, but it is not enough unless we ask ourselves the reason for this reality; unless we think of and reflect on the transcendency of the act of giving. Here, too, what the eye does not see is the essence, the *raison d'être*, of what it does see. To save a life is a fine thing, to forge a link of solidarity is far finer still.

Although the duty of giving blood demands another, "the healthy man's duty to the sick", it must be added that the physical, the physiological, duty is as nothing compared to the moral and social duty. The profound reason is human solidarity. But this does not merely mean solidarity among neighbours, nor even fellow citizens, but solidarity with everyone: for the peace of the world, universal solidarity, which can be understood only through solidarity which people feel for one another.

That, we can well believe, is not easy to understand, and yet it is absolutely necessary for man's future. The creation of a world climate which enables many lives to be saved is a very fine ideal. But as it is not easy to make it understood, what can be done to facilitate it? The problem is one of education . . .

. . . The first barrier to be overcome, in fact, is the one which selfishness consolidates in the human heart; and because war, like peace, is born in the human heart, education is essential to make good workers for peace.

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Visit of ICRC President to Hungary

At the invitation of the Hungarian Red Cross, Mr. Marcel A. Naville, President of the ICRC, accompanied by Mr. Melchior Borsinger, ICRC Delegate-General for Europe and North America, visited Hungary from 26 June to 2 July 1972.

In Budapest, the President of the ICRC was granted an audience by Mr. Losonczi, Chairman of the Presidium of the Hungarian People's Republic. In the absence of the Prime Minister, Mr. Naville conferred with Dr. Miklos Ajtai, Deputy Prime Minister, with Dr. Karoly Csatornai, Deputy Minister for Foreign Affairs, and with Dr. Bela Toth, Deputy Minister of Health. The President of the ICRC made a statement before representatives of the Ministries of Foreign Affairs, Justice, the Interior and Health. On behalf of the Standing Commission of the International Red Cross, he conferred the Henry Dunant Medal on Miss Katalin Durgo, whom he commended for her essentially humanitarian career and great merit.¹ Miss Durgo has been a nurse in the Hungarian Red Cross for more than fifty years.

Hungarian Red Cross leaders, including Professor P. Gegesi-Kiss, President, and H.E. Ambassador I. Rostas, Secretary-General, welcomed the President of the ICRC and the Delegate-

¹ It will be recalled that, as stated in our December 1971 and June 1972 issues, the Standing Commission awarded the Henry Dunant Medal, which is the highest Red Cross distinction, to Miss Katalin Durgo, Mrs. Sachiko Hashimoto and Mr. André François-Poncet, last October. Mrs. Hashimoto was presented with the medal in Geneva in April.

General and showed them the Society's installations in Budapest, Eger, Esztergom, Balatonfüred and Föt, the children's town where more than a thousand orphans are living. In Budapest, the President of the ICRC, in an address to the members of the Council of the National Assembly, who were gathered in their quarterly plenary assembly, outlined the activities of the ICRC. He was then presented with the gold medal of the Hungarian Red Cross.

All those who heard the President of the ICRC expressed genuine interest in the problems confronting the ICRC, particularly in regard to international humanitarian law and its development.

Asian sub-continent

Repatriation operations

On 24 and 25 June 1972, ICRC delegates in India and Pakistan conducted a further repatriation of wounded or sick prisoners of war. The ICRC's two DC-6 aircraft repatriated 200 Pakistani prisoners of war, nine Indian prisoners of war and nineteen Indian civilians. In addition, the planes carried mail and 900 parcels for Pakistani prisoners of war in India.

Another repatriation operation, this time between Bangladesh and Afghanistan, was carried out under the auspices of the ICRC on 10 July 1972. It enabled fifty-five Afghan citizens who had been held up at Chittagong at the time of the hostilities to return home.

Visits to prisoners of war

ICRC delegates in India and Pakistan are regularly visiting prisoner-of-war camps.

India: during June the delegates went to the camps at Faizabad, Gaya, Dhana, Roorkee, Meerut and Allahabad. On 14 June, parcels for Pakistani prisoners in the Bareilly, Ramgarh, Gwalior and Agra camps were handed to the ICRC delegates at the Wagah frontier post. The parcels had been prepared by the Pakistan Red Cross.

Pakistan: the Indian pilots interned at Rawalpindi were visited by the ICRC on 29 June. From 2 to 6 July, the delegates visited four repatriation centres for Bengali members of the Pakistan army, who were interned without their families. They saw more than 9,000 men, including members of the naval and air forces.

They also visited army men—mainly officers—living with their families in Quetta camp, which holds a total of about 200 families. In June, the delegates also went to the Bengali settlement in Karachi (approximately 120,000 persons) and to the settlement in Hyderabad (about 6,000) to ascertain living conditions.

Shelter against the monsoon

Bangladesh: the operation designed to provide shelter (bamboo huts) for some 100,000 non-Bengalis is practically completed.¹ The main work was done just before the first monsoon showers.

Laos

During the second fortnight in June, the ICRC delegate in Laos went to the Paksane area, where he distributed relief supplies in co-operation with the Lao Red Cross. About 4,500 persons stricken by the recent floods were supplied with seed (a total of 30 tons) while the refugees of the Borikhane village, of whom there were 3,500, received 2.5 tons of rice and 5.6 tons of salted fish.¹ Lastly, a Land-Rover was presented to the local authorities, and medical supplies to the Red Cross.

Khmer Republic

A trip up-country

An ICRC delegate and doctor, with members of the Khmer Red Cross, recently went to Pailin, in the Sangkum Meanchey district, near the Thai border. They were welcomed by the local Red Cross committee, who accompanied them to the health centre and the military infirmary. They also visited a camp sheltering about a

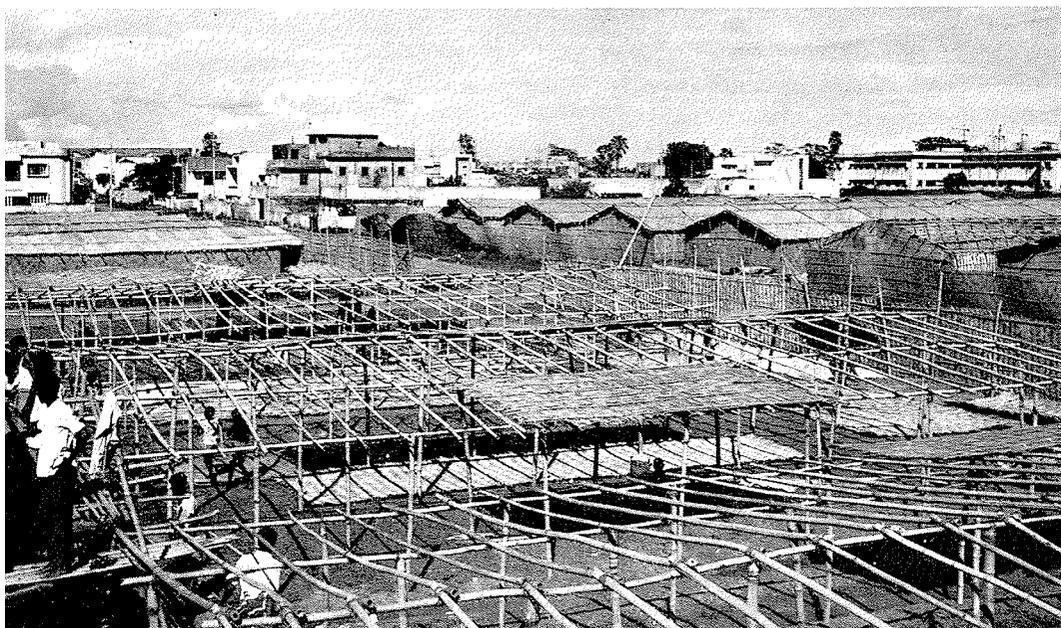
¹ *Plate.*



Geneva: The United Nations Secretary-General, Mr. Kurt Waldheim, signing the gold book of the ICRC.

Photo J. J. Kurz/CICR

Dacca: Bamboo huts which the ICRC has had constructed for some tens of thousands of non-Bengalis before the monsoon begins.



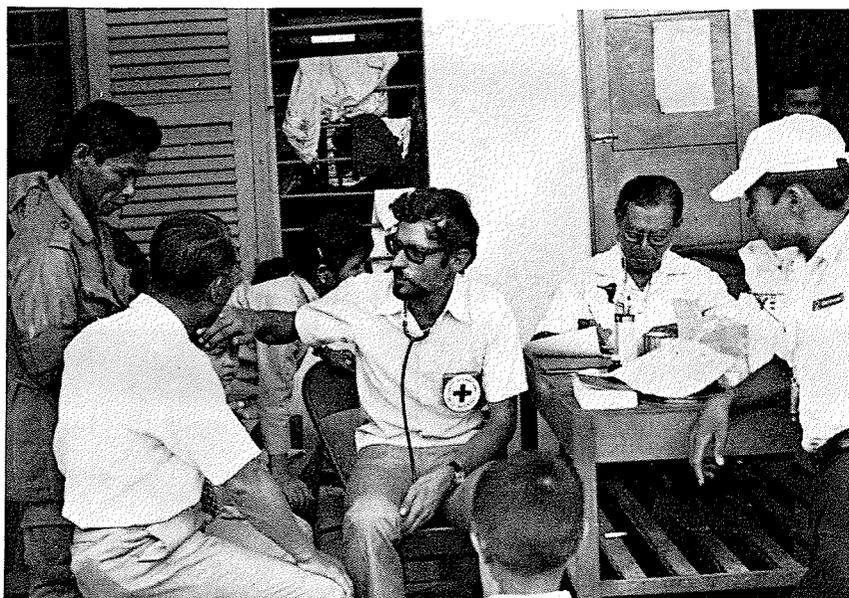


LAOS:

The ICRC delegate and the local Red Cross distribute rice to refugees at Borikhane.

REPUBLIC OF VIETNAM:

ICRC doctors and the National Red Cross co-operate in medical assistance programme at Da Nang.



hundred displaced families and supplied the local Red Cross with some 300 kg of medicaments.

On their way back, the delegates stopped at Battambang, where they visited several Vietnamese resettlement centres sheltering more than 4,000 persons, the civilian hospital, and the " Hospice catholique de la Providence ".

Visit to a refugee camp

The Pochentong refugee camp, near Phnom-Penh, was constructed a few months ago with funds and material supplied by the Office of the High Commissioner for Refugees and the Japanese Red Cross. The ICRC delegate recently visited it and noted a marked increase in the camp population, especially since the arrival of refugees from the province of Kompong Cham, and reported that it held more than 600 persons or 113 families.

We might add that the ICRC doctor-delegate and his mobile team provided by the Khmer authorities visit the Pochentong camp every week for consultations, under the programme covering the various refugee centres around Phnom-Penh.

Republic of Vietnam

From 6 to 13 June the ICRC delegates and doctors visited the military hospital of the Vietnamese armed forces at Vung Tau (Nguyen Van Nhut institution), at Danang (Duy Tan) and at Saigon (Cong Hoa). From 15 to 17 June they visited a prisoner-of-war camp at Can Thô, and from 2 to 8 July one at Phu Quoc.

Near East

Prisoners of war

ICRC delegates in Israel and in the Arab countries have made several visits to prisoners of war over the past few weeks. Talks have been held without witnesses and, as is customary, the ICRC reports are being sent to the detaining authorities and the prisoners' own governments.

Israel: On 28 June, ICRC delegates visited the sixty-one Egyptian prisoners of war and the forty Syrian prisoners of war

interned in the Sarafand military camp. On 30 June, they visited ten new prisoners—five Syrian officers and five Lebanese soldiers. These men were captured by the Israeli armed forces in southern Lebanon on 21 June. One of the prisoners of war, who was wounded, was seen in hospital where he is receiving treatment.

Arab Republic of Egypt: The ten Israeli prisoners of war held in the Abassieh military prison were visited by the ICRC on 21 June and 4 July 1972.

Syria: The ICRC delegate visited the three Israeli prisoners of war on 22 June and 12 July 1972.

Student travel

As it did last year, the ICRC arranged for Palestinian students attending Cairo University to travel to Gaza, there to spend the summer holidays with their families. In four operations between 3 and 6 July 1972, 1,274 students crossed the Suez Canal from west to east to return to Gaza.

Repatriation of a dead soldier

The mortal remains of a Lebanese soldier who died on 21 June 1972, shortly after being captured by the Israeli armed forces, was repatriated on 22 June, under the auspices of the ICRC.

Jordan

With the agreement of the Jordanian authorities, the ICRC delegation in Amman provided free bus transport for the families of Jordanian civilian detainees held in the Jafr prison, some 150 km from the capital. This action took place on 9 June 1972 and enabled about sixty persons to visit detained relatives.

We might add that the ICRC delegate in Jordan visited the Jafr prison in April 1972 with the President of the Jordan Red Crescent.

Botswana

The ICRC Regional Delegate for East Africa recently spent seven days in Botswana, where he was received by Sir Seretse Khama, President of the Republic, and several Ministers. He also met Lady Khama, President of the Botswana Red Cross Society, and the members of the Society's Executive Committee. He visited camps sheltering the victims of floods which devastated part of the country last February, and then proceeded to Francistown, where he visited the local chapter of the Red Cross.

Burundi

A relief team comprising a doctor, a transport expert and an administrator, left Geneva for Burundi on 5 July. At Bujumbura it joined the two ICRC delegates who were already there and who, on 29 and 30 June, had visited Bururi province, in the southern area, to make a preliminary estimate of requirements. These delegates took part in several meetings of the "national relief committee" to finalize with the Red Cross Society of Burundi the ways and means of ICRC co-operation.

Cameroon

The ICRC Regional Delegate for West Africa recently went on a fact-finding tour throughout Cameroon. He visited a great many towns and villages, each time being welcomed by the local authorities and Red Cross representatives, and gave a number of lectures illustrated by films. His audience showed keen interest and asked a number of questions during the discussion which followed each talk.

Sudan

The ICRC Regional Delegate for East Africa proceeded to the Sudan on the occasion of the delivery of 306 tons of powdered milk offered by the European Economic Community (EEC). In accordance with a pre-determined plan, about 20 tons of milk will be distributed in the Baraka Delta and Red Sea Hills areas, while the

remainder will be assigned to the southern provinces (Upper Nile, Equatoria and Bahr El Ghazal). The Sudanese Red Crescent will supervise distribution to displaced persons.

During his stay, the ICRC representative met Mr. Sayed Abel Alier, Vice-President of the Democratic Republic of the Sudan and President of the Executive Council for the area of southern Sudan. He also saw the Ministers of Foreign Affairs, the Interior, Health, Education and Defence. Lastly, he conferred with National Society leaders.

Chile

Some months ago the ICRC sent 200 tons of skimmed powdered milk to the Chilean Red Cross. On receipt of this gift from the EEC, the National Society set up a school distribution programme with the assistance of the " Junta Nacional de Auxilio Escolar y Becas " and the National Health Services.

The first distribution, which took place in a district of Valparaiso, was to 7,774 pupils, in ten municipal schools and two private schools. The programme was launched with a small ceremony attended by the President of the Chilean Red Cross, a delegation of the Central Committee of the Chilean Red Cross, local authorities and representatives of the Ministry of Education.

The milk was prepared and distributed in all schools by Red Cross volunteers.

*IN GENEVA***UN Secretary-General's visit**

The Secretary-General of the United Nations, Mr. Kurt Waldheim, accompanied by the Director-General of the European Office of the United Nations, Mr. Winspeare Guicciardi, visited the headquarters of the International Committee of the Red Cross on 4 July 1972. He was welcomed by Mr. Marcel A. Naville, President, and several members of the Committee and Directorate.¹

The UN Secretary-General and the ICRC President discussed in private the work being carried out by the ICRC for the development of international humanitarian law, an undertaking with which the United Nations is closely associated. They conversed also on the functions of their respective organizations in disaster relief. In addition, Mr. Naville informed Mr. Waldheim of the ICRC current activities in the world, particularly in the Asian Sub-Continent.

Pseudo-medical experiments

The Neutral Commission appointed by the ICRC to decide on claims made by Polish victims of pseudo-medical experiments carried out in Nazi concentration camps during the Second World War met at ICRC headquarters in Geneva on 17 and 24 June 1972. The Commission comprises Mr. W. Lenoir, Chairman of the Neutral Commission and Judge of the Geneva Law Courts; Dr. S. Mutrux, Assistant Administrator of the Bel-Air Psychiatric Clinic in Geneva, and Dr. P. Magnenat, Dean of the Faculty of Medicine and Assistant at the University Clinic of the Nestlé Hospital in Lausanne.

The Neutral Commission decided to allocate a total of DM 1,000,000 in compensation to thirty-eight victims whose claims were considered valid. This brings the financial aid rendered by the Government of the Federal Republic of Germany since 1961 to Polish victims of pseudo-medical experiments to DM 39,435,000.

¹ *Plate.*

ANNUAL REPORT 1971

As usual, the International Committee has published a report, with illustrations, reviewing its activities over the past year.¹

The numerous and varied activities are summarized in the first three parts, while the fourth part is devoted to the ICRC's financial position and the Special Funds which it administers. Under the heading "Operations", there is an account of the institution's activities in Africa, Latin America, Europe, North America, the Middle East and Asia, where its operations in Vietnam and on the Asian sub-continent called for widespread action.

One section describes the work of specialized ICRC services such as the Central Tracing Agency, the International Tracing Service, Delegation Servicing, the War Disablement Section and the Telecommunication Service. The work of the Relief Section is also described, and tables summarize the relief supplies distributed or forwarded by the ICRC in 1971.

The Report summarizes the action undertaken in the field of international humanitarian law and in the dissemination of the Geneva Conventions and information. The work of the Legal Division is given particularly close attention. There is an account of the Conferences of Red Cross Experts and Government Experts, held in The Hague and Geneva last year, the preparation of which was the main concern of the Legal Division which drafted the necessary documents.

¹ *Annual Report 1971*, ICRC, Geneva 1972, 124 pages. This report, published in English, French, Spanish and German, is obtainable from the ICRC at Sw. Fr. 10.— a copy.

ICRC FINANCIAL POSITION IN 1971

Introduction

Two events had a considerable impact on the ICRC's financial position in 1971 :

- (a) The message which the Swiss Federal Council addressed to the Federal Assembly, on 8 September 1971, regarding the Confederation's contributions to the International Committee of the Red Cross ;
- (b) Payment by the Government of the United States of America of an extraordinary contribution of 1 million dollars, on 29 June 1971.

It seems worth while to make a closer study of the meaning of those events.

In its message, the Swiss Federal Council set forth the reasons why the ICRC maintained delegations in different parts of the world. It also pointed out that open conflicts had compelled the ICRC to embark on various large-scale operations over the past few years. Pursuant to the mandate from the XX1st International Conference of the Red Cross, held in Istanbul in 1969, the ICRC finally applied itself to drawing up rules designed to supplement existing humanitarian law.

These circumstances resulted in an appreciable increase in ICRC activities and in a corresponding increase in expenditure, to which the Swiss Confederation had already contributed subsidies far beyond its usual annual contribution.

The development of its activities caused the ICRC to review its financial structure in order to ensure stability in the financing of its permanent structure and the requisite flexibility as regards the additional resources the use of which was contingent on the evolution of conflicts. The new system of financing was explained in a table attached to the message and reproduced as Table I to this Report.

With the prospect of this system of financing before it, the Federal Council proposed to both Chambers that the Swiss Confederation's

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regular annual contribution towards the financing of the ICRC's permanent structure should be raised from 2.5 to 7.5 million francs and that the ICRC be granted supplementary contributions of up to 5 million francs a year to finance its temporary structure, i.e. to cover any expenditure incurred by the temporary recruitment of additional staff for special activities. It was further proposed that the 10 million franc advance made in 1968 and soon exhausted should be converted into a grant. In its conclusions, the Federal Council pointed out that the various proposals were designed to regularize a situation which had arisen as a result of circumstances rather than to increase the financial support which the Swiss Confederation had actually been giving the ICRC for a number of years.

The Federal Council's proposals were adopted by the Council of States in December 1971, and by the National Council in March 1972. As the new system was to come into force in 1972, the Swiss Confederation made an extraordinary contribution of 4.1 million francs to the ICRC at the end of 1971 to enable it to bridge the gap.

The new arrangements regarding financial support from the Swiss Government and the new system of ICRC finance administration (see Table I), which will for the first time affect the accounts in 1972, will undoubtedly make for greater stability in the financing of the ICRC's permanent structure and for the much needed flexibility in recruiting supplementary staff, on a temporary basis, for its delegations. The fact remains, however, that the ICRC will still need a substantial increase in the yearly contributions of other Governments to ensure the coverage of its permanent structure. It hopes to see those contributions rise over the next three years from 2.2 million Swiss francs—the present total—to 7.5 million. This would enable it to cope with the inevitable increase in standing charges, owing to rising costs, and to restore the necessary equilibrium between the support given by the country of origin and that given by other signatories to the Geneva Conventions.

With a view to a better equilibrium among the contributions from the different countries, negotiations were started between the ICRC and the Government of the United States of America, to obtain greater financial support for the ICRC's permanent structure from that government. Wishing to continue the considerable aid it had been rendering for large-scale operations in previous years, at the end of June 1971

the US Government granted the ICRC a special 1 million dollar contribution for its overall activities throughout the world.

Out of the approximately 4 million Swiss franc equivalent, 1.5 million francs was allocated to expenditure in 1971, and it was proposed to allocate a similar amount to the financing of expenditure relating to the permanent structure in 1972.

Analysis of Balance Sheet and Expenditure and Income Account

BALANCE SHEET

The analysis of the balance sheet (see Table II) calls for no special comment except on the following points :

- Once the Swiss Confederation's new system of contributions to the ICRC comes into effect, the items shown under assets for " Cost of relief operations covered by special advances " will no longer appear in future balance sheets ; nor will the item " Advances from Swiss Government ", which is included as a contra-entry under " Other Debts " on the liabilities side.
- The item " General Reserve ", which, in 1970, on the liabilities side showed a sum of Fr. 5,644,000, was split into :

General reserve	Fr. 644,000
Special reserve	Fr. 5,000,000

The latter reserve, which stems from the balance of the extraordinary contribution of Fr. 8 million which the Swiss Government made to the ICRC early in 1970, was used in 1971 to complete the financing of the permanent structure.

On the other hand, the " Special reserve " received the following appropriations :

- the unused portion of the extraordinary contribution from the Government of the United States of America, i.e. 2.5 million Swiss francs ;
- Fr. 410,461.04 charged against the 1971 Expenditure and Income Account, hence the new balance of Fr. 2,910,461.04 on 31 December 1971.

EXPENDITURE AND INCOME ACCOUNT (ANNUAL BUDGET)

Thanks to the extraordinary donations received from the Swiss and US Governments, the ICRC was able to close its 1971 accounts without a deficit, after the requisite extraordinary amortization of the item " Fixed Assets ", and it even succeeded in setting up the necessary reserves to ensure financing in 1972 (see Table III). One should not overlook the fact that its regular financing is insufficient to cover the cost of its permanent structure and that it must seek a further substantial increase in its regular income to meet the cost of that structure in 1973, even though it is not proposed to increase the permanent staff.

As in 1970, the Expenditure and Income Account includes expenditure and income in regard to the permanent and temporary structures. The latter will be dealt with in a different manner from 1972 onwards.

Table IV gives details of the contributions received from Governments and National Red Cross Societies (ex annual budget).

SPECIAL FUND FOR RELIEF ACTIONS

Table V contains a summary of the movement of this Fund, which, it will be recalled, is essentially maintained out of the Swiss public collection and other donations to relief operations.

The expenditure was entirely for medical and material relief provided by ICRC delegates in the course of their regular activities.

EXPENDITURE ON OCCASIONAL OPERATIONS

Table VI shows the expenditure still incurred in connection with the settlement of the former operations in Nigeria and Jordan, as well as the initial expenditure arising out of the conflict between India and Pakistan, which, as from 1 December 1971, comes into the purview of the occasional structure, owing to the extent of the operation.

Other funds administered by the ICRC

As in previous years, the last table (VII) shows the balance sheets and the Receipts and Expenditure accounts of funds administered by the ICRC and which, under their respective statutes, are available to the ICRC.

Administration of ICRC Finance

	Permanent structure	Temporary structure (supplementary)	Occasional activities
Activities	<p>Protection of victims of conflicts (in the field, only ICRC officials)</p> <p>Central Tracing Agency</p> <p>Planning of relief missions</p> <p>Reaffirmation, development, interpretation and dissemination of the principles of the Red Cross and of Humanitarian Law</p> <p>Representation of the ICRC, definition of its policy.</p> <p>Co-ordination with international organizations.</p> <p>Information, Publications, Technical services, Administration and Finance.</p>	<p>Protection of victims of conflicts (temporary delegates including doctors in the field, and local employees)</p> <p>Organization of international conferences (supplementary staff)</p>	<p>Relief for victims of conflicts: care, transport, despatch of medications, foodstuffs, clothing and shelter.</p>
Staff strength on 1 July 1971	228 permanent employees	32 delegates on time contracts 84 local staff	Short-term staff varying according to needs
1971 budget	11.6 million	5.1 million	Varying according to operations. Special budget for each operation.
Nature of expenditure	Permanent	Variable	Occasional
Predictable variation of expenses	± 10 % per annum according to development or reduction of permanent structure	from 50 % decrease to 500 % increase, depending on conflicts; for conferences, supplementary staff predictable	Unpredictable
Nature of financing	Should be regular.	Must be found despite variation in expenses.	ad hoc financing
Allocation of resources	ICRC must have sole discretion in the allocation of resources.		Funds provided for, and allocated to, specific operations.
Report to Donors	Annual Report	Annual Report and justification of resources involved	ad hoc report on each
Type of financing	Regular annual contributions	Annual appropriations	Donations in response to special appeals.

Balance Sheet as
(In thousands of Swiss francs and

ASSETS		
CURRENT ASSETS	1971	1970
	Sw. Frs.	Sw. Frs.
CASH	4,749	734
OTHER CURRENT ASSETS		
— Securities and other investments (Note 1)	7,496	10,794
— Accounts receivable	1,859	1,771
— Accruals and prepaid expenses	387	464
	9,742	13,029
FIXED ASSETS		
— Relief supplies	146	162
— Equipment	381	657
	527	819
ADVANCES TO DELEGATIONS	532	482
FUNDS IN TRUST		
— Receivable	3,244	4,528
— Bank-Securities	536	2,334
	3,780	6,862
RELIEF EXPENSES COVERED BY SPECIAL ADVANCES (Note 2)		
— Yemen	2,050	2,050
— Vietnam	3,036	3,036
— Middle East	6,014	6,014
— Aden	723	723
— Greece	763	763
— Textbook	256	256
— Donation from Swiss Gov't	(2,842)	(2,842)
	10,000	10,000
BALANCE SHEET TOTALS	29,330	31,926
SURETY FOR GUARANTEE	400	400

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TABLE II

at 31 December 1971

with comparative figures for 1970)

LIABILITIES AND OWN FUNDS		
	1971	1970
	Sw. Frs.	Sw. Frs.
SHORT-TERM LIABILITIES		
— Sundry creditors	1,740	2,132
— Accrued liabilities	556	588
	2,296	2,720
OTHER DEBTS		
— Advance from Swiss Federal Government	10,000	9,500
	488	452
SUNDRY PROVISIONS		
FUND FOR RELIEF ACTION		
— Cash (Note 3)	806	996
— Relief actions under way	3,402	752
	4,208	1,748
FUNDS IN TRUST		
— Banks and suppliers	3,244	4,528
— Occasional operations	—	1,773
— Others	536	561
	3,780	6,862
CAPITAL RESERVE FUNDS		
— General Reserve (Note 4)	644	2,645
— Special Reserve (Note 5)	2,911	5,000
— Excess of income over expenditure	3	—
— Less deficit for 1970	—	(2,001)
	3,558	5,644
— Reserve for general conflict	5,000	5,000
	8,558	10,644
BALANCE SHEET TOTALS		
	29,330	31,926
GUARANTEE		
	400	400

Summary statement of with comparative figures

PERMANENT STRUCTURE: EXPENDITURE	In Swiss Francs		
	1970	1971	1972 Estimate
COMMITTEE, SECRETARIAT OF THE PRESI- DENCY, PROTOCOL	555,505	612,415	646,575
SECRETARY-GENERAL	195,915	247,549	226,465
DEPARTMENT OF PRINCIPLES AND LAW: Management, Memorialist, International Review	337,733	407,476	435,155
Delegate to International Organizations	33,591	118,935	160,105
Legal Division	422,647	1,086,342	691,065
Documentation and Dissemination Division	790,168	531,441	618,495
	1,584,139	2,144,194	1,904,820
OPERATIONS DEPARTMENT: Management, Logistics, Delegations Servicing	934,560	1,085,369	1,386,803
Europe and North America	686,967	321,421	293,702
Africa	567,695	871,732	833,010
Asia - Oceania	1,879,938	2,330,698	2,118,390
Middle East	4,090,440	3,377,122	3,117,825
Latin America	247,645	434,524	565,050
Central Tracing Agency	639,067	666,441	705,332
	9,046,312	9,087,307	9,020,112
OTHER FUNCTIONS: Press and Information Division	504,648	608,100	1,054,840
Personnel Division	760,417	768,871	524,655
Finance and Administration Division *	2,546,066	3,276,556	3,499,996
	3,811,131	4,653,527	5,079,491
COST OF ACTIVITIES	15,193,002	16,744,992	16,877,463
OTHER EXPENDITURE		129,556	
PROVISION FOR: Emergency operations			500,000
Salary indexing			400,000
New installations for premises and radio station			200,000
Long-range organizational study			150,000
			1,250,000
EXTRAORDINARY DEPRECIATION	423,250	180,000	
Transfer to special reserve		410,461	
	15,616,252	17,465,009	18,127,463
RESULT: Excess of income over expenditure trans- ferred to General Reserve		3,568	
Total	15,616,252	17,468,577	18,127,463
* The expenditure of this Division includes staff benefits. 1970 — 541,787 1971 — 530,223 1972 — Estimate 656,500			

**income and expenditure for 1971
for 1970 and budget for 1972**

TABLE III

PERMANENT STRUCTURE: INCOME	In Swiss Francs		
	1970	1971	1972 Estimate
Contributions			
Governments:			
Swiss—annual	2,500,000	2,500,000	7,500,000
extraordinary	3,000,000	9,100,000	4,275,417
current account advance	3,532,000		
	9,032,000	11,600,000	11,775,417
USA — extraordinary contribution		1,432,187	1,500,000*
Europe	1,138,523	1,135,205	1,191,215
Africa	145,200	209,765	176,665
North America	317,800	292,280	332,280
Latin America	72,900	65,915	63,325
Asia—Oceania	468,500	438,050	436,515
	11,174,923	15,173,402	15,475,417
National Societies	737,610	836,225	800,000
	11,912,533	16,009,627	16,275,417
Private contributions	339,227	363,860	350,000
Other donations and legacies	643,794	410,461	150,000
Revenue from investments	719,884	684,629	949,125
	13,615,438	17,468,577	17,724,542
 RESULT:			
Transfer from General Reserve	2,000,814		402,921
Total	15,616,252	17,468,577	18,127,463

* Sw. Fr. 1 million carried over to 1973

Contributions to the ICRC from Governments and National Societies for 1971

Countries	In Swiss Francs			
	Governments received	Governments receivable	National Societies received	National Societies receivable
Afghanistan			700	
Albania				
Algeria				
Australia		72,000	39,875	
Austria	24,600		13,500	
Barbados	4,080			
Belgium		10,800	12,500	
Botswana			1,500	
Brazil		11,700		
Bulgaria	6,000		6,250	
Burma		6,400	3,000	
Burundi	4,000			
Cameroon		3,750		
Canada		80,000	42,500	
Central African Republic		3,000		
Ceylon	2,450			
Chile		11,700		5,700
China (People's Republic)				
Colombia	15,465		480	
Costa Rica				
Cyprus	2,980			
Czechoslovakia			3,000	
Denmark	57,260			4,000
Dominican Republic			2,905	
Ecuador	1,595		3,000	
Egypt, Arab Republic of		39,000		
El Salvador			2,580	
Ethiopia			3,305	
Finland	30,895		3,000	
France	171,515		43,730	
Gambia				
German Democratic Republic	5,000		6,000	
Germany, Federal Republic of	235,900		55,860	
Ghana	5,865			
Greece	17,025		14,000	
Guatemala			2,155	
Guyana	6,165			
Haiti			2,265	
Honduras		3,900		
Hungary	2,000		4,000	
Iceland	2,500		2,000	
India		42,700	1,565	
Indonesia		15,000		3,200
Iran	25,000		18,925	
Iraq			5,915	
Ireland	10,000		4,960	
Israel	15,025			

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Countries	In Swiss Francs			
	Governments received	Governments receivable	National Societies received	National Societies receivable
Italy		85,000		
Ivory Coast	3,260		3,200	
Jamaica	2,455			
Japan		58,500	54,390	
Jordan	11,935			2,720
Khmer Republic (Cambodia)			2,200	
Korea, Dem. People's Republic of			2,000	
Korea, Republic of	24,000		7,300	
Kuwait		50,000		
Lebanon	15,985		3,860	
Liberia		19,500		1,950
Liechtenstein	15,000			3,600
Luxembourg	4,000		5,000	
Madagascar	5,650			
Malaysia	11,000			
Malta				
Mexico	17,280			
Monaco	5,045		3,500	
Mongolia		1,000		
Morocco	14,280			
Nepal	1,880			
Netherlands	50,000		35,000	
New Zealand	27,315		11,390	
Nicaragua	4,080			2,500
Nigeria		6,000		2,700
Norway	23,020			
Pakistan				
Peru			4,250	
Philippines	30,695		16,635	
Poland	30,000		15,000	
Portugal	15,000		1,000	
Romania			10,280	
San Marino	2,720		2,720	
Saudi Arabia				
Senegal		2,000		2,000
Sierra Leone	6,595			
South Africa, Republic of	46,000		14,380	
Spain		8,000	12,000	
Sweden	158,920			10,000
Switzerland ¹	2,500,000			
Syria	4,650		2,325	
Tanzania	3,115			
Thailand	18,000		6,000	
Togo				
Trinidad and Tobago	2,185			
Tunisia	2,000			3,000
Turkey			16,300	
Uganda		2,900		
United Kingdom	152,880		29,835	
United States of America ¹	195,000		204,000	
Upper Volta				

¹ See also Extraordinary Contributions.

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Countries	In Swiss Francs			
	Governments received	Governments receivable	National Societies received	National Societies receivable
USSR			16,250	
Venezuela				
Vietnam, Democratic Republic of			2,205	
Vietnam, Republic of				
Yugoslavia		2,500	3,000	
Zaire		9,750		
Total of contributions	4,049,265	545,100	783,490	41,370
Settlements for previous years as shown in separate table below	46,850		11,365	
Total of contributions	4,096,115	545,100	794,855	41,370

SETTLEMENTS FOR PREVIOUS YEARS

Countries	Governments Sw. Frs.	National Societies Sw. Frs.
Brazil		1,000
Cyprus	1,490	
Gambia	985	
India (1970 difference)	(2,095)	
Iraq		
Italy (1970 difference)	(375)	
Ivory Coast	3,200	
Jamaica	2,590	
Japan		5,690
Liberia	21,600	
Madagascar	1,945	
Malawi		100
Mongolia	1,000	
Nepal	1,140	
Netherlands	10,000	
Nigeria		
Senegal	5,000	
Spain		4,575
Upper Volta	370	
	46,850	11,365

EXTRAORDINARY CONTRIBUTIONS

Countries	Governments Sw. Frs.
United States of America, \$1 million	3,932,187
Switzerland	4,100,000
	8,032,187

Special fund for relief actions

	Sw. Fr.	Sw. Fr.
Summary of movements in 1971		
1. BALANCE CARRIED FORWARD FROM 31 DECEMBER 1970		1,748,241
2. RECEIPTS IN 1971		
2.1. Product of public collection in Switzerland . . .	785,010	
2.2 Other donations for specific actions	1,855,638	
2.3 Allocation from Benedict Fund	163,200	
2.4 Miscellaneous receipts	25,542	2,829,390
3. EXPENDITURE IN 1971		
Purchases and forwarding charges :		
— Europe	90,277	
— Africa	86,004	
— Latin America	112,132	
— South-East Asia	582,531	
— Middle East	1,101,870	
— Sundries	4,340	
	<u>1,977,154</u>	
— Maintenance of first-aid stores	49,424	(2,026,578)
4. BALANCE OF FUND FOR NIGERIA AND JORDAN ACTION	396,226	
5. NEW INDIA-PAKISTAN ACTION	620,016	
6. SPECIAL SCHOOL TEXTBOOK ACTION	640,617	1,656,859
		<u>4,207,912</u>

Occasional structure

Summary of movement in 1971

	In Swiss Francs	
	Expenditure	Income
NIGERIA ACTION (terminated 1970)		
Disablement compensation to former delegate and liquidation costs	161,927.—	
Miscellaneous receipts 54,668.—		161,927.—
Drawings on funds available <u>107,259.—</u>		<u>161,927.—</u>
	<u>161,927.—</u>	<u>161,927.—</u>
SPECIAL JORDAN ACTION		
Staff costs (salaries, travel expenses and allowances, insurance) 73,255.—		
Operating costs of delegations 17,929.—		
Purchase of relief supplies and local expenditure on food, clothing, tents, medicines, etc. <u>374,689.—</u>	465,873.—	
Refund of costs 145,605.—		
Miscellaneous receipts <u>7,363.—</u>		
		<u>152,968.—</u>
Drawings on funds available <u>312,905.—</u>		465,873.—
	<u>465,873.—</u>	<u>465,873.—</u>
NEW INDIA-PAKISTAN ACTION		
Staff costs (salaries, travel expenses and allowances, insurance) 230,968.—		
Operating costs of delegations 92,220.—		
Purchase of relief supplies <u>34,385.—</u>		
		<u>357,573.—</u>
Surplus receipts carried forward to 1972 . . <u>479,987.—</u>	837,560.—	
Contributions by governments 500,000.—		
Contributions by National Societies 329,354.—		
Contributions by organizations and private individuals 5,138.—		
Other receipts <u>3,068.—</u>		837,560.—
	<u>837,560.—</u>	<u>837,560.—</u>

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TABLE VII

SPECIAL FUNDS

1. FOUNDATION FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS

BALANCE SHEET AS AT 31 DECEMBER 1971

ASSETS		LIABILITIES	
	Sw. Fr.	Sw. Fr.	
Public Securities, nominal value:			
— Swiss Funds (market value Fr. 1,002,100.—)	1,015,000.—		Inalienable capital
— Foreign Funds (market value Fr. 187,460)	<u>172,410.—</u>	1,187,410.—	
Deposit with Swiss National Bank, Geneva		54,047.97	Inalienable reserve fund:
Amounts receivable:			b/f from 1970
— Administration Fédérale des Contributions, Berne (tax paid in advance, to be refunded)	10,912.50		Statutory allocation of 15 % of net revenue in 1971
— German Federal Government (tax deducted at source, to be refunded)	<u>1,833.50</u>	12,746.—	
Transitory assets		453.75	Total value of capital
		<u>1,254,657.72</u>	
			International Committee of the Red Cross:
			funds in current account
			36,822.10
			<u>1,254,657.72</u>

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1971

EXPENDITURE		RECEIPTS	
	Sw. Fr.		Sw. Fr.
Fees for safekeeping	587.60	Income from securities	48,696.80
Auditors' fees	485.—		
Sundry	<u>145.—</u>		
	1217.60		
Statutory allocation to inalienable reserve fund: 15 % of net revenue (Art. 8 of the Statutes)	7,121.90		
Allocation to the ICRC of balance of net revenue (Art. 7 of the Statutes)	<u>40,357.30</u>		
	<u>48,696.80</u>		<u>48,696.80</u>

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2. AUGUSTA FUND

BALANCE SHEET AS AT 31 DECEMBER 1971

ASSETS		LIABILITIES	
	Sw. Fr.	Sw. Fr.	
Swiss and other Government securities	84,000.—		Inalienable capital
Other Swiss securities	<u>23,945.45</u>		Reserve for price fluctuations . .
	107,945.45		
Less: Provision for price fluctuations (adjustment of value)	<u>1,725.45</u>		
Total market value of securities		106,220.—	
Cash in banks		12,691.35	
Administration fédérale des contributions, Berne (tax paid in advance to be refunded)		<u>892.40</u>	
		<u>119,803.75</u>	
			ICRC
			— Florence Nightingale Medal Fund, current account
			— Creditor (allocation to Red Cross of the Republic of Vietnam still to be withdrawn)
			<u>2,000.—</u>
			<u>4,596.50</u>
			<u>119,803.75</u>

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1971

RECEIPTS

	Sw. Fr.
Income from securities	2,972.—
Interest on bank deposit	<u>2.70</u>
	<u>2,974.70</u>

EXPENDITURE

Auditors' fee	300.—
Safekeeping and bank charges	<u>78.20</u>
	<u>378.20</u>

RESULT

Excess of receipts over expenditure in 1971 allocated to the Florence Nightingale Medal Fund, pursuant to resolution VI of the XX1st International Conference of the Red Cross in 1969 at Istanbul	<u>2,596.50</u>
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INTERNATIONAL COMMITTEE

3. FLORENCE NIGHTINGALE MEDAL FUND

BALANCE SHEET AS AT 31 DECEMBER 1971

ASSETS	Sw. Fr.	LIABILITIES	Sw. Fr.	Sw. Fr.
Swiss Government securities (market value Fr. 30,720.—)	32,000.—	Capital		25,000.—
Deposit at Swiss National Bank, Geneva	12,298.40	Reserve:		
Administration fédérale des Contributions, Berne (tax paid in advance to be refunded)	288.—	— Balance brought forward from 1970	27,257.30	
ICRC, Augusta Fund, a/c	2,596.50	— Excess of expenditure over receipts in 1971	(5,074.40)	22,182.90
	<u>47,182.90</u>			<u>47,182.90</u>

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1971

RECEIPTS

	Sw. Fr.
Income from securities	960.—
Transfer of balance as at 31 December 1971 of Augusta Fund Receipts and Expenditure Account, pursuant to resolution VI of the XXIst International Conference of the Red Cross, Istanbul 1969	2,596.50
Sundry receipts	104.60
	<u>3,661.10</u>

EXPENDITURE

Safekeeping charge	17.—
Printing charges	1,386.—
Purchase of medals	6,105.50
Engraving of medals	927.—
Audit fees	300.—
	<u>TOTAL 8,735.50</u>

RESULT

Excess of expenditure over receipts in 1971	5,074.40
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4. THE CLARE R. BENEDICT FUND

BALANCE SHEET AS AT 31 DECEMBER 1971

(expressed in US \$: appropriations not included)

ASSETS	\$	LIABILITIES	\$
Securities:		Capital	1,000,000.—
(market value, 1,103,307.—)	1,051,610.83	Reserve for market fluctuations of securities	71,422.80
Cash in bank	96,570.74	Receipts and expenditure account:	
		Balance brought forward from 1970	20,665.70
		Net excess income in 1971	<u>56,093.07</u>
	<u>1,148,181.57</u>		<u>76,758.77</u>
			<u>1,148,181.57</u>

RECEIPTS AND EXPENDITURE ACCOUNT FOR 1971

RECEIPTS

	\$
Income from securities	57,134.57
Interest on bank deposits	3,513.92
Book profits on sale of securities	<u>30,906.38</u>
	<u>91,554.87</u>

EXPENDITURE

	\$
Safekeeping charges, fees and other administrative expenses	4,555.42
Allocation of book profit on sale of securities transferred to "Reserve for market fluctuations"	<u>30,906.38</u>
	<u>35,461.80</u>

RESULT

Excess of revenue over expenditure in 1971	<u>56,093.07</u>
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IN THE RED CROSS WORLD

HEALTH IN THE 1980's

Some months ago the Henry Dunant Institute, in co-operation with Messrs Sandoz S.A., undertook an enquiry into *Health and Medicine in the 1980's* in the developed countries. Following the Delphi method,¹ it has so far given some interesting results.

From the replies of sixty-three experts in eighteen countries to two successive questionnaires, it is apparent, in the first place, that the concept of health will extend over the next two decades to cover social and mental conditions which are not at present considered health problems.

Such an extension will be qualitative, as well as quantitative. The concept of "individual" health will be supplemented by that of "social" health which must be made secure against such pernicious effects of sprawling towns and industry as pollution, crime, drink, drugs and so forth.

There will inevitably be a revolution in the traditional practice of medicine. It will tend more and more to be group-oriented in "health centres", in view of the mainly "social" character of the ailments with which it will be confronted. The general practitioner will still be with us, but most of the time he will be a member of a multi-discipline team in which his function will mainly be to co-ordinate the work of the group.

Sickness detection and prevention, in this system of medical team-work, will increase to a greater extent than therapy; the same will apply to "patient rehabilitation". Consequently, considerable changes in the allocation of resources to various medical functions will be inevitable.

¹ This method consists in obtaining expert opinions in successive questionnaires, from which a synopsis is made.

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Group medicine, in association with the development of computers, will make treatment more effective, while at the same time maintaining a human patient-doctor relationship. In any case, that contact will be maintained through nursing personnel which will have an important part to play, even to the extent of taking over some of the doctor's routine, such as diagnosis or basic therapy. The pharmacist too will be associated in this development. From a dispenser of medicaments, he will become the medical team's adviser in pharmacology.

The Red Cross will also have a place in the new scheme of things, but in most cases it will no longer be able to meet the expense of building and operating its own hospitals; more often than not these will be taken over by the State or local authorities. It will, however, continue carrying out certain functions (blood transfusion, for example), possibly with the aid of State subsidies. In particular, it will be well placed, thanks to its status and scope, to carry out all kinds of experiments in public information and hygiene education.

So far as the organization of medical facilities is concerned, and more particularly the defraying of costs, it seems that State intervention is an irreversible phenomenon which will gather momentum; this does not, incidentally, exclude a more "responsible" participation by the individual in the payment of those costs. Although the nationalization of the medical profession seems hardly likely, a degree of "socialization" of medicine is to be expected, the more so as the considerable growth in consumption of "over-the-counter" drugs—products affecting behaviour—will bring increased State control in its wake.

These conclusions, of course, do not complete the picture and for that reason it appeared necessary for some of the experts participating in the enquiry to get together. For that purpose, the Henry Dunant Institute and Messrs. Sandoz have agreed to organize a working session which will shortly take place in Basle. A score of experts and representatives from the ICRC, the League and the Swiss Red Cross will take part, and it is hoped that the meeting will be able to carry the initial conclusions a stage further.

J. V.

**DISASTER PREPAREDNESS AND RELIEF ASSISTANCE
INSTITUTE**

In Manila a seminar organized by the Philippine National Red Cross in co-operation with the League of Red Cross Societies was held from 7 to 16 May 1972. The League was represented by Mr. R. M. Pierpont, Under Secretary-General and Head of Relief Section; Mr. K. J. Seevaratnam, Regional Officer for Asia; and Mr. Sven Lampell. Delegates from the National Societies of the following countries took part: Australia, Ceylon, Great Britain, Indonesia, Japan, the Khmer Republic, the Republic of Korea, the Philippines, Singapore, Thailand and the United States. One of the highlights of this Institute was the participation for the first time in a Red Cross regional meeting of Governmental and non-Governmental Agencies.

The general theme of the Institute was *Disaster Preparedness for National Safety*. The programme included subjects such as "Co-ordination with Government and Relief Agencies", "Rehabilitation of Disaster Victims", "Adequate Preparedness for Weather Forecasting and Disaster Warning", "Statistical Prediction of Disasters", which threw new light on possibilities for extended Red Cross action and held the interest of all participants. The keynote address on *The Role of the Red Cross in Disasters* was made by the Under Secretary-General of the League. The ICRC also took part in this study week, and Mr. B. Daniel, delegate, delivered an address on *Relief to victims of international and non-international armed conflicts*.

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The other subjects presented and discussed were : basic principles of the Red Cross in disaster relief ; pre-disaster planning and survey of needs ; relief action in floods, typhoons, fires and earthquakes ; medical and nursing services in disaster relief actions ; disaster relief actions with special emphasis on epidemics, communications, transportation and warehousing ; team approach in disaster relief including manpower training ; international and local assistance and relief to victims of armed international and non-international conflicts.

It is rewarding to note that this Institute succeeded in emphasizing the fact that the Red Cross movement throughout the world is profoundly concerned, as one of its vital responsibilities, in maintaining the safety of its people through disaster preparedness as a measure, specially in disaster-prone countries. Also, the importance of maximising co-operation in the region in working out effective disaster preparedness programmes by sharing available knowledge and experience in this field was one of the points that was brought home.

On ongoing programmes, disaster preparedness and relief assistance excepted, the activities of National Societies in the fields of health, social welfare, and youth, have followed traditional patterns. However, during the period under review there has been an attempt at re-appraisal and evaluation for purposes of more integrated planning within the overall national plans.

Haiti

For the National Society, Red Cross Day has become the occasion of a general assembly at which its members, friends and government representatives gather. This happened again this year, and Dr. Victor Laroche, President of the Haiti Red Cross, outlined the institution's activities during 1970-1971. First-aid certificates were then presented to schoolchildren and to members of some army corps who had attended first-aid and life-saving courses. The ceremony closed with demonstrations by first-aid brigades.

The National Society is active in a number of fields, and it is worth mentioning its action for victims of floods which devastated certain areas last May, and before that the distribution of clothing and blankets by its voluntary workers. At the time of a big fire, too, the stricken families received immediate aid. We should also mention the Society's activities in the prevention of traffic accidents and, lastly, the development of a blood donation programme, to which a Red Cross blood transfusion centre, soon to open at Cap-Haïtien, will bear witness.

Mexico

Monuments to Henry Dunant's memory exist in a number of countries. The latest is the one inaugurated in Mexico by the National Society last October. The ceremony, which took place on the esplanade in front of the Mexican Red Cross hospital, simultaneously commemorated two other important events: the sixtieth anniversary of the founding of the Mexican Red Cross, and the presentation of the Florence Nightingale Medal to Mrs. Dolores Campos de Estrada, as announced in our May 1971 issue.

Several notables of the Red Cross movement were present, including Mr. Salvador Lopez Chavez, National Society President, Countess Angela of Limerick, Chairman of the International Red Cross Standing Commission, Mr. José Barroso, Chairman of the

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League Board of Governors, Mr. Harald Huber, Vice-President of the ICRC, various members of the Mexican Red Cross Committee and many National Society delegates at Mexico for the thirty-first session of the League Board of Governors. The bust of Henry Dunant was unveiled by the Countess of Limerick, after a speech by Mr. Lopez Chavez in which he summarized the profound significance of the three events being celebrated that day and said that the women's volunteer corps of the Mexican Red Cross were proud of the tribute to the laureate by the ICRC's award of the Florence Nightingale Medal.

This distinction was then presented symbolically to Mrs. Dolores Campos de Estrada and a few days later the Head of the Central Department of the Federal District, in the absence of the President of the Republic, pinned the medal on her, at the same time praising her meritorious service and dedication. "Our country is proud of you", he said, "for the honour conveyed by the award of such a high distinction." After thirty-five years with the Red Cross as a graduate nurse, Mrs. Campos de Estrada is now in charge of co-ordination on the Women's Voluntary Corps Committee.

Spain

At the inauguration of the Spanish Red Cross radio transmitter, H.R.H. Don Juan Carlos de Bourbon, Prince of Spain, addressed a message to the ICRC in which he recalled the work of the Red Cross on behalf of the victims of conflicts, the essential meaning of the humanitarian idea at the present time, and the importance of the Red Cross as a link between peoples and as a peace factor. The Red Cross should have the support of one and all because its endeavours were based on the ideal of human dignity.

"Through the International Committee—whose plans I approve and hope to see fulfilled—I transmit to all National Societies this token of solidarity from the Spanish Red Cross, and to the Spanish Red Cross I wish to express the gratitude of the Spanish

nation for its effective action. In the name of the Head of State, I declare the direct link between the International Committee and the Spanish Red Cross open.”

Togo

The Togo Red Cross is now publishing an information bulletin (*Notes d'information*) intended, as its Central Committee says in the first issue which has just reached us in Geneva, to reflect the National Society's image and to make its activities known both nationally and internationally. Several articles describe the work at present being carried out at the central headquarters and the local sections. A report is also given on the Society's general meeting in Lomé last February at which some important decisions were reached, particularly for the blood transfusion and antituberculosis campaigns.

Our best wishes go to this new publication for a successful career.

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

UNITED NATIONS CONFERENCE ON THE HUMAN ENVIRONMENT

From 5 to 16 June 1972, at Stockholm, the United Nations Conference on the Human Environment was attended by representatives from 113 States, and from many specialized agencies and intergovernmental and non-governmental organizations. The League of Red Cross Societies was represented, as activities for the protection of the human environment naturally have their place in the programmes of the Red Cross. As stressed by Mr. H. Beer, League Secretary-General, in his address to the Conference:

“ The concept of the Red Cross as an integral part of modern community development and its emphasis on a new approach to its work in the rapidly-growing agglomerations of millions of people are a direct proof of a “ total environment ” approach.”

“ While, initially and traditionally, Red Cross activities aim to alleviate the horrors of warfare—the most serious man-made threat to a decent human environment—”, Mr. Beer stressed that “ in peace time, Red Cross activities merge toward, modern and integrated approaches to environmental problems ”. He reminded delegates that a resolution voted at last year’s meeting of the League’s Board of Governors on future Red Cross action emphasized the importance of keeping the public well informed on environmental dangers and on adequate counter-measures that need to be taken.

“ Participation in preventive environmental health campaigns, Red Cross youth action in sanitation work, co-operation with the United Nations to create a new system of pre-disaster planning, new means to prevent traffic accidents, and positive contributions in

family planning—these are some examples of Red Cross activities, not only in industrialized countries but also in developing areas where the League concentrates its work”, Mr. Beer added.

Mr. Beer concluded by saying: “ Our greatest task in the future will be to awaken and activate the public’s motivations and its awareness, to help in creating enthusiasm at both national and international levels, for the necessary reforms which have to be accomplished ”.

In order to ensure continuity in international action for environment conservancy, the Conference recommended the United Nations to set up a new UN body: an administrative council for environment programmes with representatives from fifty-four States, a fund for the financing of such programmes, a small secretariat, and a set of procedural rules for the co-ordination of the many activities of the United Nations bodies concerned with environment. In addition, the Conference adopted a seven-paragraph Declaration expressing mankind’s common interest in world environment conservation. The Declaration contains a preamble and a number of principles stating, *inter alia*, the conviction that:

Man has the fundamental right to freedom, equality and adequate conditions of life, in an environment of a quality which permits a life of dignity and well-being, and bears a solemn responsibility to protect and improve the environment for present and future generations.

Paragraph 6 of the Declaration states:

A point has been reached in history when we must shape our actions throughout the world with a more prudent care for their environmental consequences. Through ignorance or indifference we can do massive and irreversible harm to the earthly environment on which our life and well-being depend. Conversely, through fuller knowledge and wiser action, we can achieve for ourselves and our posterity a better life in an environment more in keeping with human needs and hopes. There are broad vistas for the enhancement of environmental quality and the creation of a good life. What is needed is an enthusiastic but calm state of mind and intense but orderly work. For the purpose of attaining freedom in the world of nature, man must use knowledge to build in collaboration with nature a better environment. To defend and improve

MISCELLANEOUS

the human environment for present and future generations has become an imperative goal for mankind—a goal to be pursued together with, and in harmony with, the established and fundamental goals of peace and of world-wide economic and social development.

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The Conference, which voted recommendations combined in a practical plan of action, reflected universal awareness of the urgency of environment problems, and the necessity for worldwide co-operation and prompt action by international and national organizations for the benefit of all mankind.

BOOKS AND REVIEWS

The International Union for Child Welfare, by Pierre Zumbach, *Assignment Children*, UNICEF, Neuilly-sur-Seine, 1971, No. 14.

The International Union for Child Welfare is an international non-governmental organization which has, under its umbrella, both national and international member-organizations. These may be official, semi-official or voluntary. Some are Ministries, some are local authorities, some are voluntary agencies spread over 54 countries of all continents with staff either of professional workers from different disciplines or of volunteers.

Some of the IUCW's members are concerned with technical cooperation in developing countries, others are engaged in social work in their own country, still others are concerned with research, but all have as their objective either directly or indirectly the welfare of the child. Indeed, their combined activities cover all aspects of child welfare: emergency relief in times of war or natural disaster, sponsorships, long-term programmes in the field of ante-natal care, nutrition, health, social action, child guidance, remedial care and education for the physically and mentally handicapped, recreational education, development of the child in the pre-school period, preventive work against maladjustment, the fight against juvenile delinquency and the training of specialized workers to deal with these problems.

Within the framework of the pre-school development of the child, the IUCW strives to establish residential and day-nurseries, where local conditions make them essential, as well as nursery schools, mother and baby clinics and welfare centres. The IUCW also devotes its attention to the promotion of new educational methods.

Another priority programme, the vocational training of adolescents, forms the object of a number of studies and projects in which the principal aim is to obtain the best possible social integration of the adolescent through his work.

In order to achieve the objectives which the IUCW has set itself, it is obviously indispensable to have available specialized workers responsible for assisting parents in the upbringing of children and their integration into adult society. This priority demands, above all, the training of professional workers through social study courses applied to the context in which they will serve.

Drugs and the adolescent, *WHO Chronicle*, Geneva, 1971, No. 6.

...The long-term treatment of drug-dependent persons requires the co-operative efforts of physicians, psychologists, and sociologists—to mention but a few of the specialists involved. Unfortunately drug-

BOOKS AND REVIEWS

takers often have very little motivation to undergo treatment and many of them openly defend their habits, sometimes with sophisticated arguments, often aggressively. This makes treatment both difficult and unrewarding. The aim of treatment should be to teach the drug-user more constructive ways of satisfying his emotional needs and solving his personal problems. The very high relapse rates reported with all methods of treatment are evidence of the difficulties involved.

The need to prevent the further spread of self-administration of dependence-producing drugs is clear, but the urgency of the situation, particularly in the developed countries, is not always appreciated. The mass media, for example, could be used to counteract dangerously romantic ideas on the benefits of drug taking, although care is needed in using such media since they may produce the opposite effect to the one intended. It is equally important that all measures for the control of drug distribution should be explored.

The prevention of drug dependence in young people cannot, however, be considered in isolation. Success in controlling it will be achieved only when it is accepted as a part of the wider and deeper problem of adolescent adjustment to life in modern society. The transition from childhood to adulthood can be made easier, for example, by the acceptance, by adults, that young people have values of their own. In this way, adults can reduce their own anxiety and counter-aggression, which, if unrelieved, can only serve to aggravate the problem still further.



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

(AGREED AND AMENDED ON 25 SEPTEMBER 1952)

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

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

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

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

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

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

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

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

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

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

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



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- ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaberones*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S. S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 284 (Ontario)*.
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatha, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1471 *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Ramses, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17 rue Quentin Bauchart, F-75008 *Paris*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, Dx 801 *Dresden 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1 X 7 E.J*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3^a Calle 8-40, Zona 1, *Ciudad Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Øldugøtu 4, Post Box 872, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Djalan Abdulmuis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Tehran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 1-1-5 Shiba Daimon, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 40712, *Nairobi*.
- KHMER REPUBLIC — Khmer Red Cross, 17 Vithei Croix-Rouge khmère, P.O.B. 94, *Phnom-Penh*.
- KOREA (Democratic People's Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.

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- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- 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 REPUBLIC — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, *Luxembourg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clémenceau, P.O. Box 1168, *Tananarive*.
- MALAWI — Malawi Red Cross, Hall Road, Box 247, *Blantyre*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejercito Nacional n° 1032, *México 10, D.F.*
- MONACO — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO — Moroccan Red Crescent, rue Benzakour, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureshwar, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, Red Cross House, 14, Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington North*).
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- PERU — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila D-406*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- ROMANIA — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIA — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, *Lomé*
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 105, Woodford Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushkii, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201 duong Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- ZAIRE (Republic of) — Red Cross of the Republic of Zaire, 41 av. de la Justice, P.O. Box 1712, *Kinshasa*.
- ZAMBIA — Zambia Red Cross, P.O. Box R.W.1, Ridgeway, *Lusaka*.