

**MAY 1973**

**THIRTEENTH YEAR — No. 146**

# **international review of the red cross**



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# INTERNATIONAL REVIEW OF THE RED CROSS

MAY 1973 - No. 146

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**FRENCH EDITION  
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**SUPPLEMENTS  
TO THE REVIEW**

**SPANISH**

Dieter Fleck : Asignación de asesores jurídicos y de profesores de derecho para las fuerzas armadas - Vigésima cuarta adjudicación de la Medalla Florencia Nightingale - Comisión Permanente de la Cruz Roja Internacional.

**GERMAN**

Pierre Boissier : Florence Nightingale und Henry Duntant - Vierundzwanzigste Verleihung der Florence-Nightingale-Medaille - Welttag der Krankenschwestern.

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# Florence Nightingale and Henry Dunant

## Similarities and Differences

by **Pierre Boissier**

Florence Nightingale and Henry Dunant are two names which are associated in much that has been written about the Red Cross and army medical services. Only seldom are their outstanding personalities contrasted. Where does the truth lie? In similarity or difference? Let us try to sort things out.

But first a few facts.

While our heroes enjoyed a sheltered and comfortable childhood, what was happening in a world infinitely remote from, yet very close to, their parents' elegant dwellings?

In mines, factories and mills, children less than ten years old sometimes worked sixteen hours a day, all too often under whip-wielding overseers. The mothers of those children were, of course, also at work in the factories and mines, where they dragged and pushed trolleys along galleries which were too low for ponies. When they emerged from those dark, unhealthy places of work, where they had to keep pace with the relentless machines, many of the workers, young and old, collapsed through exhaustion on the road that led to their slum dwelling.

It is often thought that nothing was or could be worse than the condition of the proletariat in the first half of the nineteenth century. This is not true.

There were the soldiers.

In the barracks of England and France, filled as they were with selected, stalwart young men, the mortality rate was twice as high as that of the population as a whole. And that was in peace time, when all was well and everything was easy. But what about armies in the field? Statistics, which were just beginning to be drawn up, showed that for every soldier killed by the enemy seven or eight died through the commissariat's carelessness, negligence and stupidity. In fact, the armies destroyed themselves. There were only a few doctors and orderlies, and hardly any medical supplies for the care of relatively few wounded and a great number of sick. In the French army, the ratio of veterinary surgeons to horses was 4.5 to 1000, and that of doctors to men 0.8 to 1000.

This was partly the result of compulsory military service which gradually spread over the European mainland after the French Revolution. Once the soldier was no longer costly, there was less concern about him; and besides the battle-field often lay far away, and no one knew what was going on. It was easy to accept the idea that all who failed to return had died a hero's death, whereas in fact most of them had perished owing to sheer neglect on the part of their commanding officers. Nowhere was the army allowed to voice any opinion whatsoever, and it lacked a spokesman. There was no Friedrich Engels for the soldier.

It was into that closed and unknown world of the army that first Florence Nightingale and, a few years later, Henry Dunant were to venture. They were to penetrate the monster's lair, pit themselves against it, fight it barehanded, and compel it to give ground. They were to transform the soldier's life.

Both of them did a great many other things.

Florence Nightingale extended her action to civilian hospitals. Enthusiastically she launched into the training of nurses. Her tireless pen covered volumes of philosophy and theology. The same thing happened with Dunant, who actively supported the cause of international arbitration, pacifism and feminism, and who also wrote a great deal.

But we shall not follow them on their various crusades. Let us confine ourselves to their great purpose in life and the field in which they were to meet: their concern for the soldier.

\* \* \*

Many French encyclopaedias say that Florence Nightingale was one of the forerunners of the Red Cross. Is this true? Can the work of Florence Nightingale and that of Henry Dunant be said to be complementary? This question leads us to draw a comparison between what they did. Incidentally, however, we shall pursue a second and perhaps more engaging aim: that of comparing, not two achievements, but two temperaments and two destinies.

The fact which first comes to mind is that both Florence Nightingale and Henry Dunant were to be plunged into the world of war, she at thirty-four and he at thirty-one. Indeed, what could be more unexpected than that this national of a neutral country or this well-bred woman should one day find themselves on a battlefield? They themselves did not by any means expect it. And yet, had they not unwittingly prepared, in their different ways, to confront the horrors of war and thereby give their lives a new meaning?

Both of them broke away from their background.

This was harder, more heart-rending and more heroic for Florence Nightingale because she had started higher up. Of gentle birth, wealthy, attractive and witty, she had everything that could make for success and brilliance in the well planned life that opened before her. Because she was so keen, she was allowed to learn Greek and Latin, but her intended role in society was to shine in fashionable circles. Reluctantly she agreed. Flo was willing to dance and take part in quadrilles and charades, but her heart was not in it. At seventeen she knew that God called her to serve. But whom was she to serve, and how? This was not yet clear to her, but she was already a being apart.

Gradually those around her realized to their horror what that vocation was to be: to tend the sick. It was a decision which even in the humblest circles would have been unwelcome, for at that time hospital work was done by women of scant virtue, mostly drunkards, nearly always brutal.

Out of consideration for her family, Florence Nightingale first decided to keep up appearances. In secret she started to read everything that had been written about nursing and hospital techniques. Those dry books enthralled her. Who would ever have

thought that so elegant a young lady was methodically storing up immense knowledge?

Theory had to be put into practice, however, and once again she had to resort to guile. Her parents travelled a great deal, and by prevailing upon them to indulge some of her whims, she managed here and there in secret to gain admittance to hospitals. And since London society would remain unaware of what was afoot, her parents finally resigned themselves to allowing her to go to Germany for two periods of training at the Home of the Deaconesses, at Kaiserswerth, where she happily submitted to the iron discipline and appalling working hours of that model institution.

But morally and psychologically the deception became more than she could bear. Florence Nightingale made a final break to take up the position that was hers by right, that of leader. In 1853 she became the director of a big London hospital. A few hours were enough to make it clear to staff and patients alike that Miss Nightingale knew the job better than anyone else, and that her orders were not to be questioned.

\* \* \*

Young Dunant first went through a mystic period, partly through the influence of Pastor Gaussen, a crank and an ardent Revivalist, who stuffed his young pupils' minds with an improbable prophetic hodge-podge. Yet, like Florence Nightingale, he started quite reassuringly by training in a bank.

Geneva and accounting ledgers bored him, however. He left for Algeria, where the bank he was working for had interests in an agricultural settlement, at Sétif. And then came the break. Dunant could not tolerate the use and abuse of native labour. Very soon there were violent scenes between him and the Sétif manager. He resigned and decided to have a farm of his own.

He declared that in his employ the natives would be happy and well paid. He had taken the trouble to understand them and had grown really fond of them. He had taken lessons in Arabic and had explored, not only Algeria, but also Tunisia, about which, in 1858, he wrote a remarkable book which revealed his respect for Islam.

He decided on a well-chosen site in Kabylia: Mons Djemila. He had the best machines sent from London to grind his wheat.

All that remained to be done was obtain concessions for land and water, without which it would not be possible to produce wheat or turn the mills. As a rule, settlers obtained such concessions without the slightest difficulty, and if the local populace showed signs of resisting, the army knew how to “pacify” them.

But Dunant had been guilty of the worst imprudence by letting it be known that at Mons Djemila the natives would be well treated and well paid. The other settlers and the military government immediately realized that this trouble-maker was going to ruin the labour market. Such a man could not and must not succeed. So he was refused the concessions for which he had asked. It was the beginning of terrible tribulations.

Oblivious of the fate that was lying in wait for them, Florence Nightingale and Henry Dunant were henceforth masters of their own destiny and, above all, free. Something told them imperatively that they must not allow themselves to be fettered. That was a feature of their profound nature which expressed itself, among other things, in celibacy, we may even go so far as to say chastity. It was to lay both of them open to the absolutely unjust and uncalled for mockery of those who later attributed to them the same leanings for which Oscar Wilde was to pay so dearly.

\* \* \*

Before the lot of the soldier could be improved, it had to be seen. Florence Nightingale and Henry Dunant went straight to where conditions were the very worst: she to Crimea and he, three years later, to Italy.

The Crimean War is so well known that there is no need to recount all its vicissitudes. However, let us note a few facts.

The British and French armies which disembarked at Gallipoli in 1854 had two things in common: the courage of their soldiers and the crass stupidity of their commissariats. The latter trait was made evident by a total disregard for health and medical care. Not only was nothing done to provide the troops with suitable food, clothing and accommodation, but no provision was made to care for those stricken with foreseeable and avoidable diseases or to dress the wounds of the injured. Supplies needed by the all too few

doctors were almost non-existent, and French surgeons were seen buying old surgical instruments in the flea market of Constantinople.

The inevitable, of course, came to pass. Scurvy, the causes of which were well known and which could easily have been prevented, claimed tens of thousands of victims, as did typhus and a host of other illnesses, almost all of them due to the exhausted state of the troops. The sick, whether infectious or otherwise, were packed among the wounded in enormous so-called hospitals. Contagion and gangrene ran riot, powerfully aided in their deadly work by an administrative confusion that had a touch of genius!

But here is a contrast. The French military administration, which in this case gave proof of remarkable efficiency, took measures, that were crowned with success, to stop the dreadful scandal from getting back to France. A *cabinet noir*, a censorship office, was set up which mercilessly censored all letters, even those of generals. No criticism got through. Paris knew nothing, nor did Emperor Napoleon III. The English army, on the other hand, tolerated the presence of journalists, and the stench of "hospital gangrene" was wafted back to London.

And it reached Florence Nightingale too. Her mind was quickly made up: she would go to Crimea. She made her wish known to her old friend Sydney Herbert, Secretary for War, in a letter which crossed with one in which Herbert asked her to go out, with extensive powers.

Everyone knows what "the Lady with the Lamp" did. Working day and night under inconceivable conditions, braving the hostility of those in charge, she was to save the English army. Two figures make that clear. During the second winter of the campaign, after the fall of Sebastopol, throughout the period when active hostilities had practically ceased, the French lost 21,191 men through sickness and the incompetence of the medical services, while the English, who were only three times less numerous, lost 606. The difference was Florence Nightingale. This is one of the most extraordinary achievements in the entire military history of the world.

\* \* \*

How different were the circumstances that led Dunant to the theatre of war in Italy!

In 1859, the unfortunate owner of the Mons Djemila mills was in desperate straits. The Algiers offices and the ministries in Paris continued to unite against him and to refuse him his wheat fields and water. What was he to do? There was but one solution: to appeal to the highest authority, to Napoleon III himself. But, as a crowning misfortune, the Emperor was waging war against Austria, in Lombardy. Dunant had no other choice than to hasten after him, and that was how our philanthropic settler arrived at a small town called Castiglione in the evening of 24 June. This was the very spot where the wounded of the bloodiest battle Europe had known since Waterloo were being brought. The battle of Solferino was ending as Dunant arrived at the rendez-vous which fate had arranged for him.

At Castiglione Dunant found the wounded in a state of almost total neglect. There they were, 9,000 of them, lying in streets, squares and churches. Five doctors, without help, without dressings, could only give them an absurdly small measure of aid. There was no bedding, nor were there any organized food supplies. Dunant knew nothing about medicine, but he was a great-hearted man. He interrupted his journey and for almost a week did his best to help those unfortunate men. Night and day he devoted himself to their care. He brought water to those parched with thirst, cradled the heads of the dying and listened to their last wishes, and made clumsy attempts to apply dressings made out of the shirt-tails of the wounded themselves. Then he again took to the road, failed in his endeavour to approach the Emperor, and returned to Paris.

The immense difference between our two characters is obvious. Florence Nightingale went to Crimea because she wanted to care for the wounded. She had the means, a team of nurses, money and specific powers. She was highly qualified for the task which she carried out for eight months. Dunant was exactly the opposite. He arrived by chance, on a business trip. He was the very image of the incompetent amateur, and he remained with the wounded for only five days. Yet in both cases the scene was the same. Castiglione was Dunant's Scutari.

But here again we see a fundamental resemblance between our two heroes. They did not, like thousands of others who had witnessed the same scenes, return home and try to forget. No, their lives thenceforth belonged to the wounded. Their sole aim in life was to

change the established order, to substitute intelligence for stupidity, feeling for indifference. Yes, their aims were identical, but, as we shall see, they differed completely in their choice of method. From identical scenes they were to draw diametrically contrary conclusions.

Florence Nightingale's reasoning was simple: the military administration was badly organized; hence it must be reorganized. She was David fighting Goliath, and she won. She was to give English hospitals a "new look", and her influence was to spread to the Canadian garrisons at the time of the War of Secession, then to India during the Sepoy revolt.

Let us now return to Dunant. Let us go from one extreme to the other. Like Florence Nightingale, he had seen how the military administration worked and the spirit which imbued it. This was enough to convince him of two things: that reform was impossible and that a new institution must therefore be set up, one of a private nature which would make up for the deficiencies of the military administration.

His idea was simple: in every country of the world societies should be established which in peace time would train what he called "volunteer relief workers" and accumulate as much equipment as possible: surgical instruments, dressings, ambulances, etc. If war should break out, those societies would be ready for action. They would proceed at once to the scene of fighting, with all the means at their disposal. Side by side with the medical services of their respective armies, they would collect the wounded from the battlefield, tend their wounds and evacuate them to the rear.

Like Florence Nightingale, Dunant was to put his ideas on paper, in a book entitled "*Un Souvenir de Solférino*" ("A Memory of Solferino"). But the book was not meant for experts alone, for, as we know, Dunant had abandoned the idea of convincing the military authorities. He addressed himself to the public: to the fathers and mothers of present and future soldiers, and also to those fathers and mothers of soldiers who were kings and queens in Europe. His style was brilliant, his story full of colour, and his descriptions were sometimes almost unbearably vivid. The book achieved its purpose. It was feelingly discussed in drawing-rooms where, thanks to him, light had been shed on the dark side of war, on the aspect about which no one ever spoke.

To establish societies such as suggested by Dunant was beyond the powers of one man alone. So four Genevese citizens rallied round Dunant, and together they decided to invite all the sovereigns of Europe to send to Geneva experts and representatives to whom the great idea would be submitted. That conference took place in 1863. It marked the foundation of the Red Cross.

Very soon societies started to appear in every part of Europe, at first under a variety of names. It was only twenty years later that they adopted the name of Red Cross Societies and that the small group which had founded the movement became the International Committee of the Red Cross.

Dunant, who had the greatest admiration for Florence Nightingale, sent her a copy of his book. True to form, Florence Nightingale reacted with her usual vivacity and made her complete disapproval quite clear.<sup>1</sup> "A society of this kind", she wrote to Dunant in January 1863, "would take upon itself duties that are in fact incumbent on the governments of every country". And she added that it would be an error to "wish to relieve these governments of a responsibility that is really theirs and which they alone are in a position to assume". There she was wrong, for in many countries the development of the army medical services was to come about with terrible slowness. In many places, the Red Cross was to prove stronger, better equipped, better organized and quicker to arrive on the battlefield, saving hundreds of thousands of wounded who, but for its help, would have died.

A few months after the Red Cross was founded, Dunant had another idea. He realized that belligerents were quite prepared to recognize the special situation of the wounded and of those who cared for them. They were not, strictly speaking, enemies, since they took no part in the fighting. Why then should they be subjected to the rigours of war? The belligerents were, in fact, prepared to spare such people, provided there was reciprocity and that vehicles and buildings used solely for the wounded were easily recognizable. Again Dunant found a simple and practicable solution.

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<sup>1</sup> See: *Revue Internationale de la Croix-Rouge* :

"Comment l'Europe accueillit le Souvenir de Solférino", by B. Gagnebin, June 1950 ;

"Florence Nightingale and Henry Dunant", by J.-G. Lossier, English supplement of May 1954.

A single symbol, said Dunant, must be introduced in all armies, a symbol that would be the same everywhere and known to all, to indicate military hospitals, ambulances and medical personnel. Under a treaty, the States would mutually undertake to respect that emblem.

No sooner said than done. In 1864, a diplomatic conference met in the Geneva Town Hall and adopted the “ Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field ”. Ambulances, military hospitals and medical personnel were thenceforth to be “ recognized as neutral and, as such, protected and respected by the belligerents ”. “ A distinctive and uniform flag ” was adopted: a red cross on a white ground.

That event marked an important date in the history of humanity. War and law had until then been regarded as irreconcilable opposites: war implying the failure of international law. Dunant and the other founders of the Red Cross maintained, on the contrary, that even in wartime law could prevail and, in some spheres, govern the behaviour of combatants. Here was the origin of all written law of war: the Geneva Conventions and the Hague Conventions.

We have seen how, starting from identical premises, Florence Nightingale and Henry Dunant chose different courses. Florence Nightingale reformed the medical services she had found inadequate. Dunant set up a new organization.

One might add that Florence Nightingale worked for her own country. She was concerned about the English army and proposed to endow it with better institutions. Dunant, on the other hand, took an international stand from the outset. He spoke of “ all the countries of the world ”. Everywhere he wanted those relief societies for which he felt there was an urgent need. And the Geneva Convention, too, should strive to be universal. Here lay the antithesis: Florence Nightingale’s work was national, while Dunant’s system was of an international nature. It is only fair, however, to add that Florence Nightingale’s work was very soon to extend far beyond the limits of the Empire, even though she had not sought to achieve that. Her work was an example to others. It inspired other States, starting with the Northern States during the War of Secession.

\* \* \*

As father of the Red Cross and of the Law of War, Dunant experienced the joys of celebrity for a little more than two years. But the Tarpeian rock still lay near the Capitol. In dedicating himself to the welfare of the wounded, Dunant badly neglected his business affairs, which went from bad to worse, and suddenly the abyss opened. A Geneva bank which had lent him money failed. Dunant was called upon to pay and became destitute. He sought refuge in Paris, slept on benches in public gardens and in railway waiting rooms. He suffered hunger, cold and bitter humiliation. In 1870-1871, during the Siege of Paris and the Commune, he made a brave and admirable reappearance, saved wounded persons and even managed to conduct negotiations between communards and the regular troops.

Then oblivion closed over him.

One day he arrived in a small village in German Switzerland overlooking Lake Constance: Heiden. A charitable institution gave him shelter. He was so poor that, lacking any change of clothing, he had to stay in bed while his clothes were being washed. He was to spend twenty-three years in that place of exile. Everyone thought he had died long ago, when one day a young German Swiss journalist discovered that the founder of the Red Cross was living in that village, in the canton of Appenzell. He hurried there to find Dunant, who had a long white beard and was clad in a red dressing-gown, immersed in a book he was writing against war: "*L'Avenir Sanglant*". What a scoop! Newspapers all over the world soon carried the astounding news that Henry Dunant was still alive. Overnight he was again covered in glory. Sovereigns wrote to him. He received thousands of messages and the supreme honour of being awarded the first Nobel Peace Prize.

In his will, written in a firm hand, Dunant asked that his "mortal remains should be cremated . . . with no ceremony whatsoever". So it was that he departed this life on 30 October 1910, two and a half months after Florence Nightingale, who had expressed the same wish, which was no less scrupulously fulfilled.

\* \* \*

Dunant disappeared from the scene in 1867, in circumstances which are well known. It was around that time that Florence

Nightingale convinced herself that she was no longer in a fit state to get up or to leave the house. She continued to work furiously from her bed, but, like Dunant, she so completely disappeared from the scene that the public came to believe that she, too, was dead. For forty-three years both were lost in anonymity, each confined to one room. This similarity is somewhat disturbing.

It seems obvious that a man who at the age of thirty-nine suffers however great a reverse of fortune, is not finished, particularly when he has the intellectual resources, friends and backing that Dunant had. Similarly, those who have closely studied the life of Florence Nightingale agree that her exhaustion following the Crimean war was not incurable. It would seem that nothing compelled her to lead the life of a recluse.

One can but wonder whether people who have given their all and reached the goal which Providence seemed to have assigned them do not have a vague yet imperative feeling that they must leave the scene, and that the work which they started will then be resumed by others and brought to fulfilment.

One last word.

As we have seen, Florence Nightingale and Henry Dunant chose differing if not contrary ways of transforming the lot of soldiers. Let us then not say that Florence Nightingale was a forerunner of the Red Cross. Let us put her in the place she truly deserves, that of the founder of modern military medical services. That is no less a claim to glory!

Still the future was clearly to show that their work was complementary. To be convinced of this, it is enough to take a look at an ambulance or a hospital ship. They bear witness to the constant progress achieved on the lines advocated by Florence Nightingale. But what emblem protects them against attack from a possible enemy? The Red Cross, the emblem of Dunant. That is how their paths have again met and why they are now linked in our memories and in the gratitude of mankind.

**Pierre BOISSIER**

Director of the Henry Dunant Institute

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **Twenty-fourth award of the Florence Nightingale Medal**

GENEVA, 12 MAY 1973

*Circular No. 488*

*to the Central Committees of National Red Cross,  
Red Crescent, and Red Lion and Sun Societies*

LADIES AND GENTLEMEN,

In its Circular No. 486 of 23 August 1972, the International Committee of the Red Cross had the honour to invite the Central Committees of National Societies to send in the names of nurses and voluntary aids whom they judged qualified to receive the Florence Nightingale Medal. This invitation, which quoted Article 1 of the Regulations, was accompanied by forms to be completed by the candidates.

The first object of this Medal is to honour nurses and voluntary aids who have distinguished themselves exceptionally by their devotion to sick or wounded in the difficult and perilous situations which often prevail in times of war or public disaster. The Regulations also provide that a maximum number of 36 medals shall be awarded every two years and that the candidates' names must reach the International Committee of the Red Cross before 1 March of the year in which the distribution takes place.

## INTERNATIONAL COMMITTEE

In accordance with these Regulations, the International Committee, after a careful study of the 56 files submitted by 28 National Societies, has the pleasure of announcing that for the twenty-fourth distribution the Medal has been awarded to the following nurses and voluntary aids<sup>1</sup>:

### COLOMBIA

1. *Señorita María de Jesús Tovar Bermeo*, Enfermera General y Auxiliar de la Sanidad Militar de la República de Colombia. Enfermera Jefe del Socorro Nacional de la Cruz Roja Colombiana.

### CZECHOSLOVAKIA

2. *Madame Mária Biziková*, Infirmière diplômée et volontaire de la Croix-Rouge tchécoslovaque. Membre du Comité Central de la Croix-Rouge tchécoslovaque et Présidente du Comité municipal de la Croix-Rouge slovaque à Bratislava.
3. *Madame Ilona Ryšková*, Infirmière volontaire de la Croix-Rouge tchécoslovaque. Présidente de l'organisation de base de la Croix-Rouge tchécoslovaque.

### FRANCE

4. *Baronne Jacqueline Mallet*, Infirmière diplômée. Membre du Conseil d'Administration de la C.R.F. Vice-Présidente de la Croix-Rouge des Yvelines—Directrice d'un Service d'enfants handicapés.
5. *Madame Béatrice de Foucaud*, Infirmière diplômée. Directrice du Service des Conductrices Ambulancières.
6. *Madame Yvonne Deschamps*, Infirmière diplômée. Ancienne Directrice de l'Ecole d'Infirmières et d'Assistantes Sociales de la Croix-Rouge Française d'Alençon.

### GERMANY (Dem. Rep.)

7. *Frau Margarete Hildebrandt*, Diplomierte Krankenschwester, Hebamme und Sozialfürsorgerin.

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<sup>1</sup> Since the designation, qualifications and duties of nursing personnel do not always have an exact equivalent in the various languages, it seemed to be preferable to leave them as in the original text.

## INTERNATIONAL COMMITTEE

### GERMANY (Fed. Rep.)

8. *Frau Generaloberin Ilse von Troschke*, Diplomierte Schwester. Diplom der Wernerschule vom Roten Kreuz. Generaloberin. Vorsitzende der Arbeitsgemeinschaft Deutscher Schwesternverbände.
9. *Schwester Mathilde Verhall*, Diplomierte Schwester. Diplom der Wernerschule vom Roten Kreuz. Stationsschwester.

### GREECE

10. *Madame Virginia Zanna*, Auxiliaire Volontaire de la Croix-Rouge hellénique. Actuellement, Inspectrice du Corps des Infirmières.

### HUNGARY

11. *Madame Sagy Ferencné*, Auxiliaire volontaire de la Croix-Rouge hongroise. Ancienne Secrétaire de la Section locale de la Croix-Rouge hongroise à Kecskemét.
12. *Madame Schönfeld Ferencné*, Auxiliaire volontaire de la Croix-Rouge hongroise.

### INDIA

13. *Lt. Col. Yeddu Vijayamma*, Registered Nurse, Midwife and Matron. Principal Matron MNS(R) 151 Base Hospital, c/o 99 A.P.O.

### ITALY

14. *Mademoiselle Marina Caruana*, Infirmière diplômée professionnelle et volontaire. Ancienne Présidente de l'Association Nationale des Infirmières Professionnelles et Assistantes Sanitaires visiteuses.

### JAPAN

15. *Mrs. Shima Yano*, Registered Nurse. Assistant Professor of the Junshin Women's Junior College in Kagoshima.
16. *Miss Ryu Saga*, Registered Nurse. Lecturer of the Akita Red Cross School of Nursing.

## INTERNATIONAL COMMITTEE

17. *Miss Masae Yukinaga*, Registered Nurse. Head of Nursing of the Tenri Yoroju Sodanjo Hospital and Vice Director of the Tenri School of Nursing.

### KOREA (REPUBLIC)

18. *Mrs. Keum Bong Lee*, Graduate Nurse. Chief Nurse, Leper's House, Sorok-do Leper's Colony.
19. *Mrs. Kwi Hyang Lee*, Graduate Nurse. Master's Degree in Nursing Education. Head Professor of Nursing Department, Seoul National University, Director of Research Group and Vice-Chairman, Korean Nurses Association.
20. *Mrs. Soon Bong Kim*, Graduate Nurse. Chief of Nurses, National Medical Centre, Seoul.

### NIGERIA

21. *Mrs. Kofoworola Abeni Pratt*, State Registered Nurse and Midwife. Certificate in Tropical Nursing. Teachers Diploma. Hospital Nursing Administration Certificate. Chief Nursing Officer, Federal Ministry of Health, Lagos.

### PHILIPPINES

22. *Mrs. Angelita F. Corpus*, Graduate Nurse. Senior Nurse, Laguna Provincial Hospital.

### POLAND

23. *Madame Helena Dabrowska*, Infirmière diplômée. Station de transfusion sanguine de l'Hôpital de voivodie à Olsztyn.
24. *Madame Elzbieta-Klementyna Krzywicka-Kowalik*, Infirmière diplômée.

### UNITED KINGDOM

25. *Miss Helen Joyce Cholmeley*, M.B.E., A.R.R.C., S.R.N., R.S.C.N., State Registered Nurse. Registered Sick Children's Nurse. Former Matron of Queen Alexandra House, Folkestone.
26. *Miss Sonia Lenie Stromwall*, M.B.E., S.R.N., State Registered Nurse. Presently runs her own Rehabilitation Centre for Stroke Patients in Sussex.

## URUGUAY

27. *Señora María Juana Marchesi de Podesta*, Enfermera y Visitadora Social. Enfermera en la Sección Policlínicas de la Cruz Roja Uruguaya.

## U.S.S.R.

28. *Madame Vera Sergueevna Kachtcheeva*, Infirmière diplômée. Directrice du Service des crèches à Bira, région de Khabarovsk.
29. *Madame Matrena Semienovna Netchiportchukova*, Infirmière diplômée. Infirmière d'internat (école) à Krasnogvardeisk.
30. *Madame Maria Petrovna Smirnova*. Infirmière-en-chef de l'hôpital de district de Leningradskoe, région de Kokché-tavsk, République socialiste soviétique de Kazakstan.
31. *Madame Djulietta Vartanovna Bagdasaryan*, Infirmière diplômée. Inspectrice-en-chef au Ministère des communications, République socialiste soviétique d'Arménie.
32. *Madame Salipa Koublanova*, Infirmière diplômée. Infirmière-chef de la policlinique pédiatrique municipale de Noukousse, République socialiste soviétique autonome des Kara-Kalpaks.

## YUGOSLAVIA

33. *Sœur Dina Urbančič*, Infirmière diplômée. Ancienne instructrice des soins généraux au malade de la Faculté de Médecine de Ljubljana.
34. *Sœur Cita Lovrenčič-Bole*, Infirmière diplômée et conseillère. Ancienne secrétaire du Comité de coordination de la planification de la famille.
35. *Sœur Jugoslava Polak-Bregant*, Infirmière diplômée supérieure. Ancienne infirmière de patronage au dispensaire anti-tuberculeux à Maribor.
36. *Sœur Ruža Stojanova*, Infirmière diplômée. Ancienne infirmière au Conseil républicain pour la santé et la politique sociale.

## INTERNATIONAL COMMITTEE

The medals and diplomas, accompanied in each case by a photogravure reproduction of the portrait of Florence Nightingale, will be sent as quickly as possible to the Central Committees. The International Committee of the Red Cross would like to receive acknowledgment of their receipt in due course.

The Committee would be grateful if the Medals could be presented in the course of this year and requests the Central Committees to give the ceremony a character of solemnity as the founders of this distinction desired. It would be pleased to publish in the *International Review of the Red Cross* an account of the ceremony organized in this connection. It requests National Societies to send it the necessary material for such publication not later than the end of February 1974.

The International Committee wishes also to call to mind that, in order to be able to assess the merits of candidates, it can only base itself upon reports submitted to it by the National Societies. These reports must therefore be as explicit as possible.

FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS

**Marcel A. Naville, *President***

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## EXTERNAL ACTIVITIES

### Asian sub-continent

During the last few weeks, ICRC delegates and doctors in the Asian sub-continent have several times visited military and civilian prisoners. As customary, they talked in private with prisoners of their own choosing.

*In Pakistan*, the delegates went to the North-West Frontier Province, where they visited Bengalis detained in the prisons of Peshawar, Kohat, Bannu and Dera Ismaïl Khan, and to the Punjab, where they visited Bengali detainees in eleven prisons.

*In India*, visits to prisoner-of-war camps continue. From 1 February to 3 March, ICRC delegates went to camps in six different places in the Ganges Basin. At the current rate of visits, each camp is visited about every ten weeks.

*In Bangladesh*, ICRC delegates visited 75 Pakistani prisoners of war in the Central Prison of Dacca on 14 March. They delivered them parcels offered by the Government of Pakistan and made up by the ICRC.

### Bangladesh

The ICRC delegates in Bangladesh have continued to concern themselves with the living conditions of non-Bengali minorities. They go to the settlements several times a week and inquire about the health of the population, sanitary installations, employment, security, in short all the problems that arise in communities of several thousand persons.

The ICRC sub-delegation at Chittagong is in charge of seven non-Bengali settlements in that town, holding a total of about 50,000. Each settlement is visited at least once a week.

There are regular relief supplies. In February and March, 400 cartons of soap were handed over to the Chittagong settlements, in co-operation with organizations such as CORR (Christian Organization for Relief and Rehabilitation). The Bangladesh Red Cross each month distributes wheat, CSM (corn-soya-milk), milk and baby food. In March, 400 tons of wheat, 35 tons of CSM and 4 tons of dairy products were supplied under ICRC supervision.

Settlement schools were opened for the teaching of Bengali. At Chittagong, no fewer than 2,000 pupils—children and adults—attend courses given by some fifty teachers.

### **India**

A Pakistani prisoner of war was released by the Indian authorities on 5 April 1973. He was repatriated, under the auspices of the ICRC, at the Wagah Indo-Pakistan frontier post.

### **Pakistan**

The ICRC is pursuing its action for Bengali communities in Pakistan. Its delegates have visited communities in Karachi, Islamabad, Peshawar and Lahore, distributing supplementary relief supplies through local committees. The aid consists essentially of small sums of money and food for needy families. The Swiss Government has just allocated a further 5 tons of powdered milk to the ICRC, for distribution to these communities. This relief will be increased in the coming months.

### **Philippines**

Upon his arrival in the Philippines on 19 March, the ICRC regional delegate for Asia, Mr. A. Tschiffeli, conferred with government officials and with leaders of the National Red Cross. He visited two places of detention: in Camp Crame he saw 575 people detained for political reasons, and another 80 in Fort Bonifacio.

## **Sri Lanka**

Further visits to places of detention have been made in Sri Lanka. The ICRC delegate was met by officers of the National Red Cross Society on his arrival in Colombo, on 31 March. He was received by the Minister of Justice.

In April, the ICRC delegate visited five " rehabilitation camps " in different parts of the island, and saw altogether about 2,500 detainees.

## **Middle East**

### **Visits to prisoners of war**

ICRC delegates in Israel and in Arab countries have over the past few weeks made several visits to prisoners of war, with whom they have, as usual, been able to talk without witnesses.

*In Israel*, 108 Arab prisoners of war (57 Egyptians, 41 Syrians and 10 Lebanese) were visited on 3 April 1973, while the five Syrian officers were visited on 1 April 1973.

*In the Arab Republic of Egypt*, the ten Israeli prisoners of war were visited on 3 April 1973.

*In Syria*, the ICRC delegate visited the three Israeli prisoners of war on 28 March and 14 April 1973.

### **Repatriation**

On 2 April 1973, a sick Egyptian prisoner of war was released by the Israeli authorities, under Article 110 of the Third Geneva Convention, and repatriated under the auspices of the ICRC. The operation took place at El Qantara, on the Suez Canal.

### **Family reuniting operation**

On 28 March 1973, a family reuniting operation took place at El Qantara, under the auspices of the ICRC, enabling 125 persons to cross the Suez Canal from east to west, and 70 to cross from west to east.

## **Yemen Arab Republic**

The ICRC delegate in the Yemen Arab Republic visited several places of detention in March 1973. Accompanied by a doctor, he visited the Rade'h prison, in Sana'a, from 7 to 10 March, the Citadel prison, also in Sana'a, from 12 to 15 March, and on 19 March the Alamein El Watani prison. Altogether the delegate saw more than 450 detainees, 176 of whom were examined by the doctor.

During the visits, the ICRC delegate distributed medicaments, toilet items, soap and washing powder.

## **Mission of the Delegate-General for Latin America**

On 8 March 1973, the delegate-general of the ICRC for Latin America, Mr. Serge Nessi, left Geneva on a mission lasting several weeks to five countries.

He stayed first in Barbados from 11 to 14 March and met Red Cross Society leaders after visiting its installations in Bridgetown and the surrounding district. At government level, Mr. Nessi conferred with officials at the Ministries of Foreign Affairs and Health.

The next stage of the delegate-general's voyage took him to Trinidad and Tobago, where he visited, in company with National Red Cross leaders, the Society's new premises at Port of Spain and the local branch in Tobago. Mr. Nessi also had talks at the Ministry of Foreign Affairs.

On 18 March, the ICRC delegate-general arrived in Colombia. He conferred with the Minister of Justice, as well as with officials of the Ministry of Defence, of the Prisons Department and of the Armed Forces. Mr. Nessi visited the Penitenciaría Nacional at Tunja on 25 March and handed over a quantity of medicaments for its detainees.

The delegate-general also gave lectures on international humanitarian law and on the Geneva Conventions at the "Universidad de Los Andes" and the "Universidad Externado de Colombia".

He visited the Cárcel Modelo and Picota prisons in Bogotá, where he saw persons who had been detained for political reasons or offences. The delegate-general presented the health services of the two institutions with medicaments.

Before leaving Colombia for Ecuador, Mr. Nessi called on the Red Cross committees at Barranquilla, Cali and Popayán. On his arrival in Quito, on 31 March, he was met by officers of the National Society. He visited the Riobamba, Ambato and Latacunga committees.

Mr. Nessi conferred with the Ministers of Foreign Affairs and Defence, and with the Vice-Minister of the Interior, particularly about ICRC activities in the sphere of international humanitarian law. From 2 to 5 April, the ICRC delegate-general conducted a course on the Geneva Conventions at the Law Faculty of the Catholic University of Bogotá.

On his way to Brazil, Mr. Nessi made a stopover in Lima on 6 April and there met Peruvian Red Cross leaders.

## **Uruguay and Argentina**

The ICRC regional delegate for South America, accompanied by a delegate from Geneva, carried out a series of visits to places of detention in Uruguay during the month of March.

The ICRC delegates first visited two prisons under the control of the Ministry of the Interior: the penitentiary at Punta Carretas and the women's prison. They saw there a total of 200 detainees held for political reasons or offences. They next went to a military hospital where they visited 16 detainees of both sexes undergoing medical treatment. After the visits, medicaments were handed over for the detainees' needs.

The two ICRC delegates left Uruguay after visiting a fourth prison at La Libertad, where they saw some 900 persons detained for reasons or offences of a political nature.

On 28 March they arrived in Argentina. First of all they contacted Red Cross leaders. During their stay in that country, the delegates visited a number of Red Cross branches and nursing schools run by the National Society, and addressed them on the subject of ICRC activities and the Geneva Conventions.

In Buenos Aires, the ICRC delegates had talks with the Ministers of the Interior and Justice, and in the provinces they conferred with governors and different ministers. They secured permission

to visit places of detention for which the Federal Penitentiary Service and the General Staff of the Armed Forces were responsible.

From 5 to 12 April, they visited four Buenos Aires prisons, the Federal Penitentiary Service school, and eight places of detention in the provinces. Altogether the ICRC delegates saw more than 8,500 detainees, including 500 held for political reasons or offences.

On 15 April, the delegates left Argentina for Chile.

## **Rwanda**

The regional delegate of the ICRC for East Africa arrived in Rwanda on 11 March 1973 on a mission lasting about three weeks. After having met Government representatives and leaders of the emerging Red Cross Society in Rwanda, he started on 16 March a round of visits to eleven places of detention. A credit of 70,000 Swiss francs has been set aside by the ICRC for its contribution to a programme for the improvement of detention conditions.

## **Sudan**

The Head of the ICRC Relief Service, Mr. A. Beaud, left in March for Khartoum to co-operate in the organization of a programme for the distribution by the Red Crescent Society and the Sudanese Government of 2,635 tons of wheat flour allocated by the European Economic Community, through the ICRC, to the Sudan. He went on a tour to several provinces and at the same time was able to see for himself the utilization made of the EEC's previous gift of 300 tons of powdered milk.

## **Gambia and Liberia**

On 24 March 1973, the ICRC regional delegate for West Africa started on a mission which lasted several weeks. First he went to the Gambia, where he visited three places of detention at Bathurst, Jeshwang and Georgetown. He saw about 260 detainees. After passing through Sierra Leone, the regional delegate made a stay in Liberia. He visited the Montoriva Central Prison and the South

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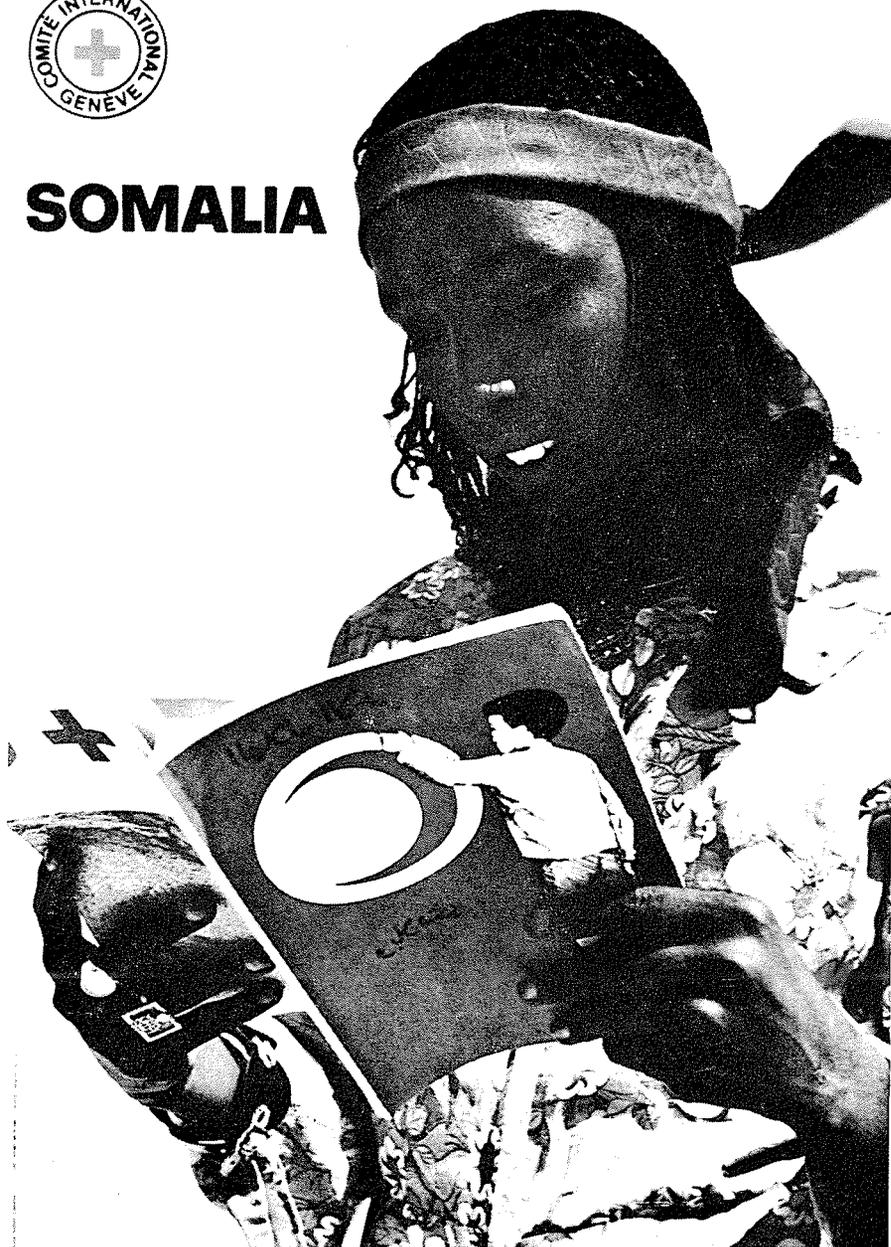
# MOYEN-ORIENT



Two of the posters (originals in colour) published by the ICRC...



# SOMALIA



... illustrating the International Committee's traditional activities and the dissemination of Red Cross principles.

International Red Cross Assistance in Indo-China



**Laos:** A Red Cross Indo-China Operational Group doctor at work in a village near Luang Prabang.

Photo Vaterlaus/IOG



**Khmer Republic:** The Red Cross has set up in Phnom Penh an office for the tracing of people separated from their families by the events. A staff member of the ICRC's Central Tracing Agency helps the members of the Khmer Red Cross.

Photo Vaterlaus/IOG

Beach Prison. He distributed medicaments and various relief supplies to detainees in the Gambia and in Liberia.

In all the countries visited, the regional delegate was welcomed by officers of the Red Cross Societies, whose installations he saw. He was received by the Heads of State of the Gambia and Liberia, and conferred with various ministers in Bathurst, Freetown and Monrovia.

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*IN GENEVA*

### **Mr. Courvoisier resigns from the ICRC**

Mr. Raymond Courvoisier, Special Assistant to the President, has been called upon to take office as Assistant to the Commissioner-General of the diplomatic conference for the reaffirmation and development of international humanitarian law in armed conflict.

Upon the termination of his assignment, the International Committee of the Red Cross expresses its profound gratitude for the services he has rendered since his appointment in 1969, often in difficult circumstances, particularly during the two years when he assumed the heavy responsibility of Director of Operations.

From 1936 to 1945 he carried out many missions as an ICRC delegate, in Spain, the Middle East and elsewhere, and during the Second World War he was in charge of a department of the Central Prisoner of War Agency.

Upon his departure, the International Committee congratulates Mr. Courvoisier on his appointment and extends its best wishes to him in his new functions.

**New publicity material**

The ICRC has just published ten new posters in colour from photographs taken by its delegates on mission or by professional photographers. Six illustrate ICRC traditional activities in Vietnam, Bangladesh, India, the Middle East and on the Suez Canal. Four relate to the propagation of the principles and of the Geneva Conventions among youth and armed forces in Mali, Malawi, Upper Volta and Somalia.<sup>1</sup>

Five hundred copies have been issued of each poster. A full set may be obtained from the ICRC for 50 Swiss francs. The ICRC has sent a set to every National Society and hopes they will be interested in this new material.

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<sup>1</sup> *Plate.*

## ICRC Relief Activities

In our March issue, we gave details of relief consignments sent by the ICRC to those countries where ICRC delegates are working. Over 15 million Swiss francs worth of foodstuffs, pharmaceutical supplies and medical equipment were forwarded in 1972 to various countries in Africa, Latin America, Asia and the Middle East.

In addition the ICRC delegations throughout the world purchased supplies locally. Goods worth 800,000 Swiss francs were bought in this fashion and distributed by delegates in the course of their mission. Figures for the different operational areas are as follows:

*Africa*: purchases for a total value of Sw.Fr. 7,800 were made in various countries for detainees visited by the ICRC.

*Latin America*: medicaments and blankets were purchased for detainees visited by the ICRC in Bolivia, Nicaragua, Panama and Peru. Total cost amounted to Sw.Fr. 19,330.

*Asia*: the ICRC spent Sw.Fr. 153,500 on locally purchased relief supplies. The breakdown of this figure gives the following: Sw.Fr. 27,000 for foodstuffs, medicaments and clothing for refugees in the Khmer Republic; Sw.Fr. 100,300 for sundry relief supplies for displaced persons in Laos; Sw.Fr. 26,200 for goods purchased in the Republic of Vietnam and distributed to prisoners of war and civilian detainees (Sw.Fr. 13,500), hospitals and orphanages (Sw.Fr. 12,700). In addition, the ICRC delegation handed Sw.Fr. 50,000 to the Red Cross of the Republic of Vietnam.

*Middle East*: a sum totalling Sw.Fr. 561,330 was spent on locally purchased relief supplies, distributed in the following countries: Israel and occupied territories—POW aid, Sw.Fr. 73,100, aid to local branches of the Jordan Red Crescent Sw.Fr. 66,700, and aid to civilian detainees and the population Sw.Fr. 266,300; Jordan—assistance to detainees Sw.Fr. 17,850; Lebanon—sundry relief supplies Sw.Fr. 2,800; Arab Republic of Egypt—POW aid,

## INTERNATIONAL COMMITTEE

Sw.Fr. 59,200; Yemen Arab Republic—Sana'a artificial limb workshop Sw.Fr. 50,200, and sundry relief supplies Sw.Fr. 6,600; People's Democratic Republic of Yemen—aid to detainees and to their families Sw.Fr. 11,180, and aid to Dhofar refugees Sw.Fr. 5,500; Syria—POW aid and sundry relief supplies Sw.Fr. 1,900.

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### **Ten million messages in one year**

The ICRC Central Tracing Agency (CTA) is doing a big job in the Asian sub-continent.

In one year, that is from March 1972 to March 1973, the Geneva office dealt with 24,000 inquiries (in round figures) divided into three categories: inquiries from the families of missing civilians or army men (8,000), inquiries about prisoners of war and their families (10,000), and inquiries received mainly from civilians in Pakistan and India (6,000). Moreover, the CTA has computerized 270,000 index cards.

In the autumn of 1971, the CTA opened offices in Islamabad, New Delhi and Dacca, in close co-operation with the National Red Cross Societies. The most important is the Dacca office, which has four branches in the interior and some forty local employees. The New Delhi office has seven local employees, and the Islamabad office four. Each of the three offices is supervised by a CTA expert from Geneva.

From March 1972 to March 1973, the three offices transmitted to and from Pakistan and Bangladesh 10 million letters, namely 8.5 million between prisoners of war and their families and 1.5 million civilian family messages.

# IN THE RED CROSS WORLD

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## STANDING COMMISSION OF THE INTERNATIONAL RED CROSS

The Standing Commission met in ordinary session in Geneva on 13 April 1973.

Chaired by Lady Angela, Countess of Limerick (United Kingdom), it comprised the two representatives of the International Committee, Mr. Marcel A. Naville, President, and Mr. Jean Pictet, Vice-President, and the members elected by the International Conference, namely General James F. Collins (USA), Dr. Djebli-Elaydouni (Morocco), Sir Geoffrey Newman-Morris (Australia), and Dr. Troyan, President of the Alliance of Red Cross and Red Crescent Societies of the USSR, who was deputizing for Professor Miterev (USSR). The Chairman of the League Board of Governors, Mr. José Barroso, was unable to come to Geneva, while the other League representative, Mr. E. Villanueva Vadillo (Spain) was prevented by illness. Also present were the representatives of the Iranian Red Lion and Sun Society, Dr. H. Khatibi, Director-General, Dr. A. M. Majidi, Secretary-General, Mr. M. Khosrowshahi, Treasurer-General, Mr. Khoda Bandelou, and Mrs. P. Shahidi, liaison officer to international Red Cross organizations. Mr. T. W. Sloper, adviser to the Commission, also attended.

The Standing Commission was mainly concerned with the organization of the XXIIInd International Conference of the Red Cross, to be held in Teheran from 7 to 15 November 1973. It noted with pleasure that the arrangements made by the Red Lion and Sun Society for the holding of the Conference were fully satisfactory.

## INTERNATIONAL RED CROSS ASSISTANCE IN INDO-CHINA

*Last month we published detailed information on the work of the Indo-China Operational Group (IOG) set up to ensure the pooling of all Red Cross resources and the co-ordination of plans to provide the most effective assistance to the victims of the conflict in Indo-China. On 18 April, IOG sent National Societies a circular giving an account of the situation at that date. Extracts are quoted below.*

### **Democratic Republic of Vietnam**

The priority need in the DRVN, as expressed by the National Red Cross Society, is for emergency housing, and M. Stroh, Coordinator of the IRCA, this time accompanied by a group of experts, has recently been paying a second visit to Hanoi to discuss detailed requirements and specifications with the National Red Cross Society and the authorities. A coordinating meeting will be held in Geneva during the week starting Monday 23 April and as soon as possible thereafter details will be sent to all those Societies known to be interested. In this way it is hoped that contributions in both cash and kind will enable this priority requirement to be met in a coordinated, cost-effective and efficient manner and in the way most suited to local needs and conditions. This step-by-step approach may be taking a little longer than unilateral action by sister Societies but will undoubtedly result in a far more efficient deployment of Red Cross and other resources and be more acceptable to—indeed, in accordance with the wishes of—the National Society and authorities of the DRVN.

The other main requirements of the DRVN RC are for ambulances and medicaments and these are in the process of being provided.

## **Republic of Vietnam**

On-going programmes, such as emergency relief distributions, assistance to some 200,000 displaced families, the medico-social programme in orphanages and general support for and assistance to the National Red Cross Society are being continued and intensified as conditions and resources permit.

In addition there are a number of special projects for which the IOG now has detailed plans and costings; particulars of these are being notified separately to National Societies who are known or believed to be interested in participating in cash or in kind for either a part or the whole of individual projects. These include:

- (a) the construction, equipment and running costs of a paraplegic hospital at Vung Tau;
- (b) the construction, equipment and running costs of 18 provincial medical centres;
- (c) the construction of a centre for amputees in Saigon;
- (d) the provision of 10,000 layettes and 20,000 Junior Red Cross friendship parcels;
- (e) the construction, at a later stage, of a small village complete with school near to the paraplegic hospital at Vung Tau, to enable partly self-supporting patients to live nearby with their families.

## **Provisional Revolutionary Government of the Republic of South Vietnam**

The local Red Cross organization has asked the IOG to concentrate on the construction and equipment of a 250-bed University Field Hospital Centre so designed as to be capable of being moved from one area to another.

The project has been divided into a number of self-contained sections and even sub-divided into units within sections so that National Societies wishing to participate in or be identified with it can assume responsibility in cash or in kind for the whole or part of a section or unit.

To ensure compatibility of construction and equipment, the Swedish Red Cross, which has especially detailed and extensive

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experience of this type of project and the necessary personnel and space available, has undertaken to coordinate and supervise the receipt, assembly, despatch and erection of the hospital.

An urgent request for five tons of eggpowder was filled by the Australian Red Cross Society.

### **Khmer Republic**

Conditions in the country are still difficult and freedom of movement is limited by lack of a cease-fire. Plans for assistance are thus necessarily less advanced than in other areas of Indochina. It seems clear, however, that the most urgent need is for surgical and medical assistance, possibly with aerial support. The Belgian Red Cross has kindly made available to the IOG a surgeon delegate who has just completed an on-the-spot survey of conditions and requirements. It is possible that the Belgian Red Cross will provide one mobile medical-surgical team and that the leader would be the surgeon who has been carrying out this local survey.

In addition there is an urgent need to provide for the improvement of hygienic installations in camps for displaced persons, and plans are under way to meet this requirement.

At a later stage it is hoped that National Societies will participate in the establishment of a national rehabilitation centre.

### **Laos**<sup>1</sup>

In addition to on-going programmes of support and assistance for the Lao Red Cross and the provision of medicaments, various special projects are under study. These include:

- (a) the construction of an orthopaedic centre at Savannaket capable of providing for 300 prostheses per annum and requiring the services of one physiotherapist and one construction specialist;
- (b) the financial support of the orthopaedic centre of Vientiane with a capacity for 600 prostheses per annum and which could be supervised by the same physiotherapist;
- (c) the establishment of a vaccination campaign for children.

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<sup>1</sup> *Plate.*

The Swiss Red Cross has for some time maintained a medical team operating from the hospital at Luang Prabang; the same Society is now sending a further mobile medical team to the country to be deployed as recommended by the IOG Chief Delegate according to prevailing conditions.

It is possible that yet another mobile medical team will be required and the Japanese Red Cross has offered to provide such a team.

### **Pathet Lao**

Regular consignments of medicaments and surgical materials continue to be despatched at the request of the local Red Cross organization.

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### **TRACING**

The Tracing Services established within the National Societies in Saigon, Phnom-Penh and Vientiane with the technical assistance of the Central Tracing Agency of the ICRC are dealing with a steadily mounting number of enquiries.

In *Saigon*, by mid-April, more than 6,000 requests concerning missing persons had been received, 29% of these involved tracing in PRG and DRVN territory and 5% in the Khmer Republic; 33% concerned missing military personnel and 5% were about orphans; the remaining 28% are still being classified.

The establishment of the Tracing Services in *Phnom Penh*, in February, was announced by all daily newspapers, radio and television. Forms have been distributed at the head office of the Khmer Red Cross, in pagodas and in centres surrounding the capital where a great many families have sought refuge.

The military authorities have supplied the Agency with a list of 200 names of soldiers reported missing in combat. Requests for information and enquiries about missing or displaced persons are slowly beginning to reach the Agency. At the present time its

## IN THE RED CROSS WORLD

activities are centred mostly on the registration of displaced persons in the area of Phnom Penh.

The Tracing Service in *Vientiane*, backed by a strong publicity campaign in the newspapers and over the radio, has extended its distribution of enquiry forms to six provinces. These standard forms for enquiries and messages have been distributed by IOG delegates, the Laotian Red Cross, the Swiss Red Cross medical team and some religious organizations who, through their activities, come in daily contact with a great number of people from many villages. All necessary documentation has also been forwarded to Pathet Lao. Already, before the end of March, 100 requests for enquiries had been collected by the local branch of the Laotian Red Cross in Luang Prabang, a region in the north of the country, and forwarded to Vientiane.

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## RED CROSS TRAINING INSTITUTE FOR ASIA

From 6 to 27 February 1973, a training institute was held in Bangkok for representatives of National Societies in South-East Asia. Concentrating on National Society activities in community welfare work, the institute came within the development programme of the League of Red Cross Societies. The League helped the Thai Red Cross to organize the seminar which was attended by twenty-two people from thirteen countries, namely: Australia, Bangladesh, German Democratic Republic, Hongkong, India, Indonesia, Republic of Korea, Malaysia, Nepal, Philippines, Singapore, Sri Lanka and Thailand.

The main theme of the institute was "The Role of Red Cross Today in Community Welfare Work". In fifteen sessions a number of subjects were introduced by experts from specialized institutions and from Thammasat University, League delegates, and members of the Thai Red Cross. Some of the subjects were: Current Social Conditions in South and South-East Asia—Red Cross: Its Development Trend and Implication on Welfare Promotion—Community

Welfare Work—Family Planning as a Tool to Promote Rural Welfare—Techniques of Identifying Needs, Developing, Planning, Organizing, Implementing and Evaluating a Programme—Problems encountered by Participants in Carrying Out Red Cross Programmes—Mobilizing Community Resources and Enlisting Public Support and Understanding—Actions to be Undertaken by Red Cross in order to Meet Welfare Needs of the Community—Planning Game for Project Development—Participation of Youth and Adults in Community Welfare Work—Drug Addicts—Fund Raising.

A number of visits had been arranged and several of them (hospitals, blood bank, eye bank, nursing school, rural health centres, etc.) enabled participants to gain an insight of the activities which the Thai Red Cross carries out so generously in its own country under the patronage of H.M. the King and the presidency of H.M. the Queen.

At the closing session, Mr. A. Tschiffeli, ICRC Regional Delegate for South-East Asia, addressed the meeting on the work of the International Committee in various parts of the world and on the efforts being made to disseminate the Geneva Conventions. H.H. Prince Sukhuma Paribatra, Executive Vice-President of the Thai Red Cross, and Mr. Rito Alcantara, Vice-Chairman of the League Board of Governors and President of the Senegalese Red Cross, expressed satisfaction with the results of the institute. Referring to the new activities which the world today required of the Red Cross movement, Mr. Alcantara concluded: "Our work can only be useful and efficient if it is conceived for, planned for and implemented for the benefit of the Community".

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**SIXTH REGIONAL MEETING OF ARAB  
RED CRESCENT AND RED CROSS SOCIETIES**

The Sixth Regional Meeting of Arab Red Crescent and Red Cross Societies was held at Amman from 31 March to 6 April 1973. It was organized by the Jordan National Red Crescent, and half a dozen Societies took part in it. The League of Red Cross Societies and the ICRC delegated several representatives to attend the meeting.

The meeting was opened by Dr. Ahmed Abu-Goura, President of the Jordan Red Crescent, who was unanimously elected Chairman. Dr. Abdel-Aziz Modares, President of the Saudi Arabian Red Crescent, and Mr. Mohamed Safwat, Director of the Egyptian Red Crescent, were elected Vice-Chairmen.

The agenda included a number of items which had already been dealt with at previous meetings, including the co-operation and co-ordination of Red Cross and Red Crescent Societies, the League and the ICRC; efforts to promote the creation of new Red Crescent Societies; preparing National Societies for the XXII<sup>nd</sup> International Conference of the Red Cross scheduled to be held in Teheran next autumn, and their role in the development of international humanitarian law. The participants also considered various questions relating to organization or work such as the League's training institutes for Red Cross executives (the next is to be held in Amman in July 1973), matters relating to the Red Cross and environment, the duties of Societies in supplying relief, and the ICRC's activities in regard to the Israelo-Arab conflict. The representatives of the League and the ICRC submitted various statements. At the close of the discussions, a number of recommendations on agenda items were adopted, such as those concerning the founding of new Red Crescent Societies, in which it is the duty of the ICRC and the League to co-operate; the dissemination of the Geneva Conventions in the Arab countries; the setting up of a public relations service in each National Society which does not

yet have such a service, and the means of making the role of the Red Crescent and Red Cross and the underlying principles of the Geneva Conventions widely known; respect of the red crescent emblem; and the translation of ICRC publications into Arabic.

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### REASSESSMENT OF THE ROLE OF THE RED CROSS

*In an article published in the review La Croix-Rouge Suisse (Berne, 1973, No. 1), Professor Hans Haug, President of the Swiss Red Cross and Vice-President of the League, deals with fresh problems that are now confronting the Red Cross movement. After mentioning that the attempts to reassess Red Cross duties, structures and methods and instruments of work have multiplied in the national and international fields, and that in a number of countries cultural and other foundations serving the public interest have provided funds to allow of a careful study being made, he goes on to say:*

The world Red Cross movement, which was launched in 1863, is obviously facing a great many problems which from year to year are looming ever larger and more acute. In the developed countries, National Red Cross Societies are wondering whether they can go on playing the traditional role of "auxiliaries to the public authorities" in States where social welfare is very advanced or in the context of total defence, and whether any gaps remain to be filled in the performance of their humanitarian duties. The traditional role of Red Cross Societies in providing relief for the victims of disasters and conflicts has also been shaken, either because the State itself and its powerful organizations (the army, civil defence, disaster relief bodies) render that aid, or because other private aid bodies, denominational bodies for instance, are increasingly active in that field. In developing countries, the reverse is usually the case: for want of financial resources and

## IN THE RED CROSS WORLD

qualified personnel, young Red Cross Societies are often unable to fulfil the many urgent tasks before them or to find the right solution to a problem. It is therefore imperative to give those Societies effective aid in their development.

Red Cross problems are no less formidable in the international sphere. Relief and protection for victims of conflicts are hampered by the fact that war within a State or between States is constantly assuming new forms, and that recourse to violence may lead to total warfare (to nuclear warfare for instance) or to guerrilla warfare and acts of terrorism and piracy. As regards aid for the victims of conflicts and disasters, the Red Cross is being increasingly confronted by other international assistance bodies, above all by the United Nations, which through its auxiliary organs and specialized agencies is becoming ever more committed in the humanitarian sector. The recent appointment of a "United Nations Disaster Relief Co-ordinator" shows that, besides concerning itself with respect for human rights and development aid, the United Nations proposes to render aid in emergencies. . .

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

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## INTERNATIONAL NURSES DAY

International Nurses Day was celebrated on 12 May by the national nursing associations of many countries, which commemorate on this date Florence Nightingale's birthday. It was in 1965 that the International Council of Nurses declared that 12 May should become known as International Nurses Day. Every year, a different theme is chosen and it has been decided that for 1973 the theme will be *The Nurse's Role in Safeguarding the Environment*. This is, indeed, a problem of some urgency that may affect considerably the survival of mankind, while, on the other hand, nurses assume extensive responsibility in this particular sphere where they have the possibility to play an active part.

The message addressed on this day by the International Council of Nurses concluded with the following words:

“As influential members of the health team, the health community, nurses can make their voices heard in policy-making and decision-making bearing directly on environmental problems. And by virtue of their unique relationship to individuals they have an opportunity to set examples by their own actions and to help in the fundamental education of every human being. Nurses are in a unique position to expound the importance of environmental action and show the specific steps people can take to protect their own health, the health of their families, community, and planet.”

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## WORLD FOOD PROGRAMME

In January 1973 the World Food Programme (WFP) celebrated its tenth anniversary.<sup>1</sup>

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<sup>1</sup> *World Health*, WHO, Geneva, January 1973.

## MISCELLANEOUS

Though apparently intended to feed hungry people, this programme is closely related to the public health activities of WHO. In fact, WFP is participating directly, together with WHO, in various national public health programmes.

A better food supply can obviously reduce, or even abolish, the effects of undernutrition or malnutrition. However, WFP is not concerned only with problems of a strictly nutritional nature; by investing in food aid schemes, it participates directly in solving health problems that are all too often beyond the means of developing countries.

For example, in one country, supplying hospitals with food makes money available for investment in rural health centres. In another country, food rations are used to supplement wages in order to attract the right kind of workers needed for a malaria eradication programme. Elsewhere, the distribution of food facilitates nutrition education and creates an opportunity to give practical demonstrations of immediate value. The recipients learn how to incorporate WFP food into traditional dishes and how to make these dishes more nourishing by adding locally produced foods.

WFP contributes in many different ways, both directly and indirectly, to the economic development of the countries it assists. In some countries, it helps to curb inflation, thereby protecting the underprivileged sectors of the population. In others, it enables foreign currency to be reserved for the purchase of equipment. Food is even used as a support for carrying out large public works, where a sizeable labour force is employed.

WFP is far from being a panacea for the ills of underdevelopment, but in parallel with other forms of action it constitutes one means of promoting health, of developing investments, and of building and strengthening the economic infrastructures of countries that have not yet reached their take-off point. The more WFP aid can be used to complement traditional types of investment and technical assistance, the more useful it becomes.

When WFP started in 1963, its budget amounted to 95 million dollars for three years. Ten years later, the budget for 1973, mainly in the form of food products, exceeds 130 million dollars for that year alone. Total contributions to WFP since its inception add up

to over a thousand million dollars in commodities and services. These voluntary contributions from participating States have enabled more than 525 projects to be supported in 87 countries. Some ten per cent of WFP's resources are at present being devoted to health promotion projects affecting millions of human beings. Impressive though these figures may be, they do not measure up to the needs that remain to be satisfied. Great efforts must be made to enable more people, by their own endeavours, to improve their standard of living.

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### THE QUALIFIED NURSE

*The November 1972 issue of The New Zealand Nursing Journal contains an article by M.E. Burgess, Matron of Kawakawa Hospital, on the role of the qualified nurse in hospital service. In view of the interesting and topical nature of this problem, we reproduce it below for our readers:*

Who is the qualified nurse? How has she qualified? What has she qualified for?

The qualified nurse is a nurse who has been educated in the skills and sciences for the care of the sick. She has been successful by examination to have entered in the register her name and qualifications. She has been tested, and proven herself to be a person who can practise with safety the nursing skills required in the care of the sick.

Let us see the qualified nurse be given the opportunity to apply herself to the function she has studied and qualified for. The care of the sick.

Let her not be the person the patient cannot get to; the relations cannot get past; the person who cannot be confided in; consulted with or circumnavigated.

Let her be a consultant, planner, educator, manager, an exemplar, a member and supporter in the health team. Let her be the

## MISCELLANEOUS

public relations officer with the confidence of co-workers, patients and relations in her ability to care for the sick. Let her have the respect and the support of the administrators concerned with the hospital's function. The care of the sick.

Let her, by example and guidance, give support and leadership to her subordinates. Let her be effective in the area she has qualified for. Give her the opportunity to extend her qualifications by being accepted as a partner in the health team, sharing her knowledge with others and gaining from them experience in the variety of skills that will be the complement of such a team.

This makes it clear that the nurse entrusted with the care of the sick must have superior intelligence, a fund of knowledge, many well-developed skills, judgment and integrity.

The aim of every nurse should be to contribute to safe therapeutic and effective care of the patient. Many things indicate the necessity for the established qualification to render safe nursing care.

The patient has the right to expect that the nurse who cares for him will support him and help him endure his illness and assist him back to health.

Medical and scientific advances are rapid and complex, resulting in more sophisticated diagnosis and treatment. It is necessary that the nurse working in the patient care situation will be prepared for this and will be expected to participate in health research. She cannot be effective if not qualified in the basic preparations of health care. Her existence is meaningless unless she can contribute to the promotion of new methods and techniques.

The nurse will be the interpreter for the doctor and patient in the treatment area. There is an interdependence by doctor and patient on the nurse. Only the foolish would imagine the nurse has a doctor at her elbow at all times. The nurse must be prepared and qualified to meet the changing demands of health care. No doctor writes a prescription for the various technique skills needed for the satisfactory performance of the tasks pertaining to the care of the sick. It is necessary that the nurse be qualified to undertake with safety and confidence a good measure of responsibility in care, supervision and intelligent observation.

A nurse should be qualified to give a clear and concise account of her observations and have an awareness of the implications of

condition changes. This awareness cannot be left to chance. The ability of the nurse to act in an emergency is often decisive. She must be educated and qualified to act.

Many techniques previously performed by doctors are now being done by nurses. As medicine advances the responsibility of the doctor increases. So will that of the nurse. The creditable observations by the nurse are of paramount importance in the decision to continue or re-think the treatment in progress. She must be qualified to gain acceptance of her ability to contribute.

Planning and policy-making can create harmony or havoc in a hospital. Administrators should be able to look to and acknowledge the ability of the qualified nurse to identify and analyse problems and changes occurring within the unit. Her suggestions for their solution should make beneficial contributions to the hospital's capacity to meet the expectation of the people it serves. Her suggestions about ways and means of providing continuity of safe, meaningful care should be considered reliable and valuable and should be encouraged. This contributes to the extension of the education of the nurse.

It is well to remember that when a hospital admits a patient, the hospital enters into an implied contract to give safe, satisfactory and adequate care. It is not possible to meet this requirement if the nurses are not qualified to a level of safe professional practice.

Should we continue to assume that patient care can be safe and satisfactory in the hands of those not qualified? Is this right for either the patient or the nurse?

Let the nurse having responsibility for the care of the sick not be one under stress of learning the fundamentals of care. Let her be the qualified nurse. Confident that she has been well prepared to practice the skills of this, her chosen career.

## BOOKS AND REVIEWS

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**Health Centres**, by William Thomson, M. D., *Nursing Times*, London, 1972, No. 4.

Health centres are an exciting proposition. Here, for the first time, the therapeutic and preventive health services can be brought together in one co-ordinated effort. A more comprehensive approach to primary patient care can be made available from one source in the setting of a localized community.

It is not surprising that many doctors and nurses have become enthusiastic about health centres. They see in them a new approach to family medicine and a fresh way of conducting general practice: a drawing together at field level of those parts of the National Health Service which for historical reasons have been kept apart.

Health centres are flourishing. Michael Curwen of Guy's Hospital and Brian Brookes of The Hospital Centre in London wrote to the various authorities concerned with health centre development. They discovered that by 1971 some 300 centres would be available in Great Britain. These would offer accommodation to approximately 1 in 15 of all general practitioners. More centres would be built in the years to follow and an increasing proportion of general practice would take place from buildings of this nature.

But what are health centres? Briefly, a health centre should be a specially designed building, well situated and easy to reach, and it should have generous car parking facilities. It should have good space standards inside and be properly equipped for its purpose.

Within it, family doctors, hospital specialists and the staff of the medical officer of health should hold their clinics. There should be a team approach to patient care with doctors and nurses working in close association. There should be an atmosphere of development and growth and particular attention paid to the community aspects of everyday illness....

... To the doctor and nurse in the field, remote from the higher levels of management, the health centre has an immediate appeal. It affords an opportunity to carry out the sort of integrated service usually only read about in textbooks and professional journals.

It allows the talents and skills of various disciplines to be brought together within the one building, so that they can work together towards a common end. This is to their own benefit and to the benefit of the patients.

Health centres provide means to a more efficient and a more economic level of first-line patient care. They bring a fresh approach to family medicine and domiciliary practice. They offer the challenge of a team approach to illness within the community. Above all, they provide those doctors and nurses who work from health centres the opportunity of a more satisfying and rewarding professional life.

**Education and the Destiny of Man**, by Edgar Faure, *The Courier*, Unesco, Paris, November 1972.

If we agree that the time is ripe for educational reform, that education is today facing a critical challenge, that we must all join together in rethinking it in its entirety, then international co-operation and world solidarity are clearly more necessary than ever before.

The research organizations that will have to be set up or extended to develop forms of technological aid to education can benefit all countries. The need for innovation is felt today in many developed countries and their problems are no different in essence from those of the developing countries they are trying to help.

**The Role of Degree Programmes in Nursing Education in Africa**, by Rose Ndlovu, *International Nursing Review*, Geneva 1972, Vol. 19, No. 4.

...Several African countries have been considering establishing a degree programme in nursing somewhere in Africa. It is for this reason that interested parties should begin to consider the significance and implications of such a programme if it does come into being. For social, practical and financial reasons, a large number of African girls choose nursing as a career. It is therefore right to assume that great brain-power lies untapped or only minimally used because there is not an adequate stimulus within the career. If a degree programme for nurses came into being, it could be geared towards meeting the two main needs, which are: raising the standard of patient care, and creating an opportunity for a large segment of African women to reach or come close to their maximum potential in their chosen areas.

...Development of a nation means development of the various fields within a nation. Nursing constitutes one of those fields that unite to form a whole. A degree in nursing would give a great number of women in this field an opportunity for intellectual fulfilment and, at the same

## BOOKS AND REVIEWS

time, make a substantial contribution to the development of a nation as a whole. It has been said that if you educate a man you educate an individual, but if you educate a woman, you educate a nation. We do not have information that indicates specifically that an increase in higher education for women increases that of the children and hence the nation proportionately. There is, however, no reason to believe that it does not. On the contrary, there are several reasons to believe that it does.



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

(ADOPTED 25 SEPTEMBER 1952, AMENDED 9 JANUARY 1964 AND  
6 MAY 1971)

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.<sup>1</sup>

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

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

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

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

- (a) to maintain the fundamental 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;

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<sup>1</sup> 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 rôle 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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- AFGHANISTAN — Afghan Red Crescent, Puli Artan, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Pruga 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 3000*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- 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)*.
- 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-75384 *Paris*, CEDEX 08.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, Dx 801 *Dresden 1*.
- FEDERAL REPUBLIC OF GERMANY — 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*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3ª Calle 8-40, Zona 1, *Ciudad de 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, 1ª Avenida entre 3a y 4a Calles, N° 313, *Comayaguéla, D.C.*
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Öldugötu 4, Post Box 872, *Reykjavík*.
- 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, *Ammann*.
- 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*.
- DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- REPUBLIC OF KOREA — The Republic of Korea National Red Cross, 32-3Ka Nam Sandong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

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- 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, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre 3*).
- 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 Ejército 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, Tahachal, 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*).
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste 305, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., Onikan, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Dr Dawood Pota Road, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado Postal 668, Zona 1, *Panamá*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- 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*.
- SRI LANKA (Ceylon) — Red Cross Society of the Republic of Sri Lanka, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, S-114 51, *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, Wrightson Road Extension, P.O. Box 357, *Port of Spain (West)*
- 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*.
- UNITED KINGDOM — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1 X 7 E.J.*
- 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 20006, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki I. Tcheremushkinskii proezd 5, *Moscow B-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- DEMOCRATIC REPUBLIC OF VIET NAM — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- REPUBLIC OF VIET NAM — 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, B.P. 1712, *Kinshasa*.
- ZAMBIA — Zambia Red Cross, P.O. Box R.W.1, 2838 Brentwood Drive, *Lusaka*.