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international review of the red cross



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SEPTEMBER 1975 - No. 174

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**FRENCH EDITION
OF THE REVIEW**

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

**EXTRACTS FROM
THE REVIEW**

SPANISH

Presidencia del CICR — La Cruz Roja y la paz — Actas de la XXII Conferencia Internacional de la Cruz Roja.

GERMAN

Präsidenschaft des IKRK — Das Rote Kreuz und der Frieden — Das Rote Kreuz und die Gefahr der Kommerzialisierung der Blutprodukte.

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ICRC DELEGATE

A DEMANDING AND FASCINATING CAREER

A prison visitor... a spokesman for enemy internees in a nation at war... a doctor or surgeon at the bedside of wounded or sick victims of hostilities... a registrar of records to identify detainees, search for the missing, bring families together again... a distributor of food and blankets... a transport manager: these are only some of the jobs of an ICRC delegate. He must be a man of goodwill who may be considered to be a help to the detaining authorities in the solution of the delicate problems arising from the detention of prisoners of war. The delegate knows that his work will not be easy. His activities take place, typically, in a disorganized and war-torn country. He will be concerned with the enemies of that country, prisoners and internees who will very often be the object of hatred. He will speak in the name of what is right and in the name of humanity, at the very moment when passions are at their height and when such language has the least chance of being heard.¹

What kind of man does it take to overcome such obstacles? Who are the representatives of the ICRC? What moves them to choose such a career—so demanding and at the same time so fascinating? How are such people found?

Profile of a delegate

To carry out such a variety of tasks, under conditions which are almost always difficult—and never entirely the same from one country to another—the ICRC delegate must have a combination of such contradictory qualities as to make him quite an exceptional being. Here are some of the requirements:

¹ Pierre Boissier, *The Red Cross in Action*, Henry Dunant Institute, 1974.

Age, at least 25 and—with few exceptions—no more than 55. He must have, at one and the same time, “the dynamism of youth and the prudence of maturity”² so that he may be adamant at times and yielding at other times—with judgement enough to decide which is appropriate at a given time. He must be capable of taking decisions, and sometimes quickly, but he must avoid being hasty; he must be independent, but must also obey instructions; be impartial, but not insensitive; he must have initiative, but a good team spirit. He must be of good appearance and be able to express himself well in several languages. He must know enough to keep his mouth shut about confidential matters—and in particular about things he sees and hears while carrying out his mission. While not becoming “a man without a country”, he must be conscious of international affairs and well informed about them. He must be a “systematic organizer and an inspired improviser.” In other words, “he must carry the ICRC mission in his heart, without acting like a missionary zealot; and while embodying all the qualities and contradictions of *homo sapiens*, he must be willing to dedicate himself unstintingly, for a relatively moderate salary.” Above all, he must be absolutely upright and honest—and at the same time unassuming.

The delegate must accept certain sacrifices. His working schedule on mission is heavy but may include long waiting periods which impose great psychological stress, living conditions which are sometimes difficult and on occasion dangerous, and relatively prolonged separation from his family.

Except for technical personnel—radio operators, drivers, logistics specialists, etc.—and members of the medical corps, delegates must be of Swiss nationality, since they are called upon to conduct negotiations as neutral intermediaries.

Negotiator and man of action

These negotiations are carried on with governmental and military authorities. They have little relation however to diplomacy in the usual sense. While tact is required in discussions with ministers and chiefs of staff, the objectives in these talks involve human beings and not political interests. In confronting these interlocutors, the delegate is sometimes

² Hans O. Staub. “Manager der Menschlichkeit”, *Weltwoche*, Zurich, 1975.

regarded as “the devil’s advocate” since he is defending the rights of various victims, such as prisoners of war, political detainees or civilians in occupied territory who are, *de facto*, opposed to the persons currently in power. The delegate must therefore remain impartial and neutral, even in private, during and after his mission.

The delegate’s task is not, as commonly believed, to scrutinize the application of the Geneva Conventions. The States which have signed them have the responsibility of respecting and enforcing respect for the legal instruments to which they have put their names. The ICRC may be called upon to oversee the application of the Conventions when it is a substitute for the Protecting Power—a neutral state entrusted by the belligerents with tasks of control and protection—but this only occurs when no such Power has been designated. The Geneva Conventions however specifically designate the ICRC for a number of duties in protecting and assisting war victims. It takes part therefore in the application of the law through the activities carried out by its delegates in places of conflict, and through the help it thereby gives the authorities.

The delegate is not only a negotiator but also a man of action who rolls up his sleeves when there’s work to be done. When he is organizing the distribution of relief, he will often have to help unload the trucks; when he is escorting civilians across a cease-fire line, he may have to double as a chauffeur or stretcher bearer.

The activities of the medical delegate are of great importance during visits to places of detention. Thanks to him, the real situation of the captives can be judged. The doctor in this case is interested not only in the health status of the detainees but also in the cleanliness of the quarters, the sanitary facilities, the condition of the kitchens, the adequacy of the diet and the organization of medical and dental care.

The medical delegate also deals with the authorities on matters affecting the health of protected persons who are detained or who are living in occupied territory. In addition, he carries out various assistance tasks—evaluating medical needs in a country at war, caring for the sick and wounded in civilian hospitals or military field hospitals, organizing the delivery of medical supplies, taking part in repatriation operations... and so on. When medical deficiencies are very serious, the ICRC calls upon the National Societies of the Red Cross, Red Crescent and Red Lion and Sun to provide complete medical or surgical teams, for periods ranging from two to many months.

No systematic recruiting

The ICRC does not systematically recruit delegates. News by word of mouth, mainly in student circles, and information through articles, lectures, film showings, exhibitions, etc., bring the greater number of candidates. Through such organizations as the Group for International Missions set up by the ICRC in 1963 to facilitate the recruitment of delegates for emergencies, and the disaster corps of the Swiss Confederation, the ICRC has delegates in reserve, but they are available only for fixed periods of time, usually about eight weeks.

The Delegations Service of the ICRC receives an average of more than one letter a day from candidates. On the basis of such objective criteria as nationality, motive or studies indicated by the candidate, unsuitable offers are eliminated. For the remaining ones, a preliminary interview is arranged at ICRC headquarters, with the participation of one or more directors. This makes it possible to get acquainted with the candidate, to judge his appearance, manner of speaking and linguistic ability, intellectual and moral level and, finally, motivation. The latter is important, because the ICRC does not wish to engage adventurers, those who merely seek faraway places or those who are trying to escape from their personal problems.

Five-day training course

In co-operation with the League of Red Cross Societies, the ICRC organizes five-day training courses four or five times a year. The twenty-five available places are occupied by candidates who have themselves offered their services, by delegates sent by the Group for International Missions, volunteers from the disaster corps and diplomatic trainees sent by the Federal Political Department. After a get-acquainted evening, featuring a lecture on the Red Cross and its history, four days are devoted to courses on various topics, given by experienced Red Cross people. The fifth and final day is reserved for a visit to the headquarters of the organization.

The first day's course deals with the structures of the international Red Cross—the League, the ICRC and National Societies—and the Geneva Conventions, with special reference to their diffusion and the respect accorded to them in the world. The next two days provide for more thorough and specific studies: the work of the ICRC with regard

to the Third Convention—prisoners of war—and the Fourth Convention—civilian populations—is presented in detail, supplemented by practical demonstrations.

These exercises bring them to grips with some of the principal difficulties which ICRC representatives actually encounter in their work. They consist in simulated visits to places of detention and of the study of a situation based upon current events. A film of real ICRC operations is shown in connection with these exercises.

Several hours of courses are also devoted to ICRC activities in non-international conflicts, organization of relief actions, the role of the medical delegates and visits to political detainees.

The candidates then visit the Central Tracing Agency where they receive technical information on this specialized work. (The ICRC also trains some delegates specifically for this kind of work, involving searches for missing persons, the reuniting of families, the sorting of civilian messages, etc.)

The course ends with a speech by the President of the ICRC, who describes the work being carried out by the ICRC in different parts of the world. There are also some purely practical talks on delegation procedures and the status and pay of the delegates.

Horizontal and vertical classification

When the training course is finished, the ICRC personnel who have served as instructors and the chief of the Delegations Service make their evaluations of the candidates. The resulting classification is both horizontal and vertical. On the one hand, the candidates are judged in terms of overall values, based on assessment of their work and their conduct during the course; on the other hand, in terms of the various kinds of work required in a delegation. The word “delegate” indeed is used for such specialists as prison visitors, jurists, organizers of relief actions, administrators, Tracing Agency specialists, doctors, etc. To assign candidates according to their various skills makes for the most effective use of delegates when the time comes.

What about women delegates?

Up to the present time, there have been few women delegates. This situation is evolving however, and the experience of recent years indicates

that women members of delegations make an effective contribution to its accomplishment. The tasks entrusted to them include those with a major humanitarian element; contacts with civilian populations in occupied territory; inquiries among families in connection with searches for missing persons; visits to camps for interned civilians, in which it is common to find whole families ranging from grandmother to nursling living under bad conditions of hygiene, nutrition, etc.; visits to women's prisons, in which the presence of a woman delegate will do much for the psychological atmosphere. Women have carried out numerous medical tasks, either as members of mobile teams or as regular physicians.

When the course is over

The candidate returns to his home, has himself vaccinated—and resumes his usual activities. No position is promised to him, since the sending of delegates to the field depends on needs as they arise.

The Delegations Service can plan the employment of delegates only to a slight extent, as in the case of replacements for members of long term missions. If a conflict breaks out, calling for the immediate dispatch of a score or more of delegates, the ICRC's manpower reserve may not always be sufficient. Since several months may elapse between the end of a course and the offer of a post, the candidate is not always available when the time comes to send him on mission. In addition to this problem, there is the matter of the duration of the appointment. This is one year for delegates, but the period may be considerably shortened for some specialists, in particular doctors, who are difficult to find when they are needed.

Preparations for departure

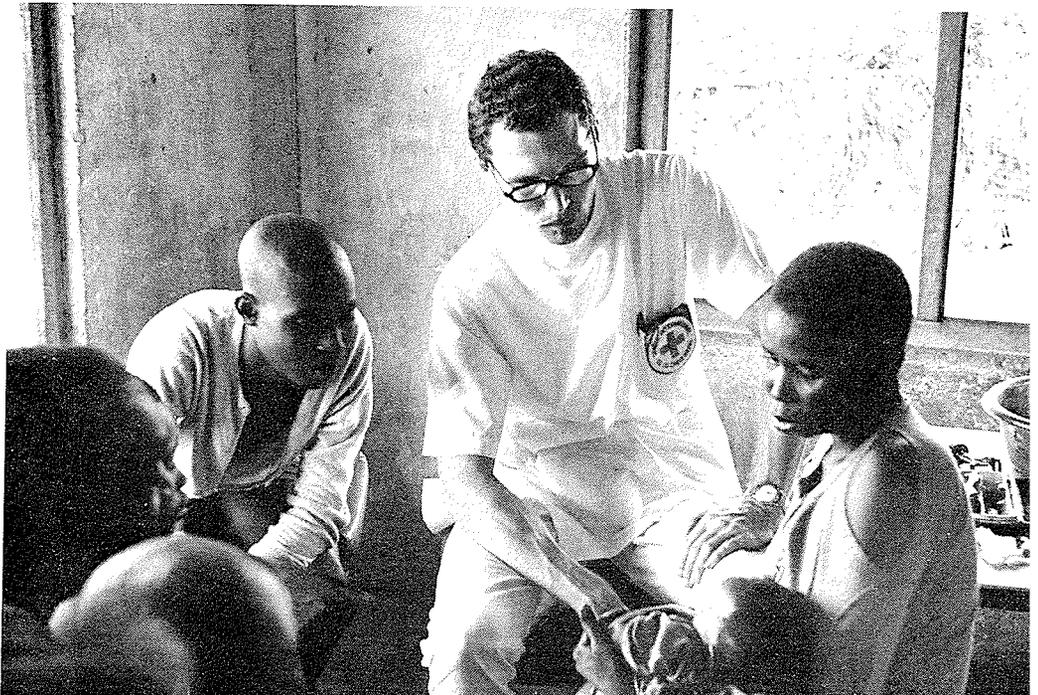
Before leaving for the country where he will carry out his first mission, the delegate spends about a week at ICRC headquarters in detailed study of his forthcoming assignment and in working meetings with the heads of various services. This is supplemented by a period spent at the Institute of Development Studies, affiliated to the Geneva Graduate Institute of International Studies, to obtain background knowledge of the ethnologic, geopolitical and economic situations in the region to which he is being sent.

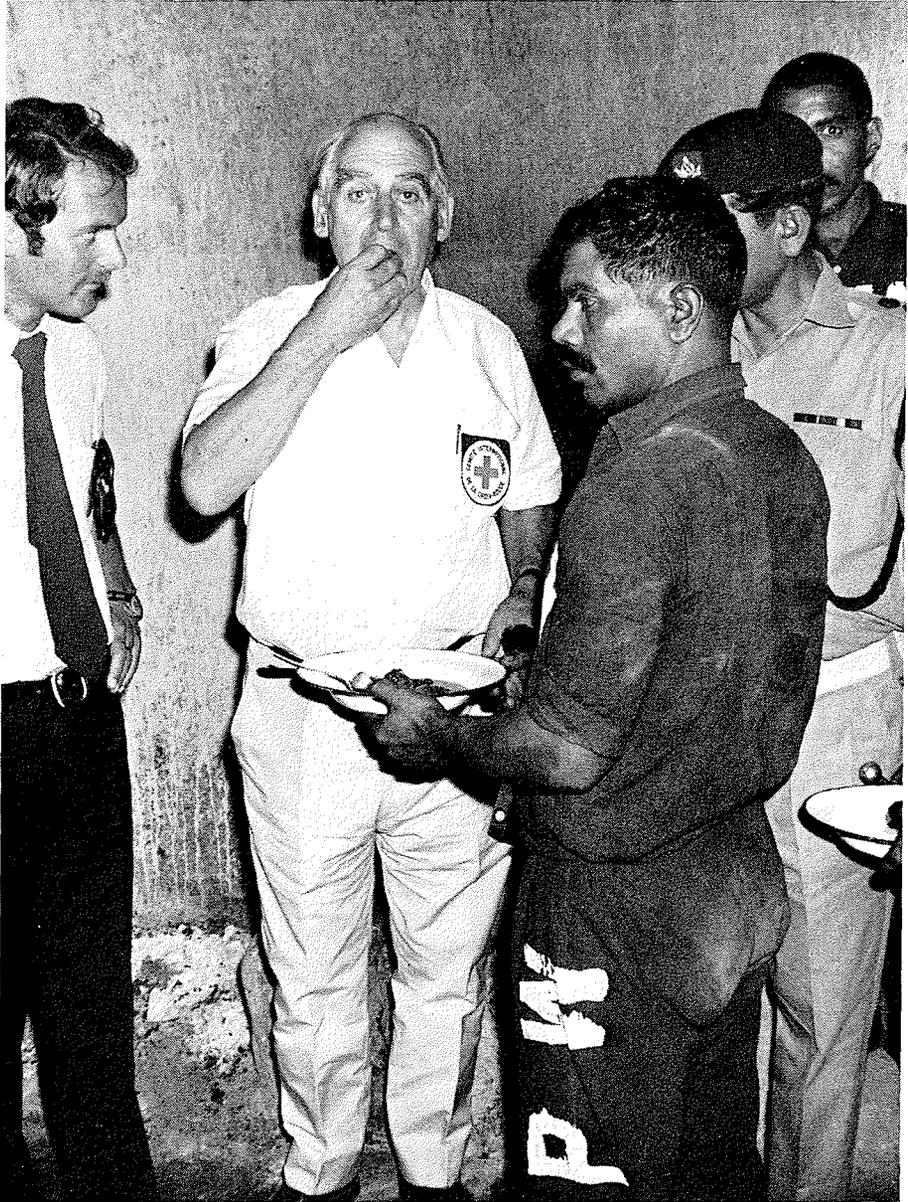
It is actual work in the field however, bringing him face to face with the realities of life and of war, which constitutes the real training



An ICRC delegate assisting persons to fill in enquiry and civilian message forms about missing relatives...

... while a medical delegate treats patients in a dispensary.





The delegate must also taste meals prepared for the inmates of a prisoner-of-war camp.

of the new delegate. For several months, his training continues under the direct guidance of the chief of the delegation. The latter will not only counsel him in his work but will also test his character. After all, a man may prove to be highly resourceful in an emergency, even though he may have seemed timid during the theoretical course—and the reverse may also occur.

To become a well-rounded delegate, however, varied experience provides the best schooling. For this reason, the ICRC offers missions with different problems and different psychological atmospheres. It also arranges *ad hoc* courses at headquarters, so that the delegate will broaden his knowledge of ICRC activities in the field and of its administrative procedures. Eventually, when the delegate has all the necessary qualifications, he may be offered a contract of from three to five years in a position of responsibility in the field.

* * *

ICRC delegates serving abroad are usually members of a delegation of two or more persons. Their activities are carried out under several headings:

Visiting delegates, who visit places of detention, intervene with detaining authorities and write reports on their visits.

Visiting medical delegates, who carry out the same tasks as those above and who also examine seriously wounded or seriously sick prisoners and constitute medical commissions with a view to repatriating such persons.

Clinical medical delegates—including surgeons, anesthetists, specialists in tropical medicine, public hygiene, etc.—who also evaluate the needs in a country at war for clinical personnel, hospitals, equipment, medical supplies, etc.

There may also be emergency medical or surgical assistants, working alone or in teams, in hospitals or in mobile clinics.

Para-medical personnel, consisting of male or female nurses who may be engaged to work under some of the circumstances referred to above.

Central Tracing Agency delegates, including office workers, investigators, organizers, to set up and staff local bureaus of the CTA, comprising both Swiss and local personnel. They are concerned with searching for missing persons, arranging for exchanges of messages between members of divided families, reuniting families, drawing up and checking lists of prisoners or internees and providing travel documents.

Specialized relief delegates, *who estimate the non-medical needs of countries at war, in food, clothing, housing, etc.; set up emergency programmes; receive merchandise and arrange for its storage, inventory control, insurance, etc.; distribute and check relief supplies and prepare reports.*

Transport specialists, *who deal with transport of goods and persons by railway, road, sea or air.*

Administrators, *who look after administrative and financial matters, involving housing and subsistence for delegates, general accounting, relief programme accounting, local employees, vehicles, etc.*

Radio operators, *who send and receive operational messages either by code or voice, in English or French, exchanged between the delegation and ICRC headquarters in Geneva. They are also responsible for installation and maintenance of equipment.*

STANDARDS OF MEDICAL CARE AND PROTECTION IN DETENTION CAMPS

by Pierre Boissier

An international symposium on Medical Care and Protection of Prisoners and Detainees was organized by the Ciba Foundation, in London, from 27 to 30 November 1972. The papers read at the symposium and the discussions which followed related mainly to minimum rules governing the treatment of all detainees, provisions made by various governments regarding hygiene, care, food, etc., and the role of the doctor in that domain. The texts were compiled and assembled in a volume published some time ago.¹

The book contains a study essentially based on the experiences of ICRC delegates which will undoubtedly be of particular interest to readers. It was written by the late Pierre Boissier, and we wish to thank the Ciba Foundation for allowing us to reproduce it. (Ed.)

I am the only person here who will discuss camps—those more or less vast spaces, often encircled with barbed wire and watchtowers, behind which men stand waiting. Men, but often women and children too. There may be 1,000, 10,000, 20,000, 30,000 and sometimes even more of them. Who are they?

They may be victims of large-scale natural disasters, or refugees who in haggard masses have fled their country, or prisoners of war or civilian internees in the hands of a hostile power or, again, political detainees.

¹ *Medical Care of Prisoners and Detainees*, Ciba Foundation Symposium 16, Associated Scientific Publishers, Amsterdam, 1973, 238 pages.

We live in a time when camps are proliferating. This is a fact. Do we deplore it? Not necessarily. Because there are camps which show progress and are a proof of civilization. I am thinking here of camps which serve as reception centres where the victims of some disaster are cared for rather than abandoned to their fate. There are also camps where opponents who would once have been massacred are held in captivity. They are captive no doubt, but their lives are spared, and quite possibly they are not in actual physical need. This is the case even more often than is commonly believed, and it is only fair to give credit for it.

On the debit side we can put all those camps whose very existence bears witness to the intolerance, the discrimination, the excessive strength or the excessive weakness of the government and its conceptions of state motives.

I want to limit this short paper to the camps that I call 'closed', to be precise those from which no attempt at escape can be made without risk of being shot at by the guards. Therefore, the observations that I shall put forward to you all fall within the general context of an international or an internal conflict.

I have chosen this category of camps because these are the ones I know from having visited them, in many parts of the world, over the last twenty-five years. These visits, often necessitating several days of exhausting work, are those I make as a delegate of the International Committee of the Red Cross. The delegates have access to these camps mainly by virtue of the Geneva Conventions of 1949, which in particular protect the war-wounded picked up on the battlefield by their enemy, prisoners of war, and civilian internees.

I shall be talking to you as one who is a lawyer, not a doctor. But I shall talk to you as a man who has been a witness of the many and formidable tasks confronting the medical personnel in the camps.

Dynamics of life in a camp

He who visits a camp for the first time generally comes out with a number of false ideas. To begin with, it is most likely that he will have, been taken in by the silences, the half-truths, the scheming, the 'staging' of the camp commandant who, warned of the visit several days in advance,

has made the necessary arrangements to cover up the bad things and create the most favourable appearances. But our neophyte will be the victim of a still more serious illusion. He will persuade himself, more or less subconsciously, that a camp is a static society and that nothing very new can occur: indeed, it seems to him that the decor will remain roughly the same, that the prisoners will not change either, nor the authorities responsible for the camp. Only time will pass, but it seems to him that, in this enclosure, time is abolished, that it no longer counts and that therefore its passing will bring no noticeable change. If he is not observant, his second visit, one, two or three months later, will perhaps confirm him in this opinion. But what a mistake he has made! Unnoticed by him, profound changes have been going on underground, nearly invisible, but sooner or later they will come to the surface and will have the gravest consequences.

It is these changes, which are nearly always inevitable, that I want to emphasize first. I am basing what I say mainly on personal observations, corroborated by those of many of my colleagues who have visited other camps in other places and at other times.

Scarcely anything has been written on this subject. Sociologists have given little attention to the events that I want to tell you about. On the other hand, they can be quite well illustrated by some accounts of captivity.

To begin at the beginning, at the very beginning of the camp: in the great majority of cases a camp is filled all at once or by massive intakes. For the refugees come all together; prisoners of war are most often captured in whole units, and civilian internees are frequently all arrested at the same time after some ruthless decision by those in power.

And in this massive influx, moreover, we will usually find a considerable number of wounded or a considerable number of men in the last stages of physical exhaustion. Morale is at its lowest: they are men who have lost everything or who have lost a battle—in short, a body of people demoralized and physically and nervously knocked out. This is the very beginning. Now, nine times out of ten, this influx occurs at a time and in a place that are more or less unforeseeable. This means that the camp begins by being deplorable: water and food arrive irregularly; tents or huts are still badly equipped and often insufficient in number. This is the time of more or less chaotic adjustment, sporadic anger, incidents of all kinds.

Then comes a period of acclimatization. The camp installations are considerably improved, thanks to the efforts, very often praiseworthy, of the authorities. As for the captives, they are slowly getting accustomed to being confined. Both sides are getting organized. Everyone takes up his position. Small groups are formed. The card players get together, the intellectuals follow suit, and then the men coming from the same region and speaking the same dialect. The same hope sustains the morale of all: liberation. It is for tomorrow; exchanges and releases cannot be long delayed. Such belief is held against all reason, even if everything indicates that captivity must be long: hope springing eternal in the human breast.

For the camp authorities and for the guards, this is a period of euphoria: the machinery is run in; they persuade themselves that everything is all right, and will continue to be all right; routine begins and with it the temptation to fall asleep.

It is then that things quietly start deteriorating. Idleness begins to be a burden and becomes a source of irritation and minor frictions. No news has yet been received from families. Nothing is known about what is going on outside; there are only false reports and rumours—contradictory, irritating. Homosexuality is beginning its insidious spread with its attendant jealousies and, before long, tragedies. Rival groups are gradually formed within the camp; the waverers are taken aside, canvassed by one party or another. It is also the time of the first escapes, the first violations of discipline. It is the time of the first measures of repression, too often taken clumsily and excessively. It is, finally, a time for the upsurge of mental trouble of all kinds and the most contagious neuroses.

Here we are on the threshold of the phase when things usually begin to deteriorate far more seriously.

The rivalry between groups of detainees increases and ends in violence; brawls break out. Sometimes secret tribunals are set up in the depths of the camp, among the prisoners. They pass sentences and occasionally go as far as carrying out executions. Painfully and bitterly, the hope of liberation has faded away.

Escapes continue, leading to collective measures that strike the innocent as well. To restore order, the guards, now convinced that legal disciplinary measures are invalid, use other methods and some deaths become difficult to explain. Something that nobody has foreseen.

The following situation, for example, which has often happened. Within the confines of the camp some of the guards think that they are being threatened; they open fire, supported immediately by the machine-gun from a watchtower: fifty, one hundred or two hundred men lie dead on the ground.

A decision is taken at higher level: half of the camp's population will be transferred to another camp, half of whose inmates will fill the gap thus created. The prisoners' representative will be replaced by another; the guard will be changed and, with it, the camp commanding officer.

In a few hours the situation will again be as it was at the beginning. And the same causes will produce the same effects.

It is also possible that, the breaking point being past, half measures will be taken. This is always a bad solution, which will produce a number of incidents of more or less seriousness. Life in the camp becomes hell for both detainees and guards. And there seems to be no way out.

I said earlier that it was impossible for me to set exact lengths to the various phases, which vary considerably from one case to another. It is quite clear that if the camp commanding officer is a humane and capable man, if the camp is big enough for everyone to have from time to time a moment of solitude and the possibility of smoking a quiet cigarette, if the prisoners are apathetic and fatalist, the curve can then grow considerably longer. On the other hand, overcrowding, brutal guards and quick-tempered detainees lead more rapidly to bloody confrontations.

The doctor in the prison camp

Now aware of the dynamics of the camp, we shall look more closely at the doctor in charge, who is there either part-time or full-time.

He is not always the best doctor in the country. Great demands are being made of the whole medical body. The military doctors considered most capable are at the front, in dressing stations and field hospitals. The civilian doctors who have not been mobilized are overworked, particularly when towns have been bombed. The practitioner who, in these conditions, may have been drafted by the army or the Ministry of Health is sometimes not much in demand. I am thinking of that dear man from a West European country whom I saw dissolving a pill in tap

water in the hollow of his hand, stirring the mixture with a finger of doubtful cleanliness and, without any evil intent, injecting it into a prisoner. But there was also that dentist who deliberately extracted prisoners' teeth without an anaesthetic, considering that such rabble deserved nothing better.

Whoever he may be, if this doctor is there when the camp is opened, he will have a formidable task. Starting from nothing at the very moment when the wounded and the sick are most numerous, he must improvise and create and get all the medical machinery of the camp in working order.

Things would go better and faster if our doctor had straight away a clear picture of the equipment, drugs and dressings, and the personnel needed in the camp. But such knowledge is not acquired at the university and his former practice has generally not prepared him for it. If he is a military doctor, he might, in some countries, follow certain standards and certain rules more or less well drawn up but which meet the needs of the army and are, more often than not, ill-suited to camps.

What is needed in a camp when the nearest hospital, taking into account the difficulties of communication and transport, can only be reached in fifteen, twenty or thirty hours? What is needed when there are ten thousand or twenty thousand prisoners? All this will be discovered gradually, but only by trial and error and often after fatal mistakes.

But that is not all. The camp doctor should have a sound knowledge of hygiene. He should be an adviser to the camp commanding officer and give practical guidance on numerous points: installation of latrines, ventilation of huts, drainage of dirty water, physical exercise for prisoners ... and so on. But again he does not always possess this knowledge. Serious problems could be avoided if very simple and clear documents on the subject were available and given to the doctor in charge when the camp was opened.

I shall say nothing about the second phase of camp life. We assume that the camp medical services have now found their equilibrium, that hospital transportation is being organized and that the camp installations have improved.

During the third phase, the doctor is going to find himself at grips with very special problems which again and again will find him ill-prepared. I want to talk about the geometric progression of disorders

of psychological and nervous origin. Promiscuity and overcrowding, idleness, isolation from the rest of the world, are going to result in all the detainees' being more or less neurotic. The delegate from the International Committee of the Red Cross who interviews them without witnesses sees this very clearly even if he has no medical knowledge.

This phenomenon is particularly evident among political detainees, for whom another factor is added: anguish. Somewhere in the background, the authorities are establishing records. Interrogations take place; the accusations are vague but all the more worrying. Waiting increases fear: it is the atmosphere of Kafka's *Trial*. And it leads, of course, to a sharp rise in cardiovascular complaints and stomach ulcers. Here again our doctor, who, as we have already seen, should be a surgeon, health officer and nutritionist, should also be able to act as a psychiatrist or even a sociologist.

He cannot tackle the root of the evil, but he can do great things by giving sensible advice on the provision of information, games and physical exercise. He ought also to secure the transfer of certain individuals whose mental state is affecting the camp.

His solutions, his practical guidance, will do a great deal to reduce the number of incidents that characterize the last phase, in the course of which he will have far too many occasions for practising surgery. At this point we must face the problem, alas too frequent, of ill-treatment and torture...

Because this matter seems to me to be outside the domain of medicine, I shall not mention cases where the doctor sanctions the tortures that are carried out in the camp or even goes so far as to put his knowledge at the service of those who are seeking the best means of inflicting suffering on others. These doctors exist; we know it, but we are not concerned with it here...

... If, for the last time, we consider our curve of tension in the camp, we notice that ill-treatment, physical brutality, torture are most often found—when they take place, since care must be taken not to generalize—at the two extremities of the curve.

To simplify once more, I would say that we are dealing with two very different phenomena.

Right at the start of this detention, right at the beginning of the curve, there comes, in many camps, the phase of interrogation. To carry out their operations, the army or the police need as much information as

possible as quickly as possible. There is a great temptation to obtain this more rapidly and in greater detail by employing what we might call 'intensive questioning'.

These policemen and soldiers are usually, let it be pointed out, people from outside the camp who often carry on their sorry task on their own premises, also situated outside the camp. But most of the time the brutalities inflicted will bring those who have suffered them to the camp infirmary. The camp doctor will make no mistake and will immediately suspect the origin of the injuries.

He will treat them, if he is allowed to. Have no doubt of that. But he will be faced with moral and ethical problems. Worrying problems indeed, for the brutalities we are now talking about are generally demanded, ordered, or at least known of and tolerated at governmental level. A report? A protest? To whom? The only effect of such action might well be the doctor's transfer to another post and his replacement by another doctor more responsive to the 'needs of the moment'.

We have said that ill-treatment also appears at the other end of the curve. This is quite a different occurrence. There, it is the guards, men inside the camp, who resort to violence in order to restore camp discipline. Guards and prisoners are in a state of mutual exasperation; troubles increase and violence appears, ranging from packdrill or rough handling to physical and mental brutality, sometimes fatal.

And once again, things end in the infirmary. And again the doctor makes no mistake. His diagnosis is much easier than in the cases considered earlier, as the methods used by the camp guards are generally rougher than those of the police, who nowadays all know how to set about torture without leaving any traces. Nevertheless our doctor is again faced with a moral problem. Let us simply note that in this kind of situation, it is often possible to give warning to a higher authority who can be relied on to punish brutal guards and to take measures of a general nature to restore peace.

Doctors as prisoners

A last word to call to mind, very briefly, the rather special situation of doctors who are themselves prisoners. They are to be found in camps for political detainees since, in many countries, doctors have a passion for politics; they are also and principally to be found in prisoner-of-war camps, when, for example, a big unit has surrendered with all its medical

personnel. This case enters the domain of the First Geneva Convention of 1949, which confers on medical personnel a privileged status intended to allow them to continue caring for their compatriots who are also prisoners.

I quote from Article 28: '... they shall continue to carry out, in accordance with their professional ethics, their medical and spiritual duties on behalf of prisoners of war, preferably those of the armed forces to which they themselves belong... They shall be authorized to visit periodically the prisoners of war in labour units or hospitals outside the camp'.

For many different reasons, the authorities of the detaining power sometimes show little eagerness to accord the facilities provided for in this Convention. One of the reasons is, paradoxically, the fact that, in a good number of camps, these doctor prisoners themselves show very little willingness to carry on their profession. They are aware that all other officer prisoners are free from any work, and they look on the fact that they alone should labour as a sore injustice. To be frank, when doctors are in such a state of mind, it is better not to make use of them. On the other hand, I take pleasure in recalling doctor prisoners who, in many camps, established with the doctors of the detaining power a relationship of trust and co-operation which sometimes went as far as the organization of joint seminars to improve their medical knowledge. When ethics thus rise above politics the whole camp benefits. Medical care then reaches its peak, owing to the fact that the doctor prisoners speak the same language as the rest of the prisoners and understand better than anyone their traditions and their customs. To which can be added that concord is just as infectious as conflict, affecting the general atmosphere in the most positive manner. Already a little of the peace of tomorrow has crept into the camp with the help of the medical fraternity.

To bring out certain problems more clearly, perhaps I have taken a gloomy view of things here or there. I am not however forgetting that there are good camps.

But one thing is certain: if better training and information were given to the men who assume responsibilities in or for camps, great progress would be made. Among the men whose actions can lead to changes in a camp, I place the neutral intermediaries who are allowed to visit them and talk to prisoners without witnesses.

INTERNATIONAL COMMITTEE OF THE RED CROSS

IN GENEVA

ICRC PRESIDENT

A plenary meeting of the International Committee of the Red Cross has elected its future President. Its choice was Mr. Alexandre Hay of Geneva, Vice-Chairman of the Board of the Swiss National Bank, and member of the ICRC.¹

Mr. Hay will take office on 1 July 1976, succeeding Dr. Eric Martin, who has agreed to continue until that date.

Mr. Roger Gallopin, President of the ICRC Executive Board has agreed to the extension of his mandate until the end of 1976.

¹ See *International Review*, February 1975.

*EXTERNAL ACTIVITIES***Africa****Angola**

ICRC Activities. — The most urgent humanitarian needs are for medical and surgical assistance and protection and aid for military and civilian victims, including displaced civilians. To carry out the various activities required, the ICRC has maintained contact with authorities of the transitional government of Angola at Luanda, Nova Lisboa and Kinshasa, and with the Portuguese High Commissioner. To overcome difficulties in delivering relief and transporting its delegates in Angola, the ICRC chartered a DC-6 aircraft which left Geneva on 1 September for Luanda with a cargo of about 3½ tons of relief supplies (milk, vitamins and food).

Medical Teams. — As announced in our previous issue two teams, each consisting of two doctors and three nurses, supplied by the Danish and French Red Cross Societies, arrived in Angola on 5 August. The teams established themselves, respectively, at Dalatando, east of the capital, and Nova Lisboa, in the south east part of the country.

Like the team which had been working at Carmona in northern Angola since July, the new teams immediately encountered the problem of displaced persons fleeing the combat zone. They had to remedy the inadequacy or non-existence of local medical facilities.

The teams are carrying out scores of major and minor surgical operations and treating many other patients, particularly children.

Relief. — Since its action started, the Red Cross has sent emergency relief supplies to Angola worth some 530,000 Swiss francs, including 33 tons of powdered milk, 19 tons of baby food, 3 tons of medicines, medical supplies for hospitals and 10,000 blankets.

The ICRC and the Angola Regional Red Cross have already distributed 28.6 tons of powdered milk, 2.7 tons of baby food, nearly one ton of medicines and 6,000 blankets. The delivery of this relief was slowed up considerably by the lack of local transport. More than 100,000 displaced persons who had lost everything they owned, have benefited from this assistance.

Delegates. — At the end of August, the ICRC delegation in Angola consisted of 27 persons—12 delegates at Luanda, including two Central Tracing Agency specialists and a radio operator, and 15 persons belonging to the three medico-surgical teams.

Financial situation. — At the end of August the financial situation was as follows: eight Governments—Canada, Denmark, the Federal Republic of Germany, the Netherlands, Norway, Switzerland, United Kingdom and the United States—had sent or announced contributions totalling more than 2,000,000 Swiss francs; contributions in cash and kind from the following National Red Cross Societies amounted to more than 500,000 Swiss francs: Belgium, Canada, Denmark, France, Federal Republic of Germany, Ireland, Japan, Netherlands, Norway, Poland, Sweden, Switzerland and the United Kingdom. Private donors, including Oxfam, gave a total of more than 30,000 Swiss francs.

Gambia

An ICRC regional delegate for West and Central Africa visited the Republic of Gambia from 18 to 25 August. In addition to his talks with the National Red Cross Society, the delegate met officials from various ministries, with whom he discussed ICRC activities in Africa and elsewhere in the world.

The delegate also visited the central prison at Banjul and the district prison of Georgetown, seeing a total of 246 prisoners, with whom he talked without witnesses. He distributed relief goods in the two prisons, with the assistance of the Gambian Red Cross.

Central America and the Caribbean

On 20 July an ICRC regional delegate for Central America and the Caribbean, accompanied by a delegate sent from Geneva, started a mission due to last several weeks. In Panama, where they remained until

the beginning of August, the delegates had several meetings with leaders of the Panama Red Cross and took part on 26 and 27 July in the fourth national convention of that Society at Chitré. The delegates met the chief of staff of the armed forces and the Vice-Ministers of the Interior and of Health. They had talks with several officials of the Ministry of Education, among them the Directress of Programmes, with whom they discussed the diffusion of Red Cross principles in schools, especially through the introduction of the school manual.

The delegates also visited some 1,500 detainees in three places of detention.

On 2 August, the delegates left Panama for Nicaragua. After a meeting with the Minister of the Interior, one of them, on 12 August, visited the "Carcel modelo" de Tipitapa, in which there were more than 500 detainees.

The other delegate went to El Salvador, where he met the Ministers of Foreign Affairs, Defence and Justice and leaders of the National Societies. From 12 to 14 August, he visited six places of detention with about 1,400 detainees.

Latin America

Brazil

The ICRC regional delegates for the countries of the "Cono Sur" who had been in Brazil since 8 July, concluded their mission in that country.

During the last week of the mission, they visited some 900 detainees in two places of detention at Porto Alegre, in the South. They also made contact with the local Red Cross branch and visited its quarters.

In Rio de Janeiro they had talks with the Minister of Education about the diffusion of Red Cross principles in the schools.

Chile

During the first six months of 1975, the ICRC delegation in Chile visited more than 4,000 detainees held by the military authorities. Material assistance was given to them in the form of medicines, blankets, mattresses, clothing and supplementary food. The ICRC also assisted the families of detainees, distributing relief valued at about 360,000 U.S. dollars, most of which had been sent by National Societies.

The ICRC also maintained its card index record of arrests and liberations. During the six-month period, 14,000 new cards were added to the 31,000 already in the file. A total of 79 travel documents were provided to enable persons lacking identity papers to leave Chile.

ICRC activity in Chile during July may be summed up as follows:

The delegates visited 25 places of detention and saw nearly 1,700 detainees held by the military authorities. Material assistance given to these detainees was valued at 1,500 U.S. dollars. The ICRC made 15 deliveries of medicines from its stocks.

Relief valued at 14,000 U.S. dollars was given to 1,823 families in the provinces and 753 families in Santiago.

Asia

Sri Lanka

An ICRC delegate visited Sri Lanka from 14 to 21 July. After meeting Red Cross leaders and government officials, the delegate visited more than 550 detainees in New Magazine Prison, Bogambara Prison and the "Pallekelle Rehabilitation Centre."

Clothing, toilet articles and games, valued at about 4,000 Swiss francs, were distributed during the visits.

Timor

As a result of conflict on the Pacific island of Timor, the Portuguese Government asked the ICRC on 25 August to assist the victims. The ICRC sent its regional delegate for South-East Asia, based at Kuala Lumpur, on a survey mission. From Darwin, Australia, he was accompanied by a Portuguese peace mission and an Australian Red Cross doctor.

The ICRC regional delegate had talks with the parties to the conflict, at the end of August.

A medical team consisting of a surgeon, general practitioner, nurse-anesthetist and a male nurse, supplied by the Australian Red Cross, accompanied the regional delegate and went to work in the hospital at Dili, capital of Timor, where they cared for more than 300 wounded persons.

Europe

Cyprus

A two-way release of prisoners took place on 18 August at Nicosia, under the auspices of the ICRC. Two Turkish nationals released by the Greek Cypriot authorities were transferred to the northern sector of the city while two officers of the National Guard crossed the Green Line in the opposite direction. During their captivity, the prisoners had been visited by ICRC delegates.

Portugal

Mr. Pierre Gaillard, ICRC adviser, was in Portugal from 11 to 21 August. The principal purpose of the mission was to confer with the Portuguese Red Cross on ICRC action in Angola, especially the delivery of supplies. The emergency situation created in Lisbon by the arrival of tens of thousands of Portuguese from West Africa was also discussed.

Mr. Gaillard visited the reception centres which had been set up by the National Society for the refugees. He met the Minister of National Defence and representatives of the Ministry of Foreign Affairs, as well as Col. Fernando Cardoso de Amaral, director of the IARN—the Institute to Assist Repatriated Nationals.

Accompanied by Colonel Dr. Antonio A. F. Tender, President of the Portuguese Red Cross, he visited military prisons at Caxias (Lisbon), Peniche and Alcoentre, where persons were detained for reasons of a political character.

Lastly, Mr. Gaillard proposed a programme for the teaching of the Geneva Conventions in the schools and in the army. The National Society will carry out the programme.

Middle East

Between 29 July and 21 August, 1,645 young Palestinians who study in Cairo or Algiers, rejoined their families in occupied territories of Gaza and Sinai for their summer vacations. These operations, under the auspices of the ICRC, took place in the United Nations buffer zone on the El Qantara-Balouza road. From the beginning of July to mid-August, such operations enabled 3,981 students to return to their homes. In September, the operations will be repeated in the other direction.

Several exchanges of persons between Arab countries and occupied territories took place during August.

On the El-Qantara road in the United Nations buffer zone, 646 persons from Cairo crossed into the Gaza and Sinai occupied territories to visit relatives, and three to remain permanently with their families. In the opposite direction, 343 persons went to visit Cairo, and 16 to rejoin their families.

At Ahmedieh in occupied territory on the Golan Heights, 84 Palestinian students from Gaza who had spent their summer vacations with their families, crossed the lines on their way to resume their studies in Damascus. Four Syrian detainees, released by the Israeli authorities, were repatriated.

Between 8 July and 28 August, ICRC delegates made their 32nd series of visits to prisons in Israel and occupied territories. They went to 13 places of detention in which about 3,100 civilian detainees from various Arab countries and from occupied territories were held.

It should be noted that the ICRC is authorized to visit so-called "security" prisoners—sentenced, awaiting trial or under preventive arrest—as well as penal law prisoners—both those who have been sentenced and those awaiting trial—about one month after their arrest. The ICRC delegates do not visit Arab detainees of Israeli nationality, who are not protected by the Fourth Geneva Convention.

ICRC ACTIVITIES 1974

As customary, the International Committee has published, for 1974, its Annual Report. The first six chapters give an account of the Committee's extensive and varied work during the year; the seventh is devoted to the ICRC's financial situation and the special funds which it manages. We reproduce below large extracts of the foreword signed by the President of the ICRC:

... We hope that those who have this report in their hands will not be content with a cursory glance but will study it carefully and acquire a consciousness of all that lies behind the restraint and dryness of the words: the sufferings, misery and blood of victims; and the total, un-sparing dedication of those working for the ICRC...

Today the ICRC can be said to hold a privileged place in the world, in relation to governments and to the United Nations which trust it for its impartiality and experience. No international organization is in a position today to think of taking its place, and the results it achieved in 1974 were such as to confirm this appraisal and strengthen its position.

A few moments given to the pages dealing with the ICRC's action in Cyprus, for instance, will make the reader aware of the multifarious duties we were called upon to fulfil, and enable him to assess the effectiveness of a resolute group of ICRC delegates in a war situation.

One should not delude oneself, however: the task that lies before our institution is today a difficult one owing to all the obstacles put in its way by politics. It often has to wage a relentless struggle to ensure

¹ *Annual Report 1974*, ICRC, Geneva, 1975, 120 pp. Available in English, French, German and Spanish, from ICRC, price Sw.fr.12.—.

the unqualified or unrestricted application of the Geneva Conventions.

In addition to this arduous action, conducted in chancelleries and in the field, the ICRC has a further duty: it must acquaint the world with its mission and maintain close contact with National Red Cross Societies. In this context, the relations which the ICRC President and the President of the Executive Board maintain with the National Societies are necessary. I have on various occasions had experience of the warm and deferential welcome extended to the President of the ICRC in the course of visits to Societies which do their utmost to ensure that those occasions shall be pleasant and fruitful. There is nothing that can dispel a misunderstanding better than personal contact and an exchange of views marked by frankness.

The need to expound the mission and the message of the ICRC to the world is all the more vital because young National Societies have to be supported and encouraged, while on the other hand some older Societies seek a tonic and revitalizing stimulus that will enable them again to spring into vigorous action...

... A widespread knowledge of humanitarian law and of the salient features of the Geneva Conventions must be developed at every level, at school, in the army and in the university, and this is not an easy matter. The presence of ICRC delegates and the work they perform throughout the world contribute effectively to the success of that effort.

The ICRC message must be persuasive and proclaimed uncompromisingly. It must reaffirm the impartiality and non-discrimination that govern the aid rendered to all victims. Some believe that the Red Cross should be imbued with a new spirit. This is doubtless true; but none of the basic principles must be called in question lest the whole structure should collapse.

We are used by now to the novel sight of International Conferences of the Red Cross, attended by young Societies which have come to life in new States. The ICRC is conscious of this transformation and welcomes it, for it shows that the concept is marching ahead. The ICRC lends an attentive ear to the new world, but it must watch over the sources and principles of the Red Cross. By doing so it believes that it is working for peace. The Red Cross builds a bridge between different ideologies, conflicting economic systems and countries still bruised by war; it calls for dialogue and seeks to restore confidence.

The future of the International Committee of the Red Cross is very clear: wherever there are victims of conflict it must be on the scene. It must pursue its action on behalf of political detainees. Armed with its right of initiative, it must be prepared to assume responsibilities in humanitarian action. Thus it can hope to help in building a world in which there will be greater justice because men will seek to understand one another better.

The chapter entitled "Operations" portrays the action carried out by the ICRC in Cyprus, the Middle East, Indo-China, the Asian Sub-Continent, southern Africa, Chile and Northern Ireland. There then follows a description of the work of regional delegations in various continents and of the relief supplies forwarded by the ICRC, a tabular summary of which is given elsewhere in this issue.

The next chapter is devoted to the Central Tracing Agency. This too is quoted later on in this *Review*. Under the heading "Principles and Law" the report summarizes the work accomplished in the field of international humanitarian law and the dissemination of knowledge of the Geneva Conventions. Space is given also to the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law applicable in Armed Conflicts, and to ICRC co-operation with the United Nations in that sphere.

The chapter "External Relations" gives details of relations with National Societies and governments, of ICRC operational and general news reports, and of its public relations activities. "Personnel" includes a table of staff strength at headquarters and in the delegations, with information on staff movements in delegations in various countries.

The ICRC accounts are shown in detail, with statements of government and National Society contributions to the financing of the permanent structure in 1974. Contributions by governments, National societies and other institutions to the financing of the occasional structure are listed, followed by tables showing the accounts of special funds for operations in progress and for various other purposes.

* * *

CENTRAL TRACING AGENCY

There was a marked increase in the volume of work handled by the Central Tracing Agency (CTA) in 1974.

The Geneva office received 109,254 letters (about 40,000 more than in the previous year) and sent out 83,418. During that same period it received 933 lists, containing 200,398 names which were registered in its card-index. In addition, 6,978 capture cards and 90,481 repatriation cards, also received in 1974, were inserted in the CTA card-index.

The full extent of the CTA's work cannot be properly appreciated by sole reference to its activities at Geneva. A vast amount of work is performed, in conjunction with headquarters, by the tracing agency offices set up in the field. It has therefore been thought preferable to report below on the combined activities of the CTA and its local agencies.¹

Cyprus

At CTA headquarters in Geneva

From the time the Cyprus conflict erupted, the CTA was faced with thousands of inquiries from anxious persons living outside the island, seeking information about their relatives there. The earliest inquiries were immediately transmitted to the branch agency in Cyprus by radio (at that time the only means of communication) and a large number of positive replies were sent back through the same channels.

¹ Except for field-work in Cyprus, for which a detailed account is given in a separate chapter of the *Annual Report 1974* p. 15.

This sustained activity went on for several months. Over 35,000 inquiries were launched by the CTA, and positive replies were obtained for approximately half that number.

The CTA also forwarded mail from and to prisoners of war and civilian internees, as well as messages from civilians to and from places outside Cyprus, while the local agencies dealt with the transmission of messages between the two zones in the island.

The CTA received 162 lists containing more than 22,000 names of prisoners of war, civilian internees, released detainees and refugees.

Asian sub-continent

At CTA headquarters in Geneva

During the first four months of 1974 the CTA continued to record in its card-indexes the names of Pakistani prisoners of war and civilian internees who had been released. The repatriation operations, which began in September 1973, were pursued until the end of April 1974. In addition, the CTA registered the names of all civilians transferred from Bangladesh to Pakistan and vice versa. In all, 171,000 names were recorded.

The end of the repatriation operations did not bring CTA activities in the Asian sub-continent to an end. The return of the last contingent of internees led to a new wave of inquiries regarding servicemen and civilians, including Indians, Pakistanis and persons of Bengali origin, who had been missing since 1971. Many families in Bangladesh also asked the CTA to contact close relatives who had been moved to Pakistan after having been interned in India, and whose whereabouts were unknown to them.

In the field

Tracing agencies set up in Islamabad, New Delhi and Dacca forwarded more than 600,000 family messages, some exchanged between Pakistani prisoners in India and their relatives in Pakistan or Bangladesh, and others between Pakistan and Bangladesh.

The tracing agency in Dacca also bore a considerable part of the burden in registering Pakistanis wishing to be repatriated and non-locals applying for emigration to Pakistan (see Annual Report, 1974, page 36).

After August 1974, most of the tasks performed by the tracing agency office in Islamabad were taken over by the Pakistan Red Crescent Society, which had in the meantime formed its own national information bureau.

Middle East

At CTA headquarters in Geneva

Through the early part of 1974 the CTA continued the registration of servicemen captured or killed in the October 1973 war and belonging to the armed forces of all parties to the conflict. It also recorded the names of prisoners of war repatriated during the first half of 1974.

In addition it forwarded several thousand messages exchanged between families living in the occupied territories and their relatives in various countries in North Africa and the Arabian Peninsula.

In various countries in the Middle East

ICRC delegations in Lebanon, Syria, Jordan, Egypt and Israel handled altogether 338,707 family messages and transmitted a large number of official documents such as marriage certificates, death certificates, academic diplomas, etc.

The ICRC delegations also dealt with about 16,900 requests to trace servicemen listed as missing and civilians who were no longer giving any sign of existence to their relatives.

Indo-China

In 1974 the CTA, at the request of the Red Cross of the Republic of Vietnam, opened about a thousand inquiries with the object of tracing missing servicemen and civilians.

The names of several thousand servicemen and civilians reported missing in Laos and the territory of the Khmer Republic were also registered.

A task of considerable magnitude was accomplished by the tracing agency at Phnom Penh, run by the Khmer Red Cross, which prepared 75,000 cards and handled 10,000 requests for inquiries. Officials of the tracing agency, which operates nine local branches, visited 44 refugee camps regularly in the course of their inquiries.

Chile

At CTA headquarters in Geneva

In 1974 the CTA recorded 257 lists of detainees visited at regular intervals during the year by ICRC delegates. The information contained in these lists was added to that previously recorded during the last three months of 1973. By the end of 1974, the CTA had established 33,000 cards.

Inquiries were opened by the CTA, through its Santiago agency, with the object of obtaining news of detainees or of missing persons.

It also endeavoured to trace Chileans who had sought refuge in other countries and whose families in Chile were without news. Various bodies requested the CTA to intervene in a number of difficult cases involving the reuniting of families.

At Santiago

The Santiago agency kept up its extensive card-index, which proved to be of invaluable assistance to visiting delegates and was utilized to substantiate the merits of requests for aid made by the families of detainees.

Numerous cases of emigrants and persons wishing to be reunited with their families were also handled by the Santiago agency, in co-operation with the CTA, the Chilean authorities, COMAR (*Comisión de Ayuda a los Refugiados*) and representatives of specialized agencies. In this connection, the Santiago agency delivered travel papers to persons without passports.

* * *

Finally, names of detainees visited by ICRC delegates in various African countries and in Indonesia were also filed by the CTA.

Besides these activities connected with current events or conflicts of recent origin, the CTA continued to reply to all requests still being received from authorities of the home countries, National Societies or private persons concerning persons who were made prisoner or who died during the Second World War. As in past years, the 38 million cards relating to the 1939/45 conflict held at the CTA constitute an irreplaceable source of information as evidence for the delivery of certificates in view of war pensions or for deter-

INTERNATIONAL COMMITTEE

mining the fate of missing or displaced persons. These tasks were performed in close co-operation with the International Tracing Service at Arolsen, and depended to a great extent on the valuable aid furnished by National Societies.

INTERNATIONAL TRACING SERVICE

The International Tracing Service (I.T.S.) at Arolsen, which has the task of gathering and utilizing its archives concerning concentration camps and keeping a card-index of former detainees up to date, continued to be highly active in 1974.

Although the volume of mail handled in 1974 fell slightly compared with the particularly high figures of the previous year, there was still considerably more activity than in 1971 and 1972, as may be seen from the following table:

Inquiries received		Replies given
1971	123,329	169,106
1972	127,872	187,007
1973	221,860	245,410
1974	210,465	228,583

The 1974 inquiries can be classified as follows: requests for incarceration certificates (26,053); for residence certificates (6,094); for death certificates (4,301); for documents relating to cases of sickness (3,241); for photocopies (3,058); for work certificates with a view to obtaining an annuity or pension (6,551); for information in connection with written tributes to the memory of victims of deportation (129,394); inquiries from record offices or relating to publications (3,758); requests submitted by attorneys-general (17,322); requests for individual searches (7,977); and requests for historical and statistical information (318).

In 1974, 1,250,483 new reference cards were added to the records, bringing the total number of cards up to 39,700,000. The I.T.S. completed the compilation of an extensive list of first names and their many variants, collected in an 841-page index containing over 48,000 names and variants.

Thanks to additional documents acquired by the I.T.S., positive information was supplied concerning numerous cases which had

been submitted earlier. The documents acquired in 1974 originated *inter alia* from the "Central Commission for the study of Hitlerian crimes" in Warsaw, the Auschwitz State Museum, the "Zentrale Stelle der Landesjustizverwaltung" in Ludwigsburg and the Austrian Resistance Archives in Vienna. The new acquisitions contain valuable information concerning in particular the Theresienstadt Ghetto and the concentration camps at Stutthof, Gross-Rosen, Lublin, Mittelbau (Dora), Sachsenhausen, Neuengamme and Ravensbrück (both women's camp and men's camp).

Preparatory work on the second volume of the "Catalogue of places of detention", to supplement the first volume issued in 1969, was delayed by the thorough investigation made of the newly-acquired documents. The second volume will probably be ready this summer (1975).

It should be added that the "Special civil status registry office", which is empowered to register officially the deaths which occurred in the former concentration camps, on presentation of proof of death by the International Tracing Service, completed its twenty-fifth year of operation on 1 September 1974. Though it is a public service, independent of the ITS, the two bodies work in close co-operation in view of their common objectives.

* * *

**RELIEF SUPPLIES DELIVERED OR DISTRIBUTED
BY THE ICRC**

Africa

		Sw. fr.
Algeria	60 tons of wheat flour, a gift from the Swiss Government for drought victims	48,000.—
	5 tons of whole powdered milk, a gift from the Swiss Government for drought victims	35,000.—
Angola	Aid to prisoners	1,100.—
	Aid to Red Cross	900.—
	Ambulance for Red Cross	21,000.—
Burundi	Aid to detainees	650.—
Cameroon	Aid to detainees	6,000.—
	Aid to Red Cross	4,000.—
Central African Republic	Aid to Red Cross	950.—
Chad	20 tons of powdered skimmed milk, a gift from the EEC for drought victims	80,000.—
	Aid to Red Cross	2,100.—
Congo	20 tons of wheat flour, a gift from the Swiss Government for the civilian population.	16,000.—
	Aid to detainees	1,500.—
	Aid to Portuguese prisoners	850.—
	Aid to Red Cross	800.—
Ethiopia	50 tons of wheat flour, a gift from the Swiss Government for drought victims	40,000.—
	230 tons of wheat flour, a gift from the Swiss Government for the civilian population of the province of Eritrea	184,000.—
	Aid to detainees	311,500.—
	Aid to Red Cross	20,000.—

		Sw. fr.
Gambia	Aid to detainees	5,500.—
Ghana	Aid to Red Cross.	1,100.—
Guinea Bissau	Aid to PAIGC prisoners in Portuguese hands prior to independence	350.—
Kenya	50 tons of wheat flour, a gift from the Swiss Government for the civilian population.	40,000.—
Liberia	20 tons of wheat flour, a gift from the Swiss Government for the civilian population.	16,000.—
Mali	20 tons of powdered skimmed milk, a gift from the EEC for drought victims	80,000.—
Mauritania	40 tons of wheat flour, a gift from the Swiss Government for civilian drought victims	32,000.—
	20 tons of powdered skimmed milk, a gift from the EEC for civilian drought victims	80,000.—
	Aid to political detainees	7,900.—
	Aid to Red Crescent	10,000.—
Mauritius	50 tons of wheat flour, a gift from the Swiss Government for the civilian population.	40,000.—
Mozambique	10 tons of powdered whole milk, a gift from the Swiss Government for victims of disturbances in Lourenço-Marquès	70,000.—
	Aid to victims of disturbances in Lourenço- Marquès	53,000.—
	Aid to displaced persons, Tete District	10,000.—
	Aid to Red Cross.	800.—
	Aid to prisoners	400.—
Niger	20 tons of powdered skimmed milk, a gift from the EEC for drought victims	80,000.—
	Aid to Red Cross.	800.—
Rhodesia	30 tons of powdered whole milk, a gift from the Swiss Government for the population in pro- tected villages	210,000.—
	Aid to detainees	32,900.—
	Medical aid to the population in protected villages	1,800.—
Rwanda	5 tons of powdered whole milk, a gift from the Swiss Government for a Red Cross orphanage Aid to detainees	35,000.—
	Aid to Red Cross.	5,300.—
	Aid to Red Cross.	2,400.—
Senegal	40 tons of wheat flour, a gift from the Swiss Government for drought victims	32,000.—
	20 tons of powdered skimmed milk, a gift from the EEC for drought victims	80,000.—

INTERNATIONAL COMMITTEE

		Sw. fr. .
Sierra Leone	Aid to Red Cross	750.—
South Africa	Aid to detainees	3,200.—
Togo	20 tons of wheat flour, a gift from the Swiss Government for the civilian population	16,000.—
	Aid to detainees	3,000.—
	Aid to Red Cross	1,900.—
Upper Volta	20 tons of powdered skimmed milk, a gift from the EEC for drought victims	80,000.—
	Aid to Red Cross	12,800.—
Zaire	20 tons of wheat flour, a gift from the Swiss Government for the civilian population	16,000.—
	Aid to Portuguese prisoners	1,200.—
	Aid to Red Cross	1,500.—
Zambia	Aid to detainees	4,300.—
FLNA	40 tons of wheat flour, a gift from the Swiss Government for Angolan refugees in Zaire	32,000.—
FRELIMO	77 kg of medicaments, a gift from the Swiss Red Cross	11,000.—
MPLA	Pharmaceutical products and foodstuffs for the Medical Assistance Service	4,800.—
	Ambulance	35,000.—
PAC	128 kg of medicaments	10,500.—
PAIGC	10 tons of powdered whole milk, a gift from the Swiss Government for the civilian population	70,000.—
SWAPO	68 kg of medicaments	5,300.—
ZANU	42 kg of medicaments	5,000.—
ZAPU	104 kg of medicaments	4,500.—
	Total	<u>2,020,350.—</u>

Latin America

Argentina	Aid to Red Cross	19,950.—
Bolivia	Aid to detainees	22,300.—
	Aid to families of detainees	6,200.—
	Aid to Red Cross	5,100.—
Chile¹	600 tons of wheat flour and 120 tons of powdered whole milk, gifts of the Swiss Government for the civilian population	1,320,000.—

¹ Not including relief despatched and distributed under the special programme in Chile.

INTERNATIONAL COMMITTEE

		Sw. fr.
	1,500 tons of powdered skimmed milk, a gift from the EEC for the civilian population . . .	6,000,000.—
	Aid to Red Cross	45,400.—
	Aid to Red Cross for flood victims	57,700.—
Colombia	Aid to detainees	5,700.—
	Aid to families of detainees	200.—
Ecuador	Aid to detainees	1,200.—
Guyana	3 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	21,000.—
Haiti	10 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	70,000.—
Honduras	4 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	28,000.—
	Aid to detainees	12,800.—
Paraguay	3 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	21,000.—
	Aid to detainees	11,500.—
	Aid to Red Cross.	1,300.—
	Aid to families of detainees	1,700.—
Uruguay	10 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	70,000.—
	Aid to detainees	46,700.—
	Total	<u><u>7,767,750.—</u></u>

Asia ¹

Bangladesh	60 kg of eyeglass frames, a gift from the Red Cross of the Federal Republic of Germany, and 43 kg of eyeglass lenses for the Islamia Eye Hospital at Dacca	18,000.—
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¹ Relief designated as International Red Cross Assistance (IRCA) does not include the supplementary assistance supplied by National Red Cross Societies in the form of goods and services.

INTERNATIONAL COMMITTEE

		Sw. fr.
Burma	10 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	70,000.—
	Aid to Red Cross.	700.—
Democratic Republic of Vietnam	Provision by IRCA of prefabricated housing for the civilian population	6,678,400.—
Hong Kong	Aid to South Vietnamese repatriated persons	600.—
India	Aid to Red Cross.	500.—
Indonesia	Aid to detainees	82,800.—
Khmer Republic	Aid to prisoners of war	2,600.—
	IRCA relief programme for civilians	5,026,500.—
Laos	Aid to prisoners of war	2,700.—
	Aid to Burmese refugees	6,500.—
	IRCA relief programme for civilians	238,800.—
Laos Patriotic Front	Medical aid and miscellaneous	183,800.—
	IRCA relief programme for civilians	359,800.—
Malaysia	15 tons of powdered whole milk, a gift from the Swiss Government for the Red Cross feeding programme.	105,000.—
	Aid to Red Cross.	1,700.—
Philippines	Aid to detainees	5,500.—
Provisional Revolutionary Government of South Vietnam	IRCA provision of hospital equipment	919,400.—
Republic of Vietnam	Aid to prisoners of war	2,000.—
	Medico-social programme in orphanages	76,500.—
	IRCA relief programme for civilians	3,854,000.—
Sri Lanka	Aid to detainees	40,000.—
	Total	<u>17,675,800.—</u>

Europe

Greece	One ton of powdered whole milk, a gift from the Swiss Government for a Red Cross children's home	7,000.—
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INTERNATIONAL COMMITTEE

		Sw. fr.
Hungary	Medicaments for the Red Cross	2,200.—
Poland	Medicaments for the Red Cross	2,100.—
Romania	Medicaments	500.—
Miscellaneous	Medicaments for various countries	2,100.—
	Total	13,900.—

Middle East

Arab Republic of Egypt	100 tons of wheat flour, a gift from the Swiss Government for displaced persons	80,000.—
	500 tons of wheat flour and 100 tons of powdered skimmed milk, gifts from the EEC for displaced persons	800,000.—
	Miscellaneous relief supplies	17,800.—
	Medicaments, surgical equipment, blankets, clothing, powdered milk, ambulances and wheelchairs, gifts from various National Red Cross Societies to the Red Crescent for the civilian population	1,353,100.—
Democratic Yemen	100 tons of wheat flour and 20 tons of powdered whole milk, gifts from the Swiss Government for the civilian population	220,000.—
	Aid to detainees and their families	9,600.—
Israel and occupied territories	1,800 tons of wheat flour, a gift from the Swiss Government for the civilian populations of the West Bank of the Jordan, Gaza and Sinai.	1,440,000.—
	Aid to civilian detainees	350,000.—
	Aid to civilian population and miscellaneous relief	46,300.—
Jordan	1,000 tons of wheat flour and 100 tons of powdered skimmed milk, gifts from the EEC for the civilian population	1,200,000.—
	Aid to detainees	4,300.—
Lebanon	100 tons of powdered skimmed milk, a gift from the EEC for the civilian population.	400,000.—
	Aid to Red Cross.	31,500.—
Syria	10 tons of powdered whole milk, a gift from the Swiss Government for the Aleppo Red Crescent	70,000.—
	100 tons of powdered skimmed milk and 2,800 tons of wheat flour, gifts from the EEC for displaced persons from Golan	2,640,000.—

INTERNATIONAL COMMITTEE

		Sw. fr.
	Aid to civilian population	10,100.—
	Medicaments, surgical equipment, tents, blankets and powdered milk, gifts from various National Societies for the civilian population	1,136,600.—
Yemen	50 tons of wheat flour, a gift from the EEC for the civilian population	40,000.—
	Aid to detainees	53,600.—
	Equipment for prosthesis workshop at Sanaa	36,100.—
"Palestinian Red Crescent"	50 tons of powdered skimmed milk, a gift from the EEC for the civilian population	200,000.—
	Aid to Palestinian Red Crescent	48,800.—
	Medicaments and other medical material, gifts from various National Red Cross Societies for the civilian population	80,000.—
"Magen David Adom"	Medicaments, surgical equipment and an ambulance, gifts from various National Red Cross Societies for the civilian population	262,800.—
	Total	<u>10,530,600.—</u>

IN THE RED CROSS WORLD

FRANCE

As reported in a previous issue of the *Review*, the Florence Nightingale Medal was awarded this year to 34 nurses and volunteer auxiliaries. Among the recipients were two French nurses. The French Red Cross took advantage of the visit by the President of the ICRC at the end of May to arrange a presentation ceremony at its headquarters in Paris.

Maitre Marcellin Carraud, President of the French Red Cross, paid tribute in his speech to the recipients, M^{me} Anne-Marie Beauchais, President of the Red Cross in Val d'Oise, and M^{lle} Christiane Sery, an industrial nurse.

On behalf of the International Committee, Dr. Eric Martin stressed the great significance of the Florence Nightingale Medal to honour the recipients for exceptional devotion and loyalty in the discharge of their duty. He then presented the medals and the accompanying diplomas to M^{me} Beauchais and M^{lle} Sery.¹

JORDAN

A ceremony organized by the Jordan Red Crescent Society took place in Amman on 10 July 1975, for the presentation of the Florence Nightingale Medal to Mrs. Margret Kattan, voluntary aid and Vice-President of the Central Committee and Women's Branch of that National Society.

¹ *Plate.*

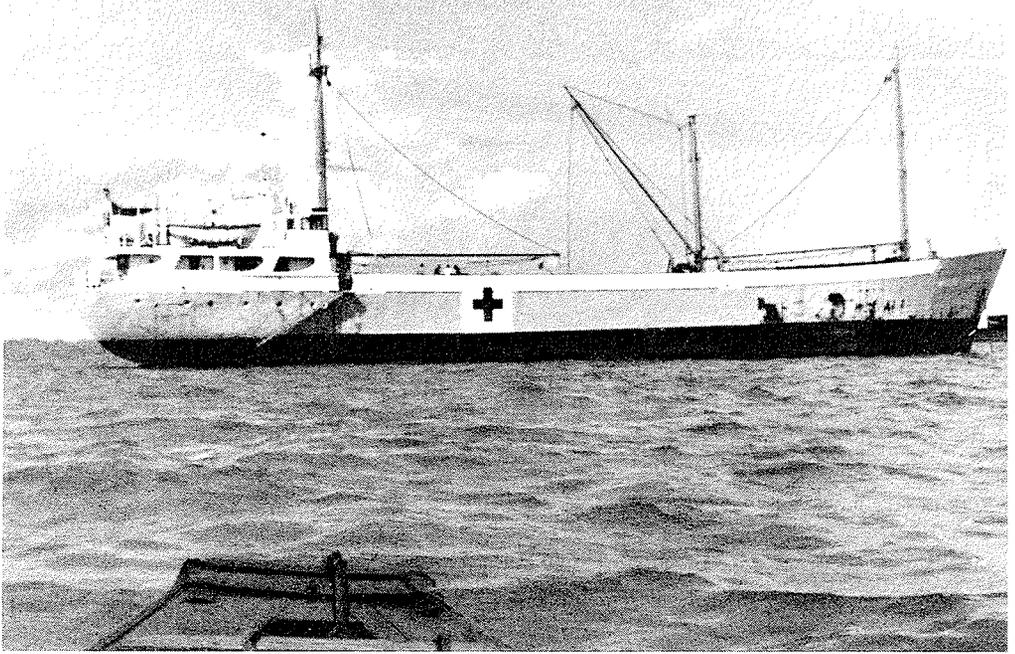
The event was of suitable simplicity and dignity, and on presenting the medal and citation to Mrs. Kattan,¹ Dr. Ahmad Abu-Goura, President of the National Society, described in his address the importance of the award. The ceremony was given wide coverage by the press, radio and television.

HENRY DUNANT INSTITUTE

It will be recalled that the Henry Dunant Institute recently published a brochure on the Red Cross containing chapters dealing with the origins of the Red Cross, the National Societies, the League, the ICRC, the Geneva Conventions, International Conferences and Red Cross principles.

This 30-page work, generously illustrated, presenting a variety of activities, both past and present, carried on under the sign of the Red Cross, the Red Crescent and Red Lion and Sun, was issued in French, English, German, Arabic and Spanish. It has now been published in Italian under the name *La Croce Rossa*, and is obtainable from the Henry Dunant Institute in Geneva.

¹ *Plate.*



The "Singha Fortune" carrying International Red Cross relief supplies for Vietnam.

Inauguration of a dispensary in Aleppo (Syrian Arab Republic), where powdered milk forwarded by the ICRC is distributed by Syrian Red Crescent representatives.





Amman: Dr. A. Abu-Goura, President of the Jordan Red Crescent Society, presenting the Florence Nightingale Medal and citation to Mrs. Margret Kattan.



Paris: French recipients of the Florence Nightingale Medal, Mrs. Anne-Marie Beauchais (left) and Miss Christiane Sery.

THE RED CROSS AND THE DANGER IN COMMERCE OF BLOOD PRODUCTS¹

The 28th World Health Assembly, meeting in Geneva, adopted unanimously a resolution, on 29 May 1975, expressing serious concern with the "extensive and increasing activities of private firms in trying to establish commercial blood collection and plasmapheresis projects in developing countries".

The Assembly resolution urged Member States "to promote the development of national blood services based on voluntary non-remunerated donation of blood," and "to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products". Moreover it requested the World Health Organization (WHO) Director General "to increase assistance to Member States in the development of national blood services based on voluntary donations, when appropriate in collaboration with the League of Red Cross Societies".

League and WHO experts had brought to the attention of WHO that commercial firms are obtaining blood or plasma from paid donors in developing countries in order to produce blood derivatives for sale in their own countries or for export. It appears that this practice started about 10 years ago in Central and South America and has more recently spread to Asia and Africa. Some countries have already taken legislative measures to forbid or control the export of human blood and blood derivatives.

It is not easy to obtain detailed information of these commercial operations. However, from the answers provided by health authorities and from information available to National Red Cross Societies it appears that the practice of commercial plasmapheresis is wide-spread.

¹ See *Contact*, 1975, N° 5, publication of the League.

The reason for the commercial firms seeking plasma abroad is financial. Thus one litre of plasma may be obtained for US\$ 2.00 to US \$4.00 in some developing countries whilst it would cost US\$ 20.00 to US\$ 40.00 or more in some of the advanced countries.

The World Health Assembly, in its discussions, duly noted that the XXIIInd International Conference of the Red Cross (Teheran, 1973) had adopted a resolution reading as follows:

- *Affirms* that a service based on voluntary blood donation, motivated by humanitarian principles, is the safest and most effective way of supplying blood needs,
- *Urges* the Governments of all nations to adopt the highest standards for a safe blood service to their citizens and formulate those standards on the concept of non-remunerated blood donation,
- *Recommends* each National Society and its government to undertake a strong combined effort to attain the humanitarian objectives of a total national blood service based on the broad voluntary participation of the people.

Previous International Red Cross Conferences adopted resolutions commending the development of blood services to all National Societies and, beginning with the 1948 resolution, also enunciating the principle of non-remunerated blood donation. The League's governing bodies adopted resolutions to stimulate the development of blood transfusion services based on the same principle of the free gift of blood.

At present the Red Cross participates in the national transfusion programmes in 95% of all countries. It assumes responsibilities in 112 of them in the spheres of recruitment and promotion of the free gift of blood. In 58 countries it collects blood and has transfusion centres and mobile units, whereas in 16 of them it is fully responsible for the national blood programme.

BOOKS AND REVIEWS

THE HEALTH CARE COST EXPLOSION: WHICH WAY NOW?¹

Costs of providing health care are mounting at rates far exceeding the general inflationary trend in developed countries. In less than one generation health care expenditures have doubled *as a percentage of Gross National Product* in most of these countries, reaching already 8% and moving towards 10% in several. In the U.S.A., for example, this "health industry" topped one hundred billion dollars last year for the first time, thus becoming second only to the food industry, having overtaken defence spending several years ago.

Aging populations, increases in hospital workers' pay (substantial because often belated), the high costs of several new treatments such as L-dopa for Parkinsonism, as well as some progress in extending health care to more of the people who need it, are among the factors contributing to gigantic increases in spending.

Should more money be put into health care with increased prosperity, or should limits be set? Is the key issue not "how much", but "how effectively" available money is used?

Thirty-five leading health officials, researchers and professionals from most countries of Western Europe as well as North America were brought together by the research centre of the International Red Cross, the Henry Dunant Institute, to study this topical problem along inter-disciplinary lines at a Symposium in Geneva.² The Institute commissioned in advance nine research papers on precise aspects of the subject from internationally recognized authorities.

This well documented book, edited by the sociologist and health journalist David Alan Ehrlich, presents the results of the Symposium's

¹ Published for the Henry Dunant Institute by Hans Huber, Bern-Stuttgart-Vienna, 1975, 250 pages.

² See *International Review of the Red Cross*, No 165, December 1974, pp. 660-661.

work. Seventy figures and tables complement the text, and assemble a probably unique collection of illuminating data.

After a review of the broad economic perspectives, the book examines each of the three major cost components of health care: institutions, personnel, and medicines. This is followed by a section on "Consumerism". The final chapter is a synthesis by the Symposium Chairman, Sir George Godber.

The clear layout and the telling use of editorial subtitles, some of them amusing, give this book a readability not often found in scientific works with numerous contributors.

The book puts forward a convincing case that "more is not better" in this field. Above a certain level, already attained in most of the countries considered, additional expenditures produce diminishing returns. The healthiness of the population dismally fails to improve in proportion to more spending on care. Why? Because, among other reasons, additional resources tend not to go where they are most needed, for instance to poor areas with chronic problems. They go instead to people who can afford to pay for them, and where there is a professional excitement in doing something new.

Which way now? Are there opportunities for health services to give better value for money? Apparently there are such opportunities; but they are elusive. Hospitalisation is frequently unnecessary for medical reasons but nevertheless takes almost half of all national health expenditures. It could be reduced dramatically by more reliance on home care.

However, European sociologists find that families are not as willing as they were to care for their own sick. Thus it is throughout society and not only among health policy makers and professionals that attitudes would need to change. Major savings, liberating resources for the unserved still in need, could be achieved if individuals accepted more personal responsibility for their own health, with all this implies for contemporary life styles. The problem of costs, now critical in several countries, is thus associated with larger questions.

Conscious allocation of resources, both money and personnel, to where they are most needed finds many advocates. Allocation, they argue, is inevitable, therefore it had better be conscious, rather than left to chance or to "technological dictatorship". Better organized community care is the most promising way of getting better value for the money people pay. And people *do* pay, whether in advance by taxes or insurance, or at the time of service by fees, depending on a country's system. Systems reviewed range from the entrepreneurial

and fragmented to the tidily hierarchical with "zero price" to the patient.

"We can no longer let virtuoso medicine impress us", writes Dr. Eric Martin, President of the ICRC, in a preface. "Young hospital doctors should be taught to use available resources rationally and economically and to treat with due reflection; at present most of them have little idea of this essential part of their job... The training given medical students still pays scant attention to these requirements and undesired consequences of scientific progress... The spirit prevailing in medical faculties will have to be changed and their curriculum given a new slant".

B.E.

Thoughts on a New Approach to Public Health Nursing, *International Nursing Review, Geneva, Issue 201, 1975.*

What will our future society be like? What will be the place of man in this society, in which the rhythm of change will accelerate? Shall we let ourselves be overtaken by the mounting tide of technology without being conscious of the profound currents it creates? Must we ask ourselves how nursing is concerned with all this? If nursing has some specific contribution to make to human life, how can nursing ignore the changes taking place economically, socially and culturally? How can nursing not benefit from the contribution of biological and human knowledge in order to respond better to its *raison d'être*: to help to live, by discerning all the capacities of life and of human development which constitute the most precious wealth of every man, and in contributing to help him to utilize it to the utmost? But is it so much about nursing that we should ask questions, or about ourselves, who provide nursing care? Doesn't nursing depend on our conceptions and our beliefs about life, in this total of dynamic capacities which represents health?

Examining a new approach to public health nursing and the quality of the care provided can only lead to an evaluation of how nurses are educated. Does this education consist mainly of learning to apply some knowledge or to utilize some ability, or does this education lead the nurse to explore and to utilize concrete situations as they appear in life, to identify needs, resources and problems, to formulate hypotheses, to seek suitable solutions, to evaluate the proposed nursing intervention and to acquire significant knowledge from real-life experiences?

In reconsidering public health nursing, we also raise the question of the rigidity or mobility of structures. We have been accustomed to providing care within a solid, even immutable, framework. But it is no longer possible for us to act within the framework of very structured organizations without considerably limiting the operational scope and effect of health care. However, we must admit that the structures we establish reflect our behaviour, our attitudes and our expectations, and that the first change must come from within ourselves.

The International Bureau of Education, *Unesco Chronicle, Paris, N° 4, 1975.*

The oldest-established of Unesco offices is the International Bureau of Education in Geneva, which though it became an integral part of Unesco in 1969, was set up in the days of the League of Nations. Its activities are mainly concerned with educational information and consist in collecting and processing data which are made available to users. Its biennial International Conference on Education provides a forum for an increasing number of Member States; it was attended in 1973 by delegates from more than 90 countries. The special theme for the 1975 conference is the changing rôle of the teacher and its effect on pre-service and in-service training.

But directly arising from the function of organizing this meeting is another: the international conference reviews major trends in educational policies, and reports from Member States now add up to an unparalleled collection of educational "country profiles" which is being extended to cover all Unesco's member countries.

IBE's documentation unit works by pooling resources with the regional offices and with a number of national and international organizations. Data are stored on computer and the information processing service should be operational by the end of 1976. For indexing the material selected—analytical summaries of documents, national reports, and data from inventories—a bilingual (English and French) education thesaurus is maintained; a Spanish version of this is now in preparation.

A new IBE enterprise is the building up of an International Educational Reporting Service which is intended to become a world information network. It already exploits the resources of the four regional offices, FAO, ILO and OECD as well as Unesco headquarters, and reaches 60 documentation centres, concentrating initially on reporting innovations in developing countries and on projects dealing with training for rural development.

Children in peril, *H. R. Labouisse, Assignment Children, UNICEF, Geneva, 1975.*

... The 1976 World Food Conference documentation has suggested that UNICEF might take a lead in formulating a concrete programme for supplementary feeding of children. If the Conference should desire it, we would be prepared to do so along the lines discussed above, in close cooperation with our colleagues from WHO, FAO, WFP and the several voluntary agencies who have done so much good work in this field over the years.

There are, however, to my mind three essential prerequisites:

1. In each country, the programme, to be successful, must have the active participation and support of the governing authorities, from the planning stage onward. Those authorities should encourage and help foster local participation at the community level. There must be a willingness on the part of the local communities concerned to participate in a mutual help undertaking. This means that, apart from emergency relief, all other services need to be placed in a development context. They should be of a type that the country can later continue to operate, perhaps with a progressively smaller component of food distribution. The new programmes should promote both national and family self-reliance, not the contrary.

Support from the national government concerned should also include a degree of financial participation, particularly in meeting local costs. In my judgement it is probably not possible to expect, in the initial stages, that developing countries will be able to support half of the general cost as envisaged in the documentation. However, we may reasonably expect that, over a period of time, they can assume a larger share of the cost of these services.

2. The success of any plan will of course be essentially dependent on the tangible and prolonged support it receives from countries in a position to contribute money and food. And here, I should like to draw attention to the last two sentences of paragraph 482 of document E/CONF.65/4, which read: *A programme covering 50 million children at an annual cost of \$20 per head would cost \$1000 million, and perhaps half this sum could be met by the Governments of the recipient countries. The remainder could provide a bold challenge to the vigour and inventiveness of UNICEF, WFP and the many voluntary agencies in raising the funds, helping to establish the administrative machinery and monitoring the efficacy of these programmes.*

I feel very strongly that the full responsibility for providing the funding must rest with governments. I do not believe that this added burden and responsibility should be placed on the United Nations organizations and the voluntary agencies. It is simply not realistic to believe that the "vigour and inventiveness" of any of us are capable of raising such sums unless the governments in a position to do so are prepared to make firm and adequate commitments.

3. The commitments of support from both the donor and the recipient countries must be for a sufficiently long term to enable the programmes to get under way and to continue for a reasonable length of time once they have started. I believe we must envisage at least five years to start with. Unless there can be some assurance of continuity, few developing countries will be willing, I think, to assume the risk of the possible traumatic experiences that a premature termination or dwindling down of programmes could bring.

To sum up: we know enough of the extent of the needs to make a start. We know what the millions of children in peril must get soon: a network of services to reach them with food and health care, and concrete encouragement to their families and communities to engage in increased endeavours of self-help. We have made tentative estimates of the cost of the undertaking. The cost will be large in relation to what has been done in recent years. But we can also say that one billion dollars is small, in relation to existing global resources.

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

ADOPTED 21 JUNE 1973

ART. 1. — *International Committee of the Red Cross*

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

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

ART. 2. — *Legal Status*

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

ART. 3. — *Headquarters and Emblem*

The headquarters of the ICRC shall be in Geneva.

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

ART. 4. — *Role*

1. The special role of the ICRC shall be :

- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;

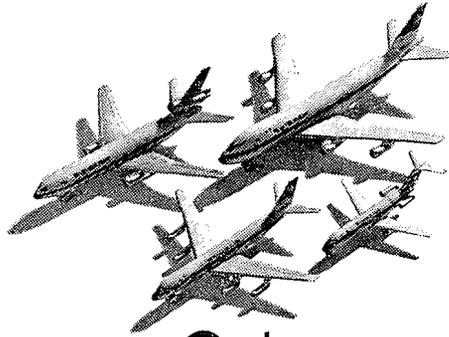
¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

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

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

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

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



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SO NATURALLY AN airline from a little country like Swissair confines itself to 79 destinations. Forty of those are in Europe, which after all means only the fourth closest-meshed European network.

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the competing airline with the most destinations in Africa flies to a few cities more.

Not to mention the Far East, to which Swissair flies but once a day. (Even the exclusive nonstop flights between Bombay and

Tokyo and between Athens and Bangkok hardly make up

for this.) As you can see, it's no picnic being the airline of a small country; so we won't even talk about our flights to South America.

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Albany	Bucaresti	Geneve	Libreville	Mumbai	Singapore
Alexandria	Bulgaresti	Genova	Lima	München	Stockholm
Alger	Buenos Aires	Glasgow	Lisboa	Bangkok	Strasbourg
Amsterdam	Buffalo	Göteborg	London	Nairobi	Stuttgart
Antwerpen	Cairo	Grenoble	Los Angeles	Newark	Sydney
Athina	Cape Town	Hajfa	Lyon	New York	Tel Aviv
Atlanta	Caracas	Hamburg	Madras	Nice	Tokio
Auckland	Casablanca	Hannover	Madrid	Nicosia	Torino
Bagdad	Chicago	Hartford	Malaga	Sherbrooke	Toronto
Bangkok	Cincinnati	Helsinki	Melbourn	Ottawa	Tripoli
Barcelona	Cleveland	Hongkong	Manchester	Oulu	Tunis
Basel	Colombo	Houston	Manila	Palma de Mallorca	Turin
Beirut	Dakar	Imbabuck	Marseille	Paris	Warszawa
Belgrad	Dallas	Istanbul	Melbourne	Philadelphia	Washington
Berlin	Dar es-Salaam	Jerusalem	Mexico City	Praga	Wien
Bern	Delhi	Johannesburg	Miami	Rawalpindi	Zagreb
Birmingham	Detroit	Karachi	Milano	Rio de Janeiro	Zürich
Bombay	Dosala	Khartoum	Milwaukee	Roma	
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- AFGHANISTAN — Afghan Red Crescent, Puli Artan, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadavet, *Tirana*.
- ALGERIA — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122 Flinders Street, *Melbourne 3000*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Cross Society, Amin Court Building, Motijheel Commercial Area, *Dacca 2*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, *1050 Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *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. Bizurov, *Sofia 27*.
- BURMA (Socialist Republic of the Union of) — 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*.
- CAMBODIA — The new address of the Red Cross Society is not yet known.
- CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN REPUBLIC — Central African Red Cross, B.P. 1428, *Bangui*.
- 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 14, Avenida 8, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Dahomean Red Cross, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1471 *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, 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, *San Salvador, C.A.*
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FIJI — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, *00141 Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin Bauchart, F-75384 *Paris, CEDEX 08*.
- GAMBIA — The Gambia Red Cross Society P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF — 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, Nº 313, *Comayagüela, D.C.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*. Mail Add.: *1367 Budapest 5*, Pf. 249.
- ICELAND — Icelandic Red Cross, Noatun 21, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA — Indonesian Red Cross, Djalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, *Teheran*.
- 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, 29-12 Shiba 5-chome, Minato-Ku, *Tokyo 108*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.

- LIBERIA — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, *Luxembourg*.
- MALAGASY REPUBLIC — Red Cross Society of the Malagasy Republic, rue 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*.
- MAURITANIA — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, *Nouakchott*.
- 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, 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, *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., P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*. Mail Add.: *Postboks 7034 H-Oslo 3*.
- PAKISTAN — Pakistan Red Crescent Society, Dr Daudpota Road, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado Postal 668, *Zona 1, Panamá*.
- PARAGUAY — Paraguayan Red Cross, *Brasil 216, 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, 6A, Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE — Singapore Red Cross Society, 15, Penang Lane, *Singapore 9*.
- SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg 2000*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, Paribatra Building, 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 West, P.O. Box 357, *Port of Spain, Trinidad, West Indies*.
- 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, SW1X 7EJ*.
- 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, D.C. 20006*.
- 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*.
- VIET NAM, DEMOCRATIC REPUBLIC OF — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triêu, *Hanoi*.
- SOUTH VIET NAM — Red Cross of the Republic of South Viet Nam, Hong Thap Tu street, 201, *Saigon*.
- YUGOSLAVIA — Red Cross of Yugoslavia, Simuna 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, 2837 Brentwood Drive, *Lusaka*.