



REVUE
INTERNATIONALE
DE LA
CROIX-ROUGE

SUPPLEMENT

CONTENTS

	Page
Traditional forms of assistance to the victims of conflicts and their after-effects	165
The protection of civilian members of the medical professions in time of armed conflict (J.-P. S.)	179

INTERNATIONAL COMMITTEE OF THE RED CROSS

TRADITIONAL FORMS OF ASSISTANCE TO THE VICTIMS OF CONFLICTS AND THEIR AFTER-EFFECTS

The Annual Report of the International Committee has just been published. It shows numerous aspects of the Committee's activity during 1956 and gives a survey of the humanitarian work of the Red Cross over a period in which its guiding principles gave proof of their fundamental strength.

We are reproducing a few pages from this Report; the tables show that the Committee still continues to be faced with tasks of considerable importance.

CENTRAL PRISONERS OF WAR AGENCY ¹

The Agency, re-opened in 1939, held 47,000,000 individual cards by December 31, 1956. Many of the cards concern the same person; the number of cases exceeded 15,000,000.

In the course of 1956 the Central Prisoners of War Agency received 75,013 postal items representing some 90,00 cases, and sent out 88,146 over the same period.

¹ The Agency took the place of the various Bureaux and Agencies opened by the ICRC during previous conflicts : International Information and Relief Agency for the Wounded and Sick, Basle, 1870; Trieste Agency, 1877; Belgrade Agency, 1912; International Prisoners of War Agency, Geneva, 1914.

This correspondence led to the opening of 19,432 enquiries on missing military personnel and civilians with the authorities concerned (National Red Cross Societies, ministries and register offices, particularly local ones).

The amount of mail received by the Central Agency in 1956 was twice the 1955 total. The staff was called upon to make a great effort, especially on account of the events in Suez and Hungary which made it necessary to open three new card-indexes, i.e.—

1. *Census of Hungarian refugees*
(160,000 index cards)
2. *Prisoners of war and missing persons of the Suez conflict*
(10,550 index-cards representing about 5,000 cases)
3. *Stateless persons obliged to leave Egypt*
(4,082 cards).

As regards the Hungarian refugees, the ICRC received about 100 requests for information per day, and was able to reply immediately to half of them, by tallying the cards made out each day.

International Tracing Service. — The ITS, founded in 1944, and under the International Committee's direction since June 6, 1955, continued its heavy task which was described in detail in the previous Annual Report. The following figures will give an idea of the magnitude of its work in 1956: on December 31, 1956, the ITS held 25,000,000 index-cards representing about 8,000,000 individual cases.

During the year it received 158,079 enquiries, an increase of 20,472 on the number received in 1955 (137,607); this total includes—

— 95,680 applications for certificates of captivity or assigned residence, in order to obtain compensation (77,907 in 1955)¹;

¹ Under the terms of a new German law concerning compensation for the victims of the National-Socialist regime, the time-limit for submitting applications for compensation has been extended for one year ending October 1, 1957.

- 39,572 requests for enquiries concerning persons deported or who suffered racial persecution, and refugees (41,498 in 1955);
- 22,591 requests for attestations of deaths (17,944 in 1955);
- 236 requests for historical or statistical information (258 in 1955).

The number of attestations and other documents despatched amounted to 236,523, which was practically the same as for 1955 and consisted of—

- 129,611 letters concerning requests for certificates of captivity and assigned residence (144,527 in 1955), including 23,617 actual certificates of captivity and 29,045 certificates of assigned residence, from applicants in Germany (60.5%), the United States (12.1%), Israel (17%) and Italy (3.3%). More than half the German cases concerned applications for compensation from persons residing outside Germany and the United States cases were more specially concerned with refugees and displaced persons who had taken up residence in the United States.
- 105,107 replies to enquiries concerning interned, persecuted and displaced persons or refugees (90,245 in 1955), of which 22,194 gave the information requested, 30,486 asked the enquirer to wait while the information was being sought and 52,427 were negative.
- 1,538 attestations of death (3,178 in 1955).
- 267 replies to requests for historical or statistical information (219 in 1955).

The ITS continued the checking of documents collected during the year in connection with concentration camps (over 125,000 names) and information collected after the Second World War (over 100,000 names) received from the World Jewish Congress.

In accordance with the agreement concluded between the German Federal Republic, the former occupying Powers and the ICRC, the ITS was to make a new inventory of its archives; in 1956 three quarters of the inventory of documents concerning

concentration camps was completed; the remaining quarter was nearly finished at the close of the year.

It is interesting to note these results, which are a proof of the International Tracing Service's activity, and can be considered as satisfactory.

The International Commission of the ITS met on five occasions in 1956. It included a representative of each of the Governments who signed the Bonn Agreement: France, Belgium, Germany, Israel, Italy, Luxemburg, the Netherlands, the United Kingdom and the United States, as well as representatives of the Greek Government (since June 1956), United Nations High Commissioner for Refugees, the ITS and the ICRC.

The presence of delegates of the Geneva institution on the directorate of the Arolsen organisation is a reliable means of ensuring unity of thought and of action.

Implementation of Article 16 of the Peace Treaty with Japan. — In accordance with Article 16 of the San Francisco Treaty of September 8, 1951, the ICRC is to determine the portion of the Japanese funds which will be allocated to each of the Allied Powers for the compensation of former prisoners of war in Japanese hands who suffered excessive hardship during their captivity. In each case the amount has to be calculated in direct proportion to the total number of prisoners of each nationality, and the ICRC had requested the States concerned to send it complete lists, so that a first payment could be made. Unfortunately the checking of lists in 1956 revealed fairly numerous errors. It was therefore decided to make a careful examination of the lists by using the perforated card system of the International Business Machines Corporation, which automatically reveals repetitions in names by means of the information contained in the card-index of the Central Prisoners of War Agency. In some countries, the ICRC asked its delegates to make checks on the spot in conjunction with the national services.

It is obvious that the checking of tens of thousands of names takes considerable time. It appeared to be unfair, however,

to postpone the distribution of compensation in countries which had supplied accurate lists, and with which an agreement had been reached on the distribution methods to be used. The ICRC therefore suggested that it should proceed with the first distribution, wherever it was possible to do so, and to hand over to the national agencies of eleven countries the amounts due to them and to set aside the shares accruing to three countries. On November 8, 1956, in London, this suggestion was adopted by all the representatives of the beneficiary Powers.

The shares handed over to eleven countries, calculated on the basis of 154,927 former prisoners of war, amounted to 1,912,380 pounds sterling and 5,349,629 US dollars¹. The funds held in reserve, calculated on the basis of 64,558 former prisoners of war amount at present to 796,887 pounds sterling and 2,229,187.74 US dollars.

By the time this report is published the majority of the beneficiaries in the countries participating in the first distribution will probably have received the share to which they are entitled.

CERTIFICATES OF CAPTIVITY. — As a result of the entry into force in the territory of the German Federal Republic of a law for the payment of compensation to former German prisoners of war, since March 1955 the *Central Agency for Prisoners of War* has received an ever increasing number of requests for certificates of captivity.

These applications come from public relief offices entrusted with the payment of this compensation, calculated in proportion to the time passed in captivity, with the exception of periods during which the person concerned was in paid employment as a civilian worker. The main difficulty encountered by the public authorities is to ascertain whether the former prisoner enjoyed the status of a civilian worker and, if so, to know the exact dates of the beginning and end of his employment. It has once again been seen that the ICRC is in a position to help

¹ Payments are made in equal parts in the two currencies (pounds sterling and US dollars), payments to the ICRC having been made on the same basis.

the authorities concerned in their work by means of the information contained in the card-indexes of the Central Prisoners of War Agency.

OTHER ACTIVITIES. — The Central Agency has continued to analyse, register and transmit lists of releases and repatriation, to reply to requests for the opening of enquiries, to make out attestations and certificates and to forward family messages.

Through its delegates, the ICRC has again visited camps, hospitals and other places of detention in the various countries where prisoners of war are held, particularly in the Near East ¹.

War Disabled. — In 1956 the ICRC also gave assistance to the war disabled. A few examples of *collective assistance* in this field, in the Far East and Central and Southern Europe, are given below :

In *Viet Nam*, the need of artificial limbs for the war disabled has been mentioned in the ICRC delegates' reports. After discussions with the Ministère des anciens combattants, it was agreed that the ICRC should set up a workshop for the manufacture of artificial limbs in Saigon, provided with the necessary tools and a stock of " standard " peg legs which could be adjusted to fit each particular case. The workshop was set up with the assistance of the ICRC Delegation, and two British technicians were sent to Saigon to instruct the Viet Nam personnel which, after three months' apprenticeship, was able to continue the work under the direct supervision of the Ministère des anciens combattants of the Republic of Viet Nam. This undertaking, carried out under the best possible conditions, is now making progress with the assistance of the World Veterans Federation.

In *Indonesia*, the ICRC also assisted the war-blinded by sending Braille watches to a home for the blind at Bandung.

In the *German Federal Republic*, the purchase and delivery of 80 invalid chairs for disabled, amputated or paralysed

¹ See *Table of visits to places of detention*.

“Volksdeutsche” was continued in conjunction with the German Red Cross in Bonn and its local branches.

In *Austria*, a fairly large number of disabled children and youths benefited from the assistance of the ICRC, through its Vienna Delegation. After a thorough investigation of the matter the ICRC decided to allocate the funds placed at its disposal as follows: contributions towards school or apprenticeship fees and purchase of text books; payment of cost of rest cures in convalescent homes, purchase of clothing and footwear.

In the case of *Italy*, with the funds placed at the International Committee's disposal by the Swiss Federal Council, some Italian children and youths whose eyesight was seriously impaired were given treatment at the Geneva Eye Hospital. This assistance is being continued in close cooperation with the Italian Red Cross in Rome.

As regards *individual relief actions*, during the first six months of the year the ICRC gave assistance to war disabled in particularly distressed circumstances who, for various reasons, were not being assisted in their country of residence. The gifts consisted of artificial limbs, Braille watches, medicaments, clothing and foodstuffs, distributed in nine countries (Austria, Bulgaria, Germany, Greece, Hungary, Italy, Jugoslavia, Poland and Syria).

Training of Medical Personnel. — In 1956 the ICRC neglected no opportunity of studying, in conjunction with the League, National Red Cross Societies, Army Medical Services and other organisations concerned, questions relating to the training of medical personnel.

It prepared, for the XIXth International Red Cross Conference, a document entitled “*Nursing duties, organisation, enrolment and training of professional and auxiliary personnel for their duties in time of war*”, of which the various points had been the object of careful study by the doctor members of the ICRC.

The ICRC also continued to disseminate the document entitled "Training Course for Red Cross Nursing Auxiliaries and Voluntary Aids"¹. The National Societies, which are ready to carry out their humanitarian work in all circumstances, require to have, in addition to their professional staff, well-trained auxiliary personnel. In performing duties which, in accordance with Red Cross principles, are carried out for the benefit of all, without distinction, the voluntary and auxiliary personnel are a significant feature of national life. Every country should have well-trained teams of voluntary personnel at its disposal. The training course referred to above indicates in a clear and precise manner not only what the auxiliary personnel should know in order to give practical assistance to nurses in times of emergency, but also the spirit of devotion by which they must be animated if the quality of the nursing of wounded and sick is to be maintained at the highest level. This is a most important point and involves all members of the National Societies.

The training of auxiliaries and nursing aids of National Societies was again the object, during the year, of renewed contacts between the head of the ICRC Medical Personnel and War-Disablement Section² and National Red Cross and Red Crescent Societies, Army Medical Services in the Near East and, on the occasion of the Seminar on the Equality of Rights for Women in the USSR (Moscow, Sept. 15-October 1, 1956), with the Alliance of Red Cross and Red Crescent Societies of the USSR.

Stateless Persons and Refugees. — The previous Annual Report emphasised the International Committee's activity on behalf of refugees, including children, aged persons, the sick, stateless persons from Central or Eastern Europe, persons of German origin or German-speaking (Volksdeutsche), or dispersed families (Greeks, Jugoslavs) whom the ICRC continued to assist with successful results during 1956.

¹ By Miss H. Nussbaum, professional nurse, temporarily attached to the ICRC: preface by Miss L. Odier, Member of the ICRC.

² Miss A. Pfirter.

COMPARATIVE TABLE OF THE RE-UNITING OF FAMILIES
FROM 1951 TO 1956

YEAR	BENEFICIARIES (adults and children)	PROCEEDING FROM	DESTINATION
1956	<i>Greeks</i> 54	Rumania	Australia
1955	157	Poland, Rumania	Australia, Greece
1954	3,927*	{ Bulgaria, Czechoslovakia, Hungary, Yugoslavia, Po- land }	Greece
1953	4,611	Jugoslavia, Rumania	Greece
1952	153	Jugoslavia	Greece
1951	364	Jugoslavia	Australia, Greece
and prev.	Total as on December 31, 1956 9,266		
1956	<i>Volksdeutsche</i> 24,879	{ Austria, Czechoslovakia, Ger- man Democratic Republic, Hungary, Yugoslavia, Po- land, Rumania, USSR }	Argentine Republic, Australia, Austria, Belgium, Canada, France, German Democratic Republic, German Federal Republic, Switzerland, Uni- ted Kingdom, United States, Venezuela
1955	15,024		
1954	12,040		
1953	12,981		
1952	7,240		
1951	61,434		
and prev.	Total as on December 31, 1956 133,598		
1956	<i>Jugoslavs</i> 900**	Reports on enquiries opened, in particular in Austria, Germany and Italy	Jugoslavia
1955			
1954			
	Total as on December 31, 1956 900		

* Including 165 former military personnel.

** The ICRC made enquiries concerning 1,209 cases; in 1955 it sent reports to the Yugoslav Red Cross on over 800 cases.

The information concerning refugees from Egypt and Hungary will be given in the next report.

The action on behalf of tuberculous refugees and their families from camps in Trieste¹ gave the results hoped for. Of the 102 patients under treatment in Leysin, 86 were discharged from hospital as cured and four organisations (Caritas, Committee for Orthodox Refugees, the Entraide ouvrière suisse and the Mouvement chrétien pour la Paix) will henceforth continue to assist a few incurable cases. After careful negotiations, the refugees who were cured, and their families, who had been

¹ See Annual Report for 1955 (pp. 37-40).

temporarily resettled in Morzine, have now resumed a normal life in the following countries: Australia, Belgium, Canada, France, the Netherlands, New Zealand, Peru, Sweden, Switzerland, Venezuela and the United Kingdom. Negotiations are still proceeding on behalf of a few persons, temporarily resettled in Switzerland, who wish to go to Canada and the United States.

By December 31, 1956, over 142,000 members of dispersed families had been brought together again (see Table I).

With regard to "Volksdeutsche", further convoys of children were organised, with the active co-operation of the Yugoslav Red Cross, thus bringing to 2,328 the number of children who were re-united with their families in Austria, Germany, France, the United Kingdom and various overseas countries. Adult Volksdeutsche also left Jugoslavia at regular intervals in the course of the year. Czechoslovakia and Poland also authorised collective departures for the purpose of reuniting families. As a general rule, all necessary arrangements were made by the National Red Cross Societies for the journey to take place under the best possible conditions.

As is known, the ICRC also endeavours to co-ordinate and develop measures for providing refugees and migrants with *legal assistance*, in conjunction with the League, National Societies and the other governmental or non-governmental organisations which may be in a position to help solve the refugee problem.

In the course of 1956, legal assistance was discussed at conferences at which the ICRC was represented by an observer¹. At Oslo (July 1956) the International Bar Association recommended that the question should be studied by an international body, in conjunction with the ICRC. At Berlin (in March) and Vaduz (in August) the European Association for the Study of the Refugee Problem recommended the establishment of an international body for the protection of refugees and the provision of legal assistance, a task which it considered should be entrusted to a permanent organisation such as the ICRC or an international institution based on the same principles. The

¹ Mr. H. Coursier.

ICRC has continued to follow with careful attention the work of the United Nations High Commissioner for Refugees, and to take part in the discussions of the Working Party of the Non-Governmental Organisations concerned with the Refugee Problem, and of the religious groups (World Council of Churches, Geneva, May 1956).

PERSONS DETAINED FOR POLITICAL REASONS

The giving of assistance by the Red Cross to political detainees raises a difficult problem.

On the one hand the Red Cross must, first of all, stand apart from any intervention of a political nature (the Geneva Conventions are not, in principle, applicable to the relations between States and their own nationals) while, on the other hand, suffering comparable to that resulting from warfare, and sometimes even worse, may be endured by victims of internal disturbances. The International Red Cross Conferences have affirmed, from 1921 onwards, that it is the "right and duty" of the Red Cross to "afford relief in case of civil war and social and revolutionary disturbances". The events since then have only too fully justified the concern felt in this connection; hence the wish expressed by Professor Castberg, Head of the Norwegian Delegation to the Diplomatic Conference of Geneva in 1949, that all the humanitarian measures defined by the Fourth Geneva Convention should also be applied to nationals interned by their own Government for political reasons. Similar recommendations were made by two Commissions of Experts convened in Geneva by the ICRC in 1953 and 1955. Thanks to the understanding attitude of the governments responsible for law and order, political detainees have already been visited by the ICRC in Algeria, Cyprus, Costa Rica, Greece, Guatemala, Morocco, Nicaragua and Spain. This assistance is a guarantee that the captives are humanely treated, and conforms absolutely to Red Cross principles. It is to be hoped that the practice will become general in all circumstances in which it is necessary,

and that, little by little, a new chapter of humanitarian law will be written.

The Annual Report for 1955 described the circumstances in which the ICRC sent two missions from Geneva in 1955 to Morocco and Algeria, where its delegates visited 84 places of detention. It was, in fact, on account of events of such a serious nature as to justify the intervention of a neutral body that the ICRC performed this duty in 1956.

Algeria. — On March 26, 1956, the President of the ICRC met the French Premier in Paris, and a few days later the French Government again authorised the sending of delegates from Geneva to Algeria. From May 12 to June 28 the ICRC mission¹ to which the French authorities granted numerous practical facilities, particularly as regards transport, visited 61 assembly centres and places of detention. The delegates were able to converse without witnesses with persons in assigned residence or under prosecution as a result of the events; they were also able to distribute a few relief supplies. Whenever necessary they informed camp officials and directors of prison establishments of what they had noted in the course of their visits over a period of seven weeks in regard to improvements in the condition of detention and, as soon as they returned to Geneva, their report on the visit was immediately brought to the notice of the French Government.

Another mission was sent to Algeria in the second half of the year. From October 16 to November 3 the two delegates sent from Geneva² were able to converse with persons in assigned residence in six assembly centres and at Oran hospital, and to make a few distributions of relief supplies and sports requisites. As previously, they were given every facility in carrying out their mission and a report on their visit was handed to the French Premier in Paris on November 15.

At the same time, the ICRC has unceasingly sought to find the means (in particular through its contacts with various

¹ Mr. R. Bovey, Dr. L. Gaillard, Mr. P. Gaillard, Mr. C. Pilloud (head of the mission) and Dr. H. Willener.

² Mr. P. Gaillard and Dr. L. Gaillard.

persons) of giving the assistance of the Red Cross to French military and civilian victims of events (proposals concerning the transmission of family messages and relief parcels, and visits from the delegates of the ICRC). The ICRC is continuing its efforts in this connection.

Kenya. — At the close of 1956, the ICRC made successful representations to the British authorities. With their agreement a mission ¹ was sent to Kenya to visit the various centres where persons under prosecution or interned were held. The results of the mission, which took place early in 1957, will be described in the next Annual Report.

In 1956 the delegates of the ICRC visited 118 places of detention in ten countries (see Table II).

VISITS TO PLACES OF DETENTION IN 1956

Countries	First half-year	Second half-year	Total
NORTH AFRICA			
Algeria	61	7	68
MIDDLE EAST			
Egypt	1	18	19
Israel	—	12	12
ASIA			
Japan	1	2	3
Korea	2	—	2
Malaya	—	1	1
EUROPE			
Austria	—	1	1
Greece	3	5	8
Hungary	—	2	2
Spain	—	2	2
Total . . .	68	50	118

¹ Mr. H. P. Junod and Dr. L. Gaillard.

SUMMARY TABLE OF RELIEF SUPPLIES

Principal relief actions classified by countries and categories of persons assisted

		Value Sw. Fr.
<i>Algeria</i>	Detainees, persons in assigned residence, victims of events and persons in distress	19,000.—
<i>Austria</i>	War-disabled, displaced persons	4,000.—
<i>Cyprus</i>	Internees	10,000.—
<i>Egypt</i>	Victims of events	245,000.—
<i>Germany</i> (Fed. Rep.)	War-disabled, displaced persons	23,000.—
<i>Greece</i>	Detainees, persons in assigned residence, victims of events and persons in distress	287,000.—
<i>Hungary</i>	Victims of events	15,058,000.—
<i>Lebanon</i>	War-disabled, refugees	13,000.—
<i>Poland</i>	War-disabled, civilian population	14,000.—
<i>U.S.S.R.</i>	Nationals of various countries	58,000.—
<i>Viet Nam</i> (Republic of)	War-disabled, civilian population	30,000.—
<i>Viet Nam</i> (Democratic Republic of)	War orphans	4,000.—
<i>Other relief actions</i>	7,000.—
	Total as on December 31, 1956	15,772,000.—

THE PROTECTION OF CIVILIAN MEMBERS OF THE MEDICAL PROFESSIONS IN TIME OF ARMED CONFLICT

Representatives of the International Committee of Military Medicine and Pharmacy, the World Medical Association and the International Committee of the Red Cross have, since 1955, been holding regular meetings to consider various questions relating to international medical law. An observer from the World Health Organisation has been present.

Among the problems discussed there is one which the organisations represented considered it necessary to study immediately because of the deep interest, or even anxiety, which it is arousing among the people concerned : the protection which should be afforded to civilian members of the medical and allied professions in the exercise of their duties in times of international or internal conflict. This study is now for all practical purposes complete, and the conclusions drawn from it have now been submitted to the highest authorities of the two great medical organisations represented. We thought, therefore, that these conclusions, reproduced with a few comments below, would interest our readers.

In the present state of the law, the principles which should ensure the protection of civilian medical personnel are contained in the four Geneva Conventions of 1949 for the protection of war victims. These Conventions also state a certain number of precise rules on this point which are applicable essentially during an international conflict. These rules, however, are not as extensive or as detailed as those which protect the medical services of the armed forces. Furthermore, in the case of a conflict not of an international character, they do not appear to be applicable explicitly and in full, and members of the

medical professions might fear that they would not benefit always and in all circumstances from the protection which is essential if they are to carry out their duties.

How, therefore, can this protection best be assured? Primarily, there is no doubt, by seeing that in all circumstances the stipulations of the Geneva Conventions and the great humanitarian principles which gave rise to those Conventions are applied and observed scrupulously and in good faith. The medical professions can play an important rôle here by studying the Conventions, disseminating the knowledge thus gained and helping to ensure that they are applied. That point was duly stressed by the medical associations concerned.

On the other hand, it must be realised that what is important for medical personnel of all categories in reality is that they should be protected "in fact" and that they should be able to move about as freely as possible without being mistaken for combatants and arrested or even killed. Now it does not seem possible for this factual protection to be guaranteed always and in all circumstances by simple rules of law, particularly in the case of an internal conflict. The organisations concerned therefore considered that an attempt should be made to take practical measures towards this end until international law should be universally respected and strengthened.

The first fact to realise was that it was for the medical professions themselves to determine and proclaim the principles which their members intended to apply, and to have applied to them, in time of conflict. This led in the first place to the elaboration of new draft rules of medical ethics in war time of which the following is the text¹:

- (1) Medical ethics in time of armed conflict are identical with medical ethics in time of peace, as established in the International Code of Medical Ethics of the World Medical Association. The primary obligation of the doctor is his professional duty; in performing his professional duty, the doctor's supreme guide is his conscience.
- (2) The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for doctors to:

¹ English translation kindly supplied by the World Medical Association.

- A. Give advice or perform prophylactic, diagnostic or therapeutic procedures that are not justifiable in the patient's interest;
 - B. Weaken the physical or mental strength of a human being without therapeutic justification;
 - C. Employ scientific knowledge to imperil health or destroy life.
- (3) Human experimentation in time of armed conflict is governed by the same code as in time of peace; it is strictly forbidden on all persons deprived of their liberty, especially civilian and military prisoners and the population of occupied countries.
 - (4) The forbidding of the medical procedures in points 2 and 3 is mandatory under all circumstances regardless of decisions to the contrary issued by either a *de jure* or a *de facto* authority.
 - (5) In emergencies, the doctor must always give the required care impartially and without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion. Such medical assistance must be continued as long as necessary.
 - (6) Medical secrecy must be preserved by the doctor in the practice of his profession.
 - (7) Privileges and facilities afforded the doctor must never be used for other than professional purposes.

This code of medical ethics, however, does not in itself ensure any protection for civilian doctors and the other members of the medical professions. In laying down the principles applicable within those professions, there is no doubt that it demonstrates that they are based on the strictest principles of humanity and are therefore worthy of respect and protection, but it does not, and could not, proclaim any rule relating to protection itself. As it stands, it only seeks to strengthen the professional conscience of doctors.

It therefore seemed necessary to set forth, side by side with this Code, a certain number of principles defining not only the rules which the medical professions intend to observe themselves, but above all those which they ask should be observed in respect to themselves; these they should in peace time and without further delay make known to the general public and notify to the authorities in their own country.

These rules, which will naturally have received the prior approval of all members of the medical professions and which each of those members will have to know, will not only need to be disseminated in time of peace but must be immediately reaffirmed if one or other of the situations occurs which they are intended to cover. In this case they must also be communicated by every possible means to the various authorities of the parties to the conflict. The aim to achieve is that the principles thus laid down should become known everywhere and should be so entrenched in people's consciences that everyone will instinctively feel that respect and protection is due—and in time of conflict this seems to be the only real guarantee of the immunity which doctors should enjoy in the pursuance of their calling.

These rules in their draft form merely state a few great humanitarian principles. They do not enter into detail as to their application. They are not "instructions for use" for the doctors and authorities nor are they a code of procedure. In particular, they leave aside questions relating to the *de jure* and *de facto* relationships between the medical personnel and the authorities, and the relationship between professional duty and civic duty. These questions depend on local circumstances and on events, customs and laws. They will therefore be settled in each individual case and according to need.

In the same way, these rules do not tackle the question of the application of the Geneva Conventions, in order to avoid the risk of the rules being compromised if the parties to an internal conflict refused to put the Conventions completely into practice. Although they are based on the principles which also form the basis of Geneva law, these rules remain distinct from that law.

While the primary objective is in fact to ensure the protection of medical personnel in time of conflict, the true aim of the rules is to guarantee that the wounded and sick receive proper care and attention. Here, as in the Conventions of Geneva, the protection afforded to medical personnel is based on the need to ensure the protection of the wounded and sick. For this reason the rules have been entitled :

DRAFT RULES GOVERNING THE CARE OF SICK AND WOUNDED,
PARTICULARLY IN TIME OF CONFLICT ¹

- A. (1) Under all circumstances, every person, military or civilian, must receive promptly the care he needs without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion.
- (2) Any procedure detrimental to the health, physical or mental integrity of a human being is forbidden unless therapeutically justifiable.
- B. (1) In emergencies, doctors and associated medical personnel are required to render immediate service to the best of their ability. No distinction shall be made between patients except where justified by medical urgency. Services may be refused if other doctors are rendering their services.
- (2) The members of medical and auxiliary professions must be granted the protection needed to carry out their professional activities freely. The assistance necessary will be given to them in fulfilling their responsibilities. Free passage will be granted whenever their assistance is required. They will be afforded complete professional independence.
- (3) The fulfilment of medical duties and responsibilities shall in no circumstances be considered an offence. The doctor can never be prosecuted for observing professional secrecy.
- (4) In fulfilling their professional duties the medical and auxiliary professions will be identified by the distinctive emblem of a red serpent and staff on a white field. The use of this emblem is governed by special regulation.

The authors of these draft rules hope that once the two medical organisations concerned have adopted them, they will be submitted to all the existing international bodies which include members of other medical and allied professions (and in particular nurses) for study and dissemination. Then, when duly mandated by these members, the national medical bodies will notify these rules officially both to the civil authorities (Home Office, Ministry of Health, etc.) and to the military authorities in their countries. They will emphasize on this occasion that the members of the profession they represent

¹ English Translation supplied by the W. M. A.

intend to apply these rules particularly in case of internal or international conflict and demand that the rules should also be applied to them. These notifications would be repeated if a conflict broke out. If the conflict were an internal one, notification would also be made to the responsible authorities of the opposing party. Finally, it will be essential to bring these rules to the knowledge of the public and to disseminate them as widely as possible by every means (press, radio, lectures, etc.). They will be quoted and repeated on every possible occasion and particularly in cases of conflict.

The last article of the Draft Rules mentions a distinctive emblem for the medical and allied professions. The use of this emblem represents the third practical method suggested for ensuring that civilian medical personnel receive the best possible protection in fact.

Indeed, a medical man going to the assistance of the wounded during street fighting for example, must be able to make himself known as such rapidly. An identity card, while necessary, is not sufficient and it was decided that a universally known and clearly recognizable emblem was needed.

This emblem, it should be realised, cannot be the red cross, which is reserved for the personnel of the medical services of the armed forces and Red Cross Societies and for the regular and temporary personnel of civilian hospitals recognized by the State (in occupied territories and theatres of military operations only). An extension of the use of the red cross emblem to all doctors without distinction, which could in any case be authorised only by a new diplomatic conference, did not seem either possible or desirable. It is indeed important, if it is wished to preserve the full value of this emblem, to limit its use only to the beneficiaries mentioned in the Conventions; furthermore, its extension to other categories would make all control impossible.

It was decided, therefore, at the suggestion of the ICRC, to adopt a clear and easily recognizable emblem, which is neither the red cross nor an imitation of it, and which can be taken over by the medical profession throughout the world and

recognized nationally by every State. Such an emblem—and the same or a slightly modified emblem could be used by the allied professions—would be worn at all times, and under the control of professional medical organisations, on the doctor's person and on his vehicle, equipment, etc.

The emblem was chosen so that the status of its wearer could be immediately recognized. The staff of Aesculapius with the single serpent, not to be confused with Mercury's rod with its two coiled snakes, is today an emblem of medical science known the world over, and many organisations in medicine and the allied professions already employ it. It has been designed *red on a white ground*, not only to make it clearly visible, but also to arouse that instinctive feeling of respect to which long familiarity with the red cross has already given rise.

The dimensions and proportions of this new emblem have deliberately not been fixed. If they had been, it would have been possible to try to justify an attack against a wearer of the emblem on the pretext that it was not of the correct size or proportions. In any case, the doctor or the nurse hurrying to render assistance, must be allowed to improvise rapidly an emblem which will still be valid.

On one point it will differ fundamentally from the red cross. Whereas the use of the red cross is subject to strict regulations and numerous conditions, the same will not apply to the red Aesculapian staff on a white background. Those who have once and for all been authorised by their professional body to make use of this new emblem will be able to do so in all circumstances and in all places, on their home, on their car, on their professional equipment, etc. It is even necessary that this should be done so that everyone can rapidly become accustomed to the emblem. With the familiarity thus acquired, it will swiftly become, together with the red cross, a symbol of medical assistance, devoted, neutral and therefore sacred, on which anyone can call.

J.-P. S.