

**MAY 1975**

**FIFTEENTH YEAR — No. 170**

# **international review of the red cross**



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# INTERNATIONAL REVIEW OF THE RED CROSS

MAY 1975 - No. 170

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**FRENCH EDITION  
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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**

Vigésima quinta adjudicación de la medalla Florencia Nightingale — La nueva estación de radio del Comité Internacional de la Cruz Roja — Kurdistán Iraquí: finaliza la acción del CICR — Difusión del Manual del Soldado — Quincuagésima cuarta distribución de las rentas del Fondo de la Emperatriz Shoken — Turquía: Ejemplo de preparación y planificación para casos de desastres.

**GERMAN**

25. Verleihung der Florence-Nightingale-Medaille — Die Hilfsaktion des Internationalen Komitees auf Zypern — Das Rote Kreuz: Ihr Retter in der Not — 54. Verteilung der Erträge aus dem Kaiserin-Shôken-Fonds — Die Türkei.

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## DIPLOMATIC CONFERENCE

### ON THE REAFFIRMATION AND DEVELOPMENT OF INTERNATIONAL HUMANITARIAN LAW APPLICABLE IN ARMED CONFLICTS

After two and a half months of work, the second session of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts closed on 18 April 1975.

About 600 delegates from 121 countries took part. Nearly 500 meetings were held, including plenary sessions, meetings of committees, sub-committees, drafting committees, working parties, etc. Of the 140 articles constituting the two draft Protocols Additional to the Geneva Conventions of 1949, about half were adopted by the main Committees.

At the next to last plenary meeting, on 17 April, the Conference took note of the reports of the Committees.

The report of the *Ad hoc Committee* on Conventional Weapons was presented by its rapporteur, Mr. F. Kalshoven ((Netherlands)). This committee, under the chairmanship of Mr. D. Garces (Colombia), considered the question of forbidding or limiting the use of certain categories of conventional weapons that may cause unnecessary suffering or have indiscriminate effects. In this connection, it took into consideration the report of the Conference of Government Experts held under the auspices of the ICRC at Lucerne from 24 September to 18 October 1974. The committee agreed that the ICRC should convoke a second Conference of Government Experts. This will take place at Lugano from 28 January to 26 February 1976.

The Conference then received the report of *Committee I* — General Provisions and Application—presented by the rapporteur, Mr. A.E. de

Icaza González (Mexico). This committee, under the chairmanship of Mr. E. Hambro (Norway), had adopted eleven articles of the draft Protocol I and eight articles of the draft Protocol II.

The articles approved in draft Protocol I (international armed conflicts) included six in Part I dealing with provisions for application, among which was Article 5, strengthening the system for the appointment of protecting powers and their substitutes.

They also included the five articles concerning execution which emphasize the role of the Red Cross and provide for exchanges of information on the measures of application taken by the High Contracting Parties.

The eight articles approved in draft Protocol II (non-international armed conflicts)—which break new ground in international humanitarian law—concern the scope of the Protocol and provide for humanitarian treatment of persons in the power of parties to a conflict, with regard both to fundamental guarantees and specific provisions applicable to persons deprived of liberty.

The report of *Committee III*, chaired by Mr. H. Sultan (Arab Republic of Egypt) was presented by the rapporteur, Mr. G. Aldrich (United States of America), who succeeded in that capacity Mr. R. Baxter, of the same country.

Committee III adopted fifteen articles of draft Protocol I and seven articles of draft Protocol II. The fundamental principles for protection of the civilian population in both international and non-international armed conflicts were adopted. They provide for the protection of the population and of civilian objects against indiscriminate attacks—such as area bombing—and forbid recourse to certain methods of warfare such as famine or the destruction of food resources necessary for survival. One of these articles, with certain reservations, forbids attacks against works or installations—such as dams, nuclear power plants, etc.—which, if damaged, would release forces dangerous for man. Lastly, a new provision designed to protect the natural environment was adopted.

With regard to draft Protocol I, applicable in international armed conflicts, the Committee also adopted provisions regulating methods and means of combat. These specify in particular that the parties to a conflict do not have an unlimited choice of methods and means of warfare, and that the use of weapons that may cause unnecessary suffering is forbidden.

The Conference also took note of the report of *Committee II*, presented by Mr. D. Maiga (Mali), rapporteur. That committee, under the chairmanship of Mr. S. E. Nahlik (Poland), adopted twenty articles in draft Protocol I and eight in draft Protocol II.

The articles in Protocol I provide general protection for wounded, sick and shipwrecked persons, whether military or civilian, on the territory of parties to a conflict, and for civilian medical and religious personnel. They provide protection as well, on the ground and in the air, for all medical units and means of transport, both military and civilian. The articles concerning air transport constitute a considerable improvement over the 1949 Geneva Conventions.

Three provisions deserve special mention, relating respectively to protection of the physical and moral integrity of persons who have fallen into the hands of the enemy; the general principle of medical protection and medical secrecy; and the forbidding of reprisals against protected persons and objects in international conflicts.

The draft Protocol II provisions adopted by Committee II corresponded in most cases to those laid down in Protocol I.

Several delegates expressed their opinions on the overall results achieved during the second session, emphasizing the co-operative atmosphere in which it had taken place and the progress achieved.

In its final meeting, under the chairmanship of Mr. Pierre Graber, President of the Swiss Confederation, the Conference adopted a resolution instructing the general secretariat to carry out preparatory work for the third session. Another resolution asked the Secretary-General to report to the Secretary-General of the United Nations on the results achieved with regard to the protection of journalists carrying out dangerous professional missions in zones of armed conflict, and to inform him of the Conference's intention to complete its work on that question during the next session.

On behalf of all delegations, Professor H. Sultan (Arab Republic of Egypt) expressed thanks to the Chairman of the Conference, the Swiss and Geneva authorities and the ICRC.

Mr. Graber made the following closing statement:

*"The second session of the Conference is drawing to a close. For the past eleven weeks, you have been at work drawing up rules to reaffirm and*

*develop international humanitarian law applicable in armed conflicts. You have spared no effort in this Conference to create new standards of conduct. Thanks to your determination to succeed, and to the co-operative spirit which has continuously characterized your work, I am gratified, as your President, to be able to state that the second session of this Conference, on the whole, was definitely successful. It gives me pleasure to pay you this tribute. The calm atmosphere of the meeting rooms undoubtedly contributed to the effectiveness of your work. More important, in the course of your deliberations, I know that you never lost sight of the ultimate purpose of the Conference, the ideal toward which it was directed—to limit the evils of war; in the face of our inability to prevent war, to make it less blind, less implacable.*

*“This objective is still before us, and more pressing than ever. Armed conflicts, whether international or not, which are the subject of the draft Protocols examined by the Conference, still continue and are still attended by misery and destruction.*

*“For this reason, as President of the Conference, I should like to appeal to all the parties to the conflicts now taking place in the world, whatever the nature of those conflicts, to observe strictly the provisions of the Geneva Conventions for the protection of war victims, and also to take into account, henceforth, the additional rules which the Conference is in the process of establishing, especially those referring to the protection of civilian populations, upon which wide agreement has already been reached.*

*“While words may be incapable of changing destiny, respect for the principles of international humanitarian law can, by itself, alleviate suffering, provide better protection for the weak, and spare innocent lives.*

*“I should like in addition to express the hope that those who have thus far enjoyed the privilege of remaining outside such conflicts will provide generous contributions to the aid intended for all victims without distinction.”*

\* \* \*

Further articles will deal with the work of the Diplomatic Conference, the third session of which will take place in Geneva from 21 April to 11 June 1976.

## *AFTER A SYMPOSIUM ON DEVELOPMENT*

### **THE RED CROSS IN AFRICA**

As announced in the last issue of the *International Review*, a Symposium on the Development of the Red Cross in Africa was recently held at Montreux (Switzerland). It was organized by the League of Red Cross Societies and attended by officers of thirty-five African Societies and representatives of eight of the main donor Societies which had contributed to the programme for the development of the Red Cross in Africa over the past ten years. Experts from African universities, the United Nations Economic Commission for Africa and other United Nations agencies also attended the Symposium, as did representatives of the League, the ICRC and the Joint Committee for the Reappraisal of the Role of the Red Cross.

A number of addresses were delivered at the opening ceremony presided over by Dr. S. P. Tchoungui, President of the Cameroon Red Cross Society. Maître Marcellin Carraud, Vice-Chairman of the League's Board of Governors and President of the French Red Cross, welcomed the delegates on behalf of the Chairman, Mr. José Barroso. Like other major international organizations, he said, the Red Cross realized that the time had come to take stock of its assistance programmes. Mr. Henrik Beer, Secretary General of the League, asked for a frank and constructive exchange of views. Referring to problems which the Red Cross had to face, he mentioned the adapting of Red Cross programmes to the needs of the population, co-operation with the United Nations and voluntary agencies, the Red Cross contribution to peace, and the need to co-operate with other institutions in various spheres of activity

(food, disaster relief, and the protection and improvement of the environment). The Red Cross was poor, but on the other hand it had considerable capital—people—and should bend its efforts to imbuing them with a humanitarian spirit. A new era of Red Cross action was starting, one that would mean a better life for African peoples.

Mr. Eric Martin, President of the ICRC, also addressed the African National Societies in a speech from which we quote some passages:

*I should like to tell you how much hope we place in your young Red Cross Societies. It is quite likely that some of the older National Societies have lost something of their initial vigour, and we are accordingly pleased to see the birth and development of new Societies, from which we expect a great deal. We are in need of your youth and enthusiasm. It is not the number of members which is important to us, nor the material situation of the Society, but rather the motivation of the little group which leads it. It is vital that you realize the new responsibility you are assuming.*

*It is sometimes said that the Red Cross is an outdated idea; that it is part of the so-called "establishment" which must disappear and be replaced by new approaches. On the basis of my two-year experience as President, however, I am convinced that the world needs the Red Cross today more than ever before. In this time of political instability, conflict, violence and torture, the Red Cross is essential and must more and more impose itself. I can assure you that in all the travelling I have done, I have been able to judge the degree of confidence granted to the International Red Cross. Even though the Red Cross is something of an old lady, more than a hundred years old, she still has a vital task to accomplish in our strife-torn world.*

*First of all, the Red Cross is action, the action of bending over a defenceless victim to give him assistance, a spontaneous action springing from the heart, without calculation, without hesitation, without selfish interest, without any haggling, without any judgement. I think we shall always be united by this ideal and always ready to perform and repeat that action.*

*The Red Cross was born in Switzerland, but it would be utterly wrong to consider that its roots are only in this country. The idea of the Red Cross is inherent in every civilization and in every religion. Its principles can be found in the Koran and in the ancient civilization of Persia. Wherever there are men and women who live and suffer and die, we find the seed of the Red Cross ideal, ready to sprout and grow.*

*What do you expect of the International Committee of the Red Cross? We have known one another for a long time. You have seen our delegates at work and they have received from you a sympathetic and friendly welcome. On their behalf, I thank you. The International Committee of the Red Cross made its presence felt in Africa as early as 1935 and 1936, at the time of the war between Italy and Ethiopia, but it was especially during the process of decolonization that we were active. We visited the camps and prisons which held those who were fighting for independence—in Kenya and Algeria and in the Portuguese territories; we brought relief to the victims of internal conflicts, in the Congo and Nigeria. We have co-operated closely with the OAU and with the liberation movements. At the present time, we are visiting political detainees in South Africa and in Rhodesia. We are providing humanitarian assistance to many prisoners, in co-operation with the governments and authorities of the detaining countries. What we offer you, materially, is aid which we know is insufficient, which we should like to be able to increase; but we also offer a presence, the presence of our delegates. A few months ago I attended a Pan-American meeting of Red Cross Societies and I was very touched to hear representatives from Central America say that the mere presence of a delegate from the International Committee of the Red Cross gave them hope and encouragement.*

*In addition, we can help you to disseminate knowledge of the principles of the Red Cross and the Geneva Conventions. In this field, I think we can do still more than we have done. It gave us great pleasure at the ICRC to receive in Geneva officers from your armies who came to join with Swiss officers in courses devoted to the laws of war and the Geneva Conventions. We received them as brothers and have the warmest memories of their visits.*

*Now, what does the International Committee of the Red Cross ask of you? First, your active participation in the life of the International Red Cross, the weight of your influence and your growing experience, your individual support. It is true that the Geneva Conventions, to which two new protocols now under discussion will be added, were largely conceived by Europeans and by representatives of industrialized countries. It is also very important, however, that due consideration be given to your experience and wisdom.*

*Next, we look to you for devotion to the ideals of the Red Cross, typified by the gesture of one who gives aid to a victim, without asking*

*who he is or where he comes from. Finally, we ask you to realize your own importance in the world. The composition of international conferences of the Red Cross has changed, and the participants from the developing countries now play a very prominent role. You will exercise great influence, and I hope your consciousness of this influence will be attended by a sense of responsibility. I trust you will demonstrate this sense of responsibility in carrying out your tasks.*

*In conclusion, let me remind you that this meeting is an extremely important one, which will have its effects upon the future of the Red Cross. I should like to congratulate the directors of the League for taking this splendid initiative. I hope that while considering the technical problems of relief organization, the ideals and spirit of the Red Cross will not be forgotten. I hope that this meeting will be an occasion for the National Societies in Africa to be drawn closer together. If the spirit of the Red Cross does not inspire this meeting, even though it may lead to interesting technical conclusions, it will not be a success. I know that you agree with this, that we can count on you and that this spirit will be at the heart of your discussions. I thank you.*

The Symposium was a particularly important gathering since it was the first in which a large number of Societies were meeting with the League for an overall evaluation of the interchange of knowledge and techniques, materials and funds which had taken place since 1963, to consider future needs and devise an appropriate strategy. In the first phase, an *evaluation* was to be made before answering the question: What have we developed? The second phase was to *forecast* the future trend of the development programme in which the League, under its Constitution, "encourages and promotes in every country the establishment and development of a duly authorized independent National Red Cross Society".

Training by means of regional institutes, seminars and study visits, was regarded as a priority in promoting development. A professor from the University of Ghana said that while programmes drawn up by National Societies were bound to differ, so long as they remained true to the humanitarian and moral ideals of the Red Cross the result would be the same: the improvement of man's condition and the affirmation of his dignity. As far as the future was concerned, he demanded a continued and strengthened effort to develop the Red Cross in Africa, an

effort more closely geared to development in order to ensure man's optimum integration with his environment.

Many problems were considered at Montreux, and the League will prepare a summary of the proceedings and of their results for all National Societies.

We shall therefore confine ourselves to the morning meeting devoted to the ICRC at which the president and several officers of the ICRC spoke about the institution's activities in Africa. The ICRC was not inactive in the conflict then shaking Africa, but was rendering appreciable assistance to civilian and military victims alike.

Mr. P. Gaillard, director, spoke about the ICRC's current work in disseminating the Geneva Conventions and humanitarian principles by various means such as the school textbook and the Soldier's Manual published by the International Committee.

Mr. J. Moreillon, ICRC delegate-general for Africa, made a statement on ICRC action directed particularly at political detainees. One delegation which the ICRC had established in 1970 had concerned itself with the twenty countries of West Africa; the other with the sixteen countries of East Africa. A number of other delegations had been opened since that time. A few passages from the address will enlighten readers regarding some aspects of ICRC action in Africa:

*It was in Algeria that the ICRC first rendered political detainees humanitarian assistance, although only to a certain extent. In Kenya it persisted for six years before it was finally authorized to visit prisoners who at the time were known as the Mau Mau. As from 1966, ICRC delegates were able to visit political detainees in Portuguese overseas territories, South Africa and Southern Rhodesia, again only to a certain extent since conditions varied from one country to another. In South Africa, for instance, the Red Cross had access only to convicted political prisoners, and in Southern Rhodesia to persons detained under the Emergency Regulations. Gradually, however, these places of detention are opening up, and in some prisons ICRC delegates have been able to meet prisoners of all categories.*

*Although limited to certain categories of detainees or subject to the time factor, the ICRC was able to act in all such situations. There was one point in common, however: detainees were seen without witnesses and delegates could, as they can today, talk with them in an atmosphere of*

*mutual confidence which has sometimes strengthened over the year.*

*From a legal standpoint the cases of those detainees were until recently regarded as coming under the national law of the countries which exercised control over the colonies. The ICRC realized on those occasions that what was important was the need to protect a man in the hands of an enemy, whatever the nation to which that enemy might belong and even if the two were of the same nationality. Action in internal situations was thus becoming a habit, and a second trend was sparked off by visits to political detainees in South America.*

*In prisons, it was noted that political detainees and penal law prisoners often shared the same cell. Obviously the ICRC was not going to provide a political detainee with medicine or a blanket and withhold such relief from his cell-mate, who also felt cold and might also be sick, merely because his was an offence under penal law. The ICRC thus began to concern itself with prisoners in general rather than with political detainees alone.*

*It might be added that this attitude frequently contributed to a solution of the thorny problem of the term "political detainee". That term is not always ascribed to an individual, to whom the ICRC is not entitled to attach a "juridical label". As far as the Red Cross is concerned, what really matters is that it must be able to come to this man and render him assistance, and that the only consideration must be detention conditions, not the reasons for detention. A further reason why the ICRC has extended its aid to penal law detainees is that in some countries it has noted that their condition is less favourable than that of political detainees.*

*Prisoners, whoever they may be, are on the whole forgotten men, and that is why the ICRC has developed its activity on their behalf, and often at the request of governments supplied them with relief. That action, as already mentioned, started in South America. Since 1970 it has been carried out in Africa. International Committee delegates have thus made more than 250 visits to prisons in some twenty African countries and distributed relief to a value of about two million Swiss francs. These visits may create problems for Societies in those countries, not as regards relations between delegates and the national Red Cross but in relations between the latter and the government of that country. A Society is sometimes able to help ICRC delegates in the performance of their task, and may in fact want to do so by securing permission for visits and even facilities for bringing relief supplies to places of detention. Such aid is not only*

*useful but often essential. But in some other countries, however anxious the Societies may be to help the ICRC delegate, they may for various reasons be unable to approach government authorities and hence be obliged to leave the delegate to fulfil his humanitarian duties alone...*

*...And this is how in Africa, the land more given to dialogue than any other, the helpful and impartial action of the Red Cross is contributing to restoring an atmosphere of mutual understanding and fostering a spirit of reconciliation and, in doing so, building peace.*

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **Twenty-fifth Award of the Florence Nightingale Medal**

GENEVA, 12 MAY 1975

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

LADIES AND GENTLEMEN,

In its Circular No. 495 of 23 August 1974, the International Committee of the Red Cross had the honour to invite the Central Committees of National Societies to send in the names of nurses and voluntary aids whom they judged qualified to receive the Florence Nightingale Medal. This invitation, which quoted Article 1 of the Regulations, was accompanied by application forms to be completed by National Societies.

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

In accordance with these Regulations, the International Committee, after a careful study of the 50 files submitted by 23 National Societies, has the pleasure of announcing that for the twenty-fifth distribution the Medal has been awarded to the following nurses and voluntary aids:<sup>1</sup>

CANADA

1. *Miss Jeannette Ouellet*, Voluntary Aid. Hostess for blood clinics.

CZECHOSLOVAKIA

2. *Madame Karla Petrovičová*, Infirmière diplômée. Infirmière au centre médical à Bratislava.
3. *Madame Anna Benešová*, Auxiliaire volontaire.

FRANCE

4. *Madame Anne Marie Beauchais*, Infirmière diplômée. Présidente de la Croix-Rouge française du Val-d'Oise. Administratrice de la Croix-Rouge française.
5. *Mademoiselle Christiane Sery*, Infirmière diplômée d'Etat. Infirmière du Travail.

GERMAN Democratic Republic

6. *Sœur Ilse Giese*, Infirmière auxiliaire et aide volontaire. Infirmière de dispensaire d'usine à Freital.

GERMANY, Federal Republic of

7. *Schwester Isa Gräfin von der Goltz*, Diplomierte Schwester. Vizepräsidentin im DRK-Landesverband Hamburg.

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

#### GREECE

8. *Madame Catherine Megapanou*, Auxiliaire volontaire. Inspectrice du Corps des Infirmières.

#### HUNGARY

9. *Madame Roza Almássy*, Auxiliaire volontaire de la Croix-Rouge hongroise.
10. *Mademoiselle Zsofia Maroskőzi*, Infirmière diplômée.

#### INDONESIA

11. *Mrs. Marianne Tuapattinaya-Lohonauman*, Graduate Nurse. Graduate Midwife. Former teamleader for medical assistance and relief distribution.

#### JAPAN

12. *Miss Fumiko Hosokawa*, Graduate Nurse. Head Nurse, the Kobayashi Hospital, Ishinomaki City, Miyagi Prefecture.
13. *Miss Matsuko Takase*, Graduate Nurse. Director, Nursing Department, Japanese Red Cross Okinawa Hospital.
14. *Miss Toyo Oka*, Graduate Nurse. Director, Nursing Department of the Japanese Red Cross Osaka Hospital.

#### JORDAN

15. *Mrs. Margret Kattan*, Voluntary Aid. Vice-President of the Central Executive Committee of the Jordan National Red Crescent Society and Vice-President of the Women's Branch of the Society.

#### KOREA, Republic of

16. *Mrs. Sung Soon Yew*, Graduate Nurse. Midwife. Superintendent of Ethel Underwood Girls' Home, Seoul.

17. *Mrs. Bok Eum Kim*, Graduate Nurse. Midwife. Former standing member in charge of General Affairs of the Korean Nurses Association.
18. *Miss Catherina M. Mackenzie*, Graduate Nurse. Nursing director of Il Sin Women's Hospital, Pusan, Korea.

#### MONGOLIAN PEOPLE'S REPUBLIC

19. *Madam Tourin Badamlynkhur*, Professional Nurse of 3d Clinic Hospital of Ulan-Bator.

#### NEW ZEALAND

20. *Sister Ngaire Kirkpatrick Simpson*, Graduate Nurse. Nursing Supervisor. Tauranga Hospital Board, Tauranga.

#### PAKISTAN

21. *Matron Mumtaz Salma Lodhi*, Graduate Nurse. Matron CMH Sialkot.

#### PHILIPPINES

22. *Miss Irene F. Francia*, Graduate Nurse. Principal, Nueva Ecija Doctors' Hospital School of Nursing.

#### POLAND

23. *Mademoiselle Maria Aleksandrowicz*, Infirmière diplômée. Ancienne infirmière en chef de l'Hôpital municipal N° 2 à Poznan.
24. *Mademoiselle Irena Weiman*, Infirmière diplômée. Infirmière en chef au centre médical de Koronowo.
25. *Mademoiselle Krystyna Stankowska*, Infirmière diplômée. Infirmière en chef, Hôpital clinique N° 5 à Poznan.
26. *Mademoiselle Julia Nenko*, Infirmière diplômée. Infirmière au centre médical de district à Cracovie.

## UNITED KINGDOM

27. *Miss Remone Susan Quinn, M.B.E., S.R.N., R.S.C.N.*, State Registered Nurse. Matron, British Red Cross Society's Home for Sick Children, Kyrenia, Cyprus.

## USSR

28. *Madame Véra Ivanovna Ivanova*, Infirmière diplômée.
29. *Madame Ludmila Antonovna Rodionova*, Infirmière diplômée.
30. *Madame Nadeja Andreévna Boyko*, Infirmière diplômée. Ancienne présidente d'une organisation de base de la Société de la Croix-Rouge.
31. *Madame Sophia Vassiliévna Goloukhova*, Infirmière diplômée. Ancienne infirmière supérieure de l'hôpital rural de Liubovine, district de Gomel.
32. *Madame Razia Chakenovna Iskakova*, Infirmière diplômée. Infirmière supérieure de la polyclinique N° 2 de l'hôpital du district de Tchimkent.
33. *Madame Evdokia Pavlovna Vartzaba*, Infirmière diplômée. Ancienne présidente d'une organisation de base de la Croix-Rouge.
34. *Madame Ekatérina Efimovna Sirenko*, Infirmière diplômée. Infirmière du Service des enfants de la maternité de la ville de Baranovitche, district de Brest.

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

The Committee would be grateful if the Medals could be presented in the course of this year and requests the Central Committees to give the ceremony a character of solemnity as the founders of this distinction desired. It would be pleased to publish in the *International Review of the Red Cross* an account of the ceremony organized in this connection. It requests National Societies to send it the necessary material for such publication not later than the end of February 1976.

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

FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS

*Dr. Eric MARTIN, President*

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*EXTERNAL ACTIVITIES***Latin America****Chile**

*ICRC activities.* — In March 1975, the delegates of the International Committee of the Red Cross (ICRC) visited seven places of detention and two hospitals in Chile, where 778 detainees were held by order of the military authorities. From 1 to 17 April 1975, they visited thirteen places of detention holding 983 detainees. Medicaments were distributed on several occasions. During March 1975, medicaments, toilet articles, foodstuffs and clothing, to a value of 30,000 dollars were distributed to 2,700 families of detainees (800 of them in Santiago).

*Delegate-general's mission.* — The ICRC delegate-general for Latin America was in Chile from 16 to 27 March, after a stay in Argentina, where he met Red Cross leaders and officials of the Ministry of Foreign Affairs. In Santiago, he had talks with the Ministers of Foreign Affairs, Justice, the Interior and Defence. On 21 March, he was received by the President of the Republic, General Augusto Pinochet. The activities of the ICRC since September 1973 were reviewed and humanitarian problems still to be solved were examined.

As a result of those conversations, the facilities which had been granted in the past to the ICRC for the discharge of its humanitarian mission were renewed and further facilities were granted, in particular with regard to visits to places of detention.

## Central America

The regional delegate of the ICRC for Central America and the Caribbean was in *Panama* from 12 to 31 March. He met Red Cross leaders and visited the local Red Cross branches at David and Colon.

He then went on 31 March to *Nicaragua*, where he met the Minister of the Interior and leading members of the Red Cross.

In *Guatemala*, on 4 April, he was welcomed by the President and Director of the National Red Cross Society and was received by the Ministers of the Interior, Defence and Education. Between 14 and 18 April, he visited four places of detention holding 1,190 detainees, eight of whom were imprisoned for political reasons.

## Europe

### Northern Ireland

The ICRC delegate-general for Europe and North America, accompanied by a medical delegate, made a seventh round of visits, from 6 to 21 March last, to administrative detainees in various prisons in Northern Ireland. In the Maze prison and Armagh women's prison they saw altogether 536 detainees.

### Cyprus

Over the past few weeks the ICRC has continued to provide protection and assistance for Greek Cypriot and Turkish Cypriot minorities.

Five medical teams have given the population care and organized the transfer of medical cases. From 24 March to 4 April, they transferred eighteen persons from north to south, and six in the opposite direction. In addition, 460 medical consultations were given in Turkish Cypriot villages and districts in the Greek area.

By the middle of March, the ICRC had distributed or handed over to the authorities some 760 tons of food and medical supplies, apart from tens of thousands of items of clothing, blankets, tents, etc.

The Tracing Agency, the only link between separated families, transmitted more than 1,100,000 family messages from the start of its operation until the beginning of April.

On 4 April, the government sub-committee met again under the auspices of the United Nations. The meeting, which was attended by ICRC representatives, decided to revive the ad hoc committee for tracing missing persons. In the meantime, that committee has been considering

an ICRC proposal that a tracing service comprising representatives of both communities should be set up.

## **Middle East**

*Family reuniting.* — Two family reuniting operations, under ICRC auspices, took place on 19 March and 10 April 1975, between Gaza-Sinai occupied territory and the Arab Republic of Egypt. They were carried out in the United Nations buffer zone on the El Qantara road. In two operations, 376 persons returned to Gaza-Sinai occupied territory and 641 to the Nile Valley.

*Repatriation of mortal remains.* — An operation for the repatriation of the mortal remains of thirty-nine Israeli soldiers who fell in Egyptian territory during the October 1973 war was carried out under the auspices of the ICRC on 4 April 1975. This, too, took place in the United Nations buffer zone, on the El Qantara road.

*El Arish floods.* — During March, the ICRC delegates continued their assistance to the victims of the floods which struck the El Arish area on 22 February 1975. They endeavoured to draw up a list of the names of the missing after a tour of northern and central Sinai.

In addition, from 23 February to 6 March, the ICRC co-operated with the Israeli authorities in distributing 3,000 blankets, 500 bags of food, 550 bags of flour, 228 tents, 374 parcels of clothing, and some 9 tons of fruit and vegetables to 423 families.

Relief supplies offered by the Arab Republic of Egypt will shortly be transferred and distributed under ICRC auspices.

## **Iraq**

The ICRC has had to end its relief action on behalf of victims of the conflict in Iraqi Kurdistan. Following the agreement reached between Iran and Iraq, the Iranian Government informed the ICRC that it did not object to a continuance of ICRC relief operations for Iraqi Kurdistan provided the Iraqi Government approved. However, the Iraqi Government asked the ICRC to cease its humanitarian assistance owing to the new situation created by the agreement.

At the request of the Iraqi Government, the ICRC has also ceased supervision of the repatriation of Kurdish refugees from Iran, a role entrusted to it by the Iraqi Government at the end of February.

The ICRC has reminded all parties concerned that it remains ready as ever to help all victims.

## Asia

*We would draw our readers' attention to the fact that the news related here goes only to the end of April, when the Review went to press.*

### South Vietnam

Due to the rapidly changing situation in South Vietnam and the considerable number of displaced persons urgently requiring humanitarian aid, the Red Cross has found it necessary to step up considerably its assistance programmes for civilians.

On 3 April 1975, the International Red Cross appealed to National Societies and Governments for 30 million dollars, in addition to the 5 million dollars for which a similar appeal had been sent out on 25 March 1975.

By 21 April, in response to the appeals, contributions in cash and in kind amounting to 37 million Swiss francs had been promised or sent by the National Societies and Governments of the following countries:

Australia, Austria, Belgium, Canada, Denmark, Finland, Federal Republic of Germany, France, German Democratic Republic, India, Japan, Liechtenstein, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Philippines, South Africa, Spain, Sweden, Switzerland, Thailand, United Kingdom and United States of America.

*Relief.* — Following the report of the survey team sent to Saigon to make an assessment of needs in co-operation with the Red Cross of the Republic of Vietnam, a three-month plan was drawn up with the aim of assisting 500,000 persons scattered mainly in the provinces around Saigon and on Phu Quoc Island. From the beginning of March to mid-April, the Red Cross of the Republic of Vietnam, with International Red Cross help, distributed large quantities of food (rice, condensed milk, salted fish and tinned meat and fish), kitchen utensils, mosquito-nets and mats to some 75,000 families (about 380,000 persons).

The Red Cross Society of the Republic of South Vietnam (PRG) requested assistance amounting to 6 million Swiss francs. An initial contribution of one million Swiss francs in cash was approved on 2 April. The International Red Cross is also endeavouring to satisfy in the shortest possible time that Society's request for food aid and has already committed over five million francs for this operation.

By 20 April, the quantity of goods (foodstuffs, medical supplies, tents and blankets) which had already reached or were on the way to Indo-China amounted to over 5,100 tons, including some consignments shipped direct by a number of National Societies.

The European Economic Community (EEC) has promised a gift of 1,000 tons of rice and one hundred tons of powdered milk.

A large proportion of the goods are temporarily stored in Singapore, Bangkok and Vientiane before being forwarded to the places where displaced persons are concentrated.

In order to meet swiftly the most urgent requests, the International Red Cross sent a number of consignments by air to Indo-China. The first aircraft, loaded with food, tents and blankets, a gift from the German Red Cross in the Federal Republic of Germany, arrived at Saigon from Cologne on 1 April.

A second aircraft, chartered in the German Democratic Republic, arrived at Hanoi on 16 April with twelve tons of food supplied by the International Red Cross and with medicaments from the GDR. These relief supplies were forwarded to the Republic of South Vietnam (PRG).

On 23 April, an ICRC DC-6 arrived in Hanoi with five tons of relief supplies (medicaments and tents) donated by the Red Cross Societies of Austria, Finland and Switzerland. On the same day, an aircraft of the German Democratic Republic, chartered by the International Red Cross, flew to Hanoi with a consignment of meat, tinned fish and condensed milk, a second flight being planned for 27 April; these two aircraft will have carried between them twenty-three tons of foodstuffs.

Two delegates of the International Red Cross, one of them head of the ICRC Relief Division, arrived in Hanoi on 19 April to draw up a precise and detailed list of the needs of the people being assisted by the Red Cross of the PRG. They examined also with the authorities in Hanoi the most practical means for the delivery of relief.

## **Cambodia**

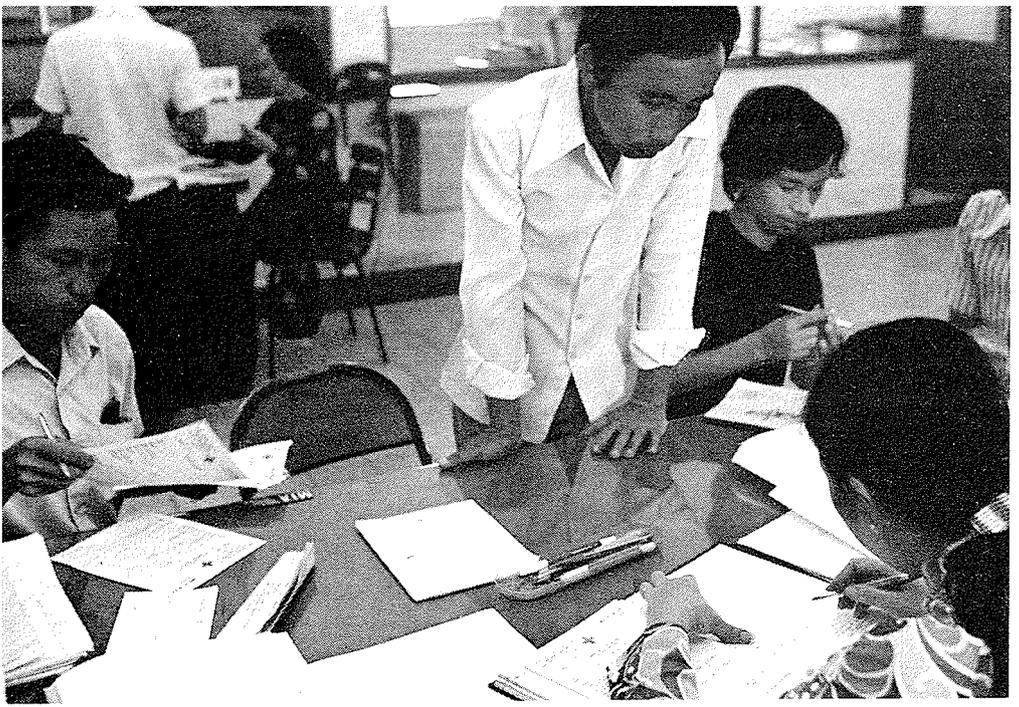
On 16 April 1975, in view of the rapidly changing situation in Phnom Penh, the ICRC set up at the Royal Phnom Hotel a hospital and safety zone, directed by its delegates. The ICRC immediately informed both parties of the creation of this zone, earnestly requesting them to respect it, as it did not contain any military objectives or personnel. Several hundred civilians sought, in the ICRC zone, refuge from the effects of gunfire.

The International Red Cross was able to remain in radio contact several times a day with its delegation at Phnom Penh. The radio link was broken on 17 April, but two days later reliable sources gave reassuring news of the delegates, who were entrusted with maintaining contact with the representatives of the Royal Government of National Union of Cambodia.



Distribution by the local Red Cross of relief goods, supplied by the International Red Cross, to 30,000 refugees at the Vung-Tau camp (**April 1975**).

Photo Max Vaterlaus



At Vung-Tau, refugees filling in family message forms at the Red Cross Tracing Agency.

Photos Max Vaterlaus

Local Red Cross distributing food and water to refugees at Ham-Tan (**April 1975**).



*IN GENEVA*

**Death of Mr. Samuel A. Gonard, honorary member of the ICRC**

The International Committee learned with sorrow of the death of Mr. Samuel A. Gonard on 3 May 1975.

Appointed to membership of the ICRC in June 1961, Mr. Gonard shortly thereafter resigned from his high office in the Swiss Army and took an active part in the work of the institution. He was elected one year later to the Presidential Council and in that capacity carried out a number of major missions on behalf of the ICRC in several countries.

In September 1964 he was unanimously elected President of the ICRC, which office he held until the end of 1968, when he asked to be relieved of his active functions because of his age. He was then made an honorary member of the ICRC.

As President, Mr. Gonard showed exceptional intelligence and energy. He was always ready to intervene actively to assure respect for the flag of the Red Cross, a symbol of humanity itself in a divided world in which the task of the institution to which he was devoted was more difficult than ever. He carried out missions in many parts of the world, during which he established and strengthened invaluable contacts with Governments and National Societies.

At this time, the International Committee recalls in particular the spirit of devotion and fidelity with which Mr. Gonard accepted the great responsibilities entrusted to him. Mindful of the immense contribution he made, the Committee will remember him with profound gratitude.

## **New chief physician for the ICRC**

The ICRC has appointed Dr. Reinhold Käser to succeed Dr. Roland Marti<sup>1</sup> as Chief Physician.

Dr. Käser, a specialist in otorhinolaryngology, has practised in Soleure and Bern for 20 years, during which time he also served as chief physician for the Swiss Red Cross, before being appointed as surgeon-general of the army. He was a member of the Swiss delegation to the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law.

In addition, at the beginning of this month, Dr. Käser took over leadership of the Group for International Missions, a reserve force of volunteers for the humanitarian actions of the ICRC constituted in 1946 by Brigadier René de Watteville, who has asked to be released from the post.

The chief physician will act as medical adviser to the Executive Board.

## **The ICRC Takes Part in Two Exhibitions**

With the aim of renewing and completing its travelling exhibition, the Division for Documentation and Dissemination has prepared a set of eighteen panels for displays to be presented first in Zurich and later in Montreal. In the former city, the Swiss National Museum is putting on an exhibition on the theme "The Good Offices of Switzerland," relating to activities of various kinds designed to limit international conflicts, and in this connection asked the ICRC to provide material illustrating its activities for the Humanitarian Action section. The panels deal with the following: the history of the Red Cross; the role of the ICRC; the Geneva Conventions; and the Central Tracing Agency. In addition, two showcases display documents relating to the Conventions and the Agency.

In Montreal, the ICRC's contribution will be part of an exhibition on the theme "Peace and Fraternity". The Red Cross panels will be supplemented by a series of colour posters prepared by the ICRC.

Later, the material will be available for loan to National Societies.

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<sup>1</sup> See *International Review*, August 1974.

## **Diffusion of the Soldier's Manual**

The Soldier's Manual, for the use of the armed forces, presents in words and pictures the main provisions of the Geneva Conventions of 1949. The first edition of 10,000 copies which appeared in 1969 was sent to governments and National Societies. On the basis of their comments, the work was revised and republished in the form of a pocket manual. There were subsequent editions in various languages. Reports reaching us this year show that the diffusion of the Soldier's Manual continues, both in Africa and Latin America.

The Red Cross Society in Mali requested 5,000 copies. The Moroccan Red Crescent made a special request for 120 copies while awaiting the 2,000 ordered; Morocco had already received 2,000 copies in 1974. In Mauritania, the Red Crescent received 200 manuals to be used in a seminar for army officers. In Sudan, 3,000 copies were sent to the General Staff of the armed forces. One thousand copies in Portuguese were sent to Angola and Mozambique, with 25,000 copies due to follow.

In Latin America as well, the Soldier's Manual is being distributed in various countries. One example is that of Colombia, which asked for additional copies of the manual for a basic course on the Geneva Conventions in the military schools of all three of the armed services. Colombia had already received 1,500 copies.

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# IN THE RED CROSS WORLD

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## RED CROSS ASSISTANCE IN INDO-CHINA

*On 18 March 1974, the President of the ICRC Executive Board, the Secretary General of the League and the Director of the Indo-China Operational Group (IOG) sent National Red Cross Societies a circular letter concerning changes in the responsibilities and organization of the body co-ordinating international Red Cross assistance in Indo-China, although, for the sake of administrative and practical convenience, that body was to continue to be known as the IOG. The tenor of that letter having been given in the April 1974 issue of International Review, we do not feel it necessary to repeat it here.*

*On 7 April 1975, the ICRC and the League sent National Societies a communication regarding emergency assistance to displaced persons in South Vietnam and Cambodia. It refers to the new arrangement superseding the one mentioned in the circular letter of 18 March 1974 concerning Red Cross activities in that area. We give below an excerpt from the letter :*

Based on the Agreement of 25 April 1969 and the interpretation which the ICRC and the Board of Governors of the League adopted concerning relief operations undertaken in circumstances foreseen in article 2 thereof, the co-ordinating body set up by the two institutions has decided that assistance to civilian population in Indo-China territories where hostilities are presently raging shall be a joint ICRC, League and National Societies operation—the ICRC assuming the ultimate responsibility while a state of conflict exists. It has consequently dissolved the Indo-China Operational Group (IOG) as a separate entity, as from 31 March 1975, and established a task force called the “Indochina Bureau” (Indsec) entrusted, under the supervision and direct authority of the responsible executives of the two institutions, with the co-ordination, execution and administration of international relief operations of the Red Cross.

**THE RED CROSS AND FAMINE RELIEF  
IN THE NIGER**

*Dr. de Ville de Goyet, former medical and nutritional co-ordinator for the League of Red Cross Societies in the Niger, recently wrote a paper about the famine relief programme sponsored by the Red Cross last autumn. As the action described represents a new approach to the problem of famine and to the means whereby it may be remedied, we think it worth while to reproduce this paper.<sup>1</sup>*

In September 1974 some 15 delegates, recently arrived in Niamey to complete the League of Red Cross Societies' medico-nutritional teams in the Niger, met at Red Cross Society of Niger headquarters for briefing. Many National Societies were represented, including Belgium, Canada, Denmark, France, Great Britain, Norway, Sweden and Switzerland. Several veteran delegates with experience of numerous relief operations were present.

Everyone realized that the programme they were to carry out was different from the others. There was a strange ring about the phrases they heard: "vulnerable categories, prevention, evaluation, nutritional education..." "We do not distribute food systematically to the whole population..." "curative medicine must be reduced to a strict minimum".

This programme was run jointly by the Niger Government, the United Nations (mainly the FAO Office of Sahelian Relief Operations, UNICEF and WHO) and the League, which had operational responsibility. It was a pilot programme. This was made clear by the League's chief delegate who also spoke of "respecting the Government's long-term health policy in the promulgation of the programme at the community level", the only guarantee of effective action immediately and in the long-term.

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<sup>1</sup> Reproduced from *Contact*, League-ICRC, Geneva, No. 4.

The programme would not follow habits and traditions. This was a new approach to the old problem of famine relief.

Kwashiorkor and marasmus, the signs of famine, were most evident among the children and expectant and nursing mothers—those who are less able than others to look after their own needs and so form the most vulnerable groups.

### *Helping the under-privileged*

From time immemorial, the first step in famine relief has been a food programme, i.e., distribution of free food to everyone. Where there was no strict control over those distributions, they sometimes favoured the abler groups, or inhabitants of easily accessible centres, without reaching under-privileged persons or those in isolated famine areas distant from population centres and main roads. At best, the food received kept the strongest and most productive members of the family in health, especially adults, whom most civilizations consider to have priority.

Food programmes as hitherto organized concentrated on the quantitative aspect, i.e., forwarding as much food as possible. The qualitative aspect, balanced nutrition, had been given less attention or none at all. The Niger medico-nutritional programme took a great step forward in this respect; it concentrated on vulnerable categories of the population and the nutritional qualities of the food distributed, and paid special attention to improving child nutrition and that of expectant and nursing mothers, and to improving the country's medical organization.

“Give a fish to a hungry man and you feed him for a day; teach him to catch fish and you give him food for a lifetime”, says the Chinese proverb. Our field teams applied it in their medico-nutritional rehabilitation work in camps for famine victims. With an eye to ensuring long-term action, there were constant efforts to improve local public health services and to educate drought victims.

### *Emergency action and long-term effects*

The success of the medico-nutritional programme is not to be measured in terms of tons of food distributed or hundreds of thousands of persons fed. It is to be judged by the number of children, born and unborn, whom the delegates' direct action, fairer food distribution and more balanced nourishment given by better-fed and better-educated mothers have saved from malnutrition or sickness.

It is impossible to estimate the number of children saved from malaria by the distribution of anti-malaria tablets, or from mortal epidemics of measles by vaccination campaigns; or of nursing children who survived because their mother relieved their diarrhoea by giving them salt water to drink—after daring to flout their own cultural taboos. It is also impossible to estimate the number saved from blindness when vitamin A was added to their diet.

Specialized personnel had to be assembled in greater numbers than for the usual type of food distributions, in order to make a success of the pilot programme. But the investment in time and money was amply justified by the results.

One should, however, list the requirements for such success, which requirements were met in the case of Niger:

1. the authorities want nation-wide improvement in public nutrition;
2. there is already a sound basic food programme, and
3. specialized professional staff take part in planning and executing the programme at all levels.

It is encouraging to observe that the Niger medico-nutritional programme made a valid contribution to stricken communities. It also permitted the initiation of delegates into a new kind of emergency assistance which may in the future help young nations to build on a sound social and economic basis.

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## THE RED CROSS AND YOUTH

*The review La Croix-Rouge suisse (Berne, 1975, No. 1) has published an article by Mr. James Christie, a former teacher who is now director of Red Cross Youth in French-speaking Switzerland. Under the title « Revolution? Evolution! », the writer refers to problems that arise in many countries, and we think it interesting to reproduce some excerpts from the article:*

In Switzerland, as in fact in many other countries, youth organizations are as numerous as they are varied; yet all over Europe we see that structuralized youth movements attached to an organization no longer meet with as much success as in past years. Undoubtedly one of the reasons is that the young have many more interests in life. When one has an opportunity of hearing them, however, and to hear them one must take the trouble of listening, one realizes that to do something and to be able to express themselves is still one of their major concerns. And they must be convinced that what they are asked to do is really useful.

Even with the constant evolution of the society in which we live, even with ever greater industrialization and a steadily rising living standard, communities still have big tasks to fulfil. The young are always ready to render aid, but they prefer to do it in a less rigid setting. They no longer want to be part of an organization, as card-carrying members. What does interest them then? Their pals for one thing, and they are also interested in the programmes put forward. If both are to their liking, they will participate. Then they will be off. And what will they do next? It may be something different, and not necessarily in the same organization. In a number of cases they will do nothing else. It is important that the Red Cross should take the aspiration of the young into account so that it may devise a policy for youth. In this context, it is interesting to consider some of the motivations of the young. They agree to cooperate in proportion to what we are able to propose. Although wary of pure eloquence, they want to lead a more natural life. They crave

autonomy, responsibility, authenticity and justice, and it is understandable that they should favour a certain concept of life based on factors that greatly differ from those which the present-day consumer society seeks to impose on them. They realize that practical action is possible only if undertaken by a group led by a chief chosen by themselves. While they are anxious to share responsibilities, those responsibilities can be exercised only if adults agree to trust them. Yet how many youth associations (generally serving educational purposes) have been devised by adults with programmes mainly directed at what they have considered necessary for the young?...

As we all know, far-reaching studies are being conducted on the future of the Red Cross, at both international and Swiss levels. Successive periods do not resemble each other, as each has its own customs and usage. Ten years ago there was talk of how to occupy one's leisure or relax. Today we hear of involvement, joint administration and working in concert. Youth, in particular, lead a full life and intensely participate in the changes of the day. Now they demand to be heard and to take part in major decisions. They are ready to assert their demand—and we know at what price sometimes—for their rightful place in society.

And what about our society? Is the Red Cross aware of this phenomenon? Is it ready for that evolution within its organizations? How many sections are prepared to invite the young to take part in their activities?

The International Conference of the Red Cross has for a long time expressed the wish that the young should be an integral part of the Red Cross, that they be allowed to state their views and opinions, and that decisions be reached with them, particularly with regard to future policy. Tomorrow, those young people, who will have become adults, will be in control of the Red Cross. It is therefore essential that they should already feel responsible. The subjects in which it is proposed to interest the young are not lacking. It is simply a matter of wanting and finding a way to do so, and carrying it out to the end. The Youth programme is now being developed in some 110 Red Cross, Red Crescent and Red Lion and Sun Societies. A brief world survey shows us that there have been some interesting ventures and that they have often been successful.

Here a remark must first be made: most National Societies have a school youth programme which is often developed in close co-operation with the Ministry of Health and the Ministry of Education.

While the Red Cross Youth programme in some countries is solely geared to school, many Societies are striving to achieve a certain balance between school and extra-curricular activities which would extend to youths up to the age of twenty-five.

In Thailand, for instance, the programme essentially developed in schools has an interesting feature. Two basic organizations are officially recognized at school, which is compulsory: the Red Cross and the Boy Scout movement, although the former is reserved for girls and the latter for boys.

In Tanzania, young people have asked the Red Cross to train them for hospital work, a sector which is short of qualified personnel. Aid to the handicapped aged is one of the major concerns of the British Red Cross. In this sector there is no room for improvisation. Hence the training courses which have been organized for young people interested in such activities.

The same applies to the USA and the Netherlands. In the latter country, for example, sport activities for the handicapped, from the age of five to thirty-five, are the responsibility of Red Cross youth groups.

In Lebanon, young people visit prisons and help those released to find work and resume contact with society. The same purpose has prompted some Swedish Red Cross Youth groups to set up a programme for prisoners.

As youth's place in society becomes more important, its role in the Red Cross must follow the same trend. The duties of the Red Cross towards the young may be summed up in three words: information, training and participation. The latter term calls for some elementary consideration. For more than fifty years, Red Cross Youth has been concerned about what it could do for the young. Now we should ask ourselves and ask the young what they can do for the Red Cross. This is not revolution but evolution. At a time when the Red Cross world is asking itself questions, we must know whether the past is to be reclaimed or the future built.

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**FEDERAL REPUBLIC OF GERMANY**

*In the March issue of the periodical Deutsches Rotes Kreuz, Mr. M. W. Bargatzky, President of the National Red Cross Society, answered a number of questions concerning the Society's current welfare activities. In September and December 1974, the International Review published studies on the Red Cross and social work, and it seemed interesting therefore to supplement these by citing some of the answers given by Mr. Bargatzky:*

The Red Cross in the Federal Republic of Germany seeks to institute and carry on social activities designed to meet the needs of people in our time, particularly in large cities. Most elderly people, for example, do not want to leave the places they live in and move into old people's homes. Accordingly, the services responsible for helping such people in the various local sections have been reinforced and now supply aid in various forms—portable tables for meals, housecleaning services, loans of books, regular visits and the organization of a specialized geriatric nursing service. The Red Cross is thus in a position to help these people in their own homes, to maintain their independence, save them from the sense of isolation and enable them to maintain normal human contacts.

The German Red Cross is also active in what might be called the field of "preventive social work". This consists, for example, of identifying and providing care as early as possible for children suffering from certain health deficiencies or some form of handicap; helping communities to "assimilate" new arrivals and facilitate the adaptation and integration of these people into their new and unfamiliar environment, thus avoiding many forms of tension and difficulty.

In carrying out this work, the Red Cross seeks to involve the population and to induce them to take initiatives and awaken them to their own social responsibilities. This was always a responsibility for the Red Cross, as indicated by the large number of its volunteers workers. One thing is increasingly obvious, however. Thanks to extensive comprehensive legislation, citizens are obtaining rights to social benefits. The application of that legislation and the drafting of new social legislation formerly depended largely upon the initiative of the authorities or of

voluntary societies. This movement will continue, but it is recognized that there are an increasing number of areas in which laws count for very little, such as helping one's neighbour, to take the time to listen to one another's problems, to devote the time and energy to the many little acts of friendship.

This particular kind of assistance is especially needed in new housing developments, where people live in smaller rooms, are strangers to one another and find it difficult to adapt to their new conditions. The Red Cross intervenes in such cases to help establish better communication between such people and support their efforts in mutual help.

Lastly, the Red Cross is called upon to make a more direct contribution to social responsibility in the "Year for Voluntary Social Work". Every year, a thousand or so young people give their assistance in various fields of activity after intensive training for these tasks of human solidarity.

## PERU

During the events which occurred in Lima on 5 February 1975, following a strike by the police force, some eighty Peruvian Red Cross first-aiders stationed on the main roads rendered effective assistance, sometimes at the risk of their own lives, to the injured before sending them by ambulance to one of the city's hospitals or dispensaries.

The National Society subsequently instituted a day-and-night first-aid service.

The *International Review* is glad to be able to report this illustration of the devoted spirit in which some National Societies act in time of trouble.

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## **“SMALLPOX — THE POINT OF NO RETURN” A HUMANITARIAN VICTORY**

World Health Day, on 7 April 1975, was dedicated to the final effort by all the nations of the world to rid mankind of an age-old scourge—smallpox, which can soon be expected to disappear for ever.

WHO Director-General Dr. H. Mahler said:

“When the WHO smallpox eradication programme began just eight years ago, 30 countries were endemic and many more reported importations of the virus. . . The eradication of smallpox will represent one of the historic milestones in medicine, but—more than that—this first global eradication of a major disease provides an outstanding example of the constructive results nations can achieve when they work together toward the common cause of better health for all . . . As victory becomes certain, we are at the ‘point of no return’. It is the beginning of the end for smallpox, which can never return to ravage the earth as in centuries past.”

Such a great victory would have been impossible without close surveillance by national health services. Mr. J. Klein commented, in this respect:

*As they gained experience in the war against variola, national health armies changed battle plans, shifting their heaviest guns from trying to vaccinate “everyone” to the strategy of surveillance—followed by quick containment and elimination of the outbreak. At first, while smallpox was common, this strategy enabled broader inroads to be made against contagion; later, it permitted efficient counter-measures against reintroduction of smallpox and, finally, it was effective in verifying that the disease had indeed been banished.*

*In several countries, transmission of smallpox was halted less than one year after surveillance programmes had become established, despite the fact that by no means all their citizens had been vaccinated. In other countries, where mass vaccination alone was attempted, but was unaccompanied by adequate surveillance and containment, smallpox persisted.*

*The object of the surveillance strategy is of course to make most efficient use of the resources available to overcome smallpox; to detect and investigate any reported cases, and then—if verified as variola—to overwhelm them with counter-measures.*

*The national surveillance units playing this key role usually consist of teams of two to five individuals who travel almost constantly in search of possible cases, inquiring at schools and markets and encouraging cooperation and assistance by health personnel, village leaders, teachers and others. Usually just a small number of such teams, centrally located, are enough to oversee activities throughout a country and to assist in organizing quickly the countermoves to contain a possible outbreak.*

*By no means is this always an easy matter. The difficulties overcome by surveillance workers make a magnificent success story in themselves.*

*Often the population still threatened by infection is thinly scattered over large areas deficient in transportation and communication facilities; they tend to migrate, and their health services frequently lack sufficient resources to keep a close and continuous look-out for any resurgence of infection. Sometimes, the problem areas are in the congested centres of large cities where many are uncooperative or ignorant. Long hours, sometimes days of walking, impassable rivers, ferocious dogs, voracious insects, poor water and sometimes hostile villagers who attack with sticks, stones or even spears. . . None of these is unknown to the faithful surveillance worker.*

*Still, surveillance is the key. And teams must remain on guard long after the "last" confirmed case.*

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## NATIONAL SOVEREIGNTY AND THE REUNITING OF FAMILIES

*At the University of Königstein-Taunus (Federal Republic of Germany) last year, during a seminar on various aspects of state sovereignty, Mr. H. G. Beckh, president of the AWR and former ICRC delegate, gave a lecture on "National sovereignty and the reuniting of families separated by war and post-war events". Since this subject dealt with a humanitarian question, it seems appropriate to give extensive excerpts from his paper.*

In terms of the concept now prevalent, "national sovereignty" can be equated to "state power", referring essentially to the independent status of a State capable of concluding international agreements direct with other States.

The present paper deals with the reuniting of families, as carried out in Europe after the Second World War, a process still going on. These activities provide remarkable evidence of the fact that affirmations of natural law have a practical outcome when they are based on sound and undisputable premises and are put forward in an apolitical manner. These operations for the reuniting of families are based upon the principle that the family is the basic unit of society,<sup>1</sup> independent of the political characteristics of the State and of ideological difference.<sup>2</sup>

Whereas hundreds of thousands of persons separated by unbreachable frontiers did not exactly constitute an element which encouraged detente, those persons who were restored to normal family life tended to forget

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<sup>1</sup> In the meaning of Resolution 2018 (XX) of the UN General Assembly, adopted on 1 November 1965.

<sup>2</sup> The operations for the reuniting of families are not concerned with separations which have occurred for family reasons.

the hardships that they and their relatives had undergone. Instead, they began to think of the future and of peace.<sup>1</sup> This is one of the moral arguments for the reuniting of families by the Red Cross, with the assistance of both public and private organizations...

### **The legal basis for the reuniting of families**

It is appropriate to cite the Geneva Conventions of 12 August 1949 as the basic relevant positive law and in particular the Fourth Convention concerning the protection of civilian persons in time of war.<sup>2</sup> The first draft of this convention was already in existence before the Second World War. Following its approval by the International Conference of the Red Cross at Tokyo in 1934, it was to be the subject of a diplomatic conference. The invitations were sent out, but the replies were slow in coming, so that it was not until 1939 that the date of the conference was set for the beginning of 1940. It was already too late.

The International Committee of the Red Cross arranged for at least some of the provisions of the Tokyo draft to be applied in the Second World War, through various special agreements, and 160,000 civilians were granted the legal status of protected persons and the benefit of guarantees analogous to those of prisoners of war.<sup>3</sup>

The duties of the belligerents, in principle, had already been established before the beginning of the Second World War by Article 46 of the Regulations concerning the laws and customs of land warfare annexed to the IVth Hague Convention of 1907. It is true of course that that convention was binding only upon signatory States—that is, constituting a positive law effective under specified circumstances. In other words, the contracting parties had agreed to renounce their sovereignty by undertaking to respect these provisions, but the provisions themselves consisted only of certain concessions intended to prevent families from being separated and to facilitate the reuniting of families separated as a direct result of war.

### **Other sources of law**

Reuniting families in Europe did not begin in earnest until about two years after the Second World War. There was no positive legal

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<sup>1</sup> H. G. Beckh, "ICRC action on behalf of the ethnic minorities known as the 'Volksdeutsche' and of the Germans in the East", *Revue internationale de la Croix-Rouge*, July 1950.

<sup>2</sup> Articles 8, 25, 26, 27, 30, 50 and 82.

<sup>3</sup> The 4th Convention of 1949 went into effect on 21 October 1950.

basis for them, except for the governmental conventions which were subsequently concluded. An attempt to understand how it was nevertheless possible, in the face of national sovereignty, to bring together more than 700,000 members of dispersed families, brings us to the very heart of the problem. This would appear to be a typical example of the application of the principles of natural law, under the impetus of an over-riding moral incentive.

Among the provisions of humanitarian law, it is relevant to recall the terms of the Universal Declaration of Human Rights of 10 December 1948, especially Articles 2, 12 and 13, which provide not only for free circulation across national borders but refer also to family unity which is essential for the human community.<sup>1</sup> It therefore became clear that it was a duty to bring together the members of separated families, except under particular family circumstances. But the Universal Declaration of Human Rights is, after all, only a declaration; it imposes no obligation upon the signatory States.<sup>2</sup>

The European Convention on Human Rights of 4 November 1950, on the other hand, constitutes positive law, but only for the member States. Families have no longer been confronted with the problems of reuniting their members since the signature of this Convention which lays stress on the importance of and strengthens the provisions of the Universal Declaration of Human Rights of 1948. The humanitarian concerns which inspired this Declaration were also confirmed by Resolution 2018 (XX) of the United Nations General Assembly on 1 November 1959.

While not creating positive law, these proclamations and recommendations have nevertheless facilitated the drawing up of provisions which conform with considerations of natural law.

This was the case with regard to the right of initiative which was invoked by the ICRC when it proposed to organize the reuniting of families. The right derives from Article 4, (1) (d), (1) (f) and (2) of its Statutes, which were approved by the International Conferences of the Red Cross, attended by government representatives.<sup>3</sup> The ICRC thus obtained a certain freedom of judgement and action in the field of international law.<sup>4</sup> At the same time, the resolutions of the International

<sup>1</sup> See also the Final Act of the United Nations Plenipotentiary Conference on the Status of Refugees and the related Convention of 28 July 1951, as well as Resolution XVIII of the Conference on Human Rights (Teheran, 1968).

<sup>2</sup> This is also the case with the International Convention of 16 December 1966 on Civil and Political Rights, especially Article 12 (not yet in force).

<sup>3</sup> Hague and Toronto Conferences, 1928 and 1952.

<sup>4</sup> See: O. Kimmich, *Humanitäres Völkerrecht — humanitäre Aktionen*, p. 98.

Conferences of the Red Cross also had the effect of recommendations.<sup>1</sup>

All these circumstances have served to demonstrate the importance of this humanitarian principle and the great moral value which must be ascribed to the reuniting of families. The concern for this principle serves quite naturally as a basis for positive law.<sup>2</sup> Numerous examples testify to the fact that the operation of reuniting families is an application of a natural law. With few exceptions, the authorities responsible for exercising national sovereignty or State power have been persuaded to accept the apolitical ideas on this subject, as a humanitarian principle derived from the universal conscience.

\* \* \*

Eventually, the original concepts of natural law concerning the reuniting of families in Europe gave way to a series of bilateral governmental conventions, making it a matter of positive law, thereby making it possible to some extent to compare the two different types of action, by looking at the way in which they worked out in practice.

In the earlier way of looking at the matter, the essential criterion was the natural and moral right to reconstitute the unity of the family. When it was a question of acting on the basis of agreements under positive law, however, difficulties in the interpretation of signed conventions sometimes constituted an obstacle to complete success.

The reuniting of families thus provides a good example of the influence which natural law can exert when no other juridical basis has been found for such an essential act. Experience demonstrates that humanitarian principles, soundly based upon conscience, often make it possible to overcome objections and obstacles presented by national sovereignty, provided that the objective pursued is presented in an apolitical manner and is supported by moral arguments. There are distressing situations, caused by man, for which no remedies can be found in positive law. Under such conditions, it is the fundamental rights of man—as embodied in the Universal Declaration of Human Rights of 10 December 1948—which then prevail.

These conclusions were demonstrated in a gratifying manner by recently adopted resolutions (June 1973, at San Remo, and June 1974, at Florence) and by the Final Act of the Interparliamentary Conference on European Co-operation and Security (January 1973, at Helsinki).

<sup>1</sup> Resolution No. XX of the Toronto Conference, 1952; No. XX of the New Delhi Conference, 1957, and No. XIX of the Vienna Conference, 1965.

<sup>2</sup> See: A. Verdross, *Statisches und dynamisches Naturrecht*, pp. 89-91.

This document asked parliaments to intervene in a spirit of humanitarianism to induce governments to find a solution for the problems posed by the separation of members of families who wish to reunite. Perhaps we are not so very far away from a time when the States in question will reach agreement on this matter on the basis of positive law, giving up some of the objections they have previously raised in the name of national sovereignty.

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## BOOKS AND REVIEWS

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**Starting from Scratch**, by *Gunawan Nugroho*, *World Health*, Geneva, April 1975.

A community health programme in Indonesia which stresses health, not disease, and focuses less on the individual than on the community as a whole. . . . Thus a community health programme which may initially require considerable input will in the long run become an increasingly less expensive activity which can ultimately be borne by the community itself.

Health care provided through hospitals, health centres and outpatient clinics is the practice of medicine as applied to individuals. It emphasizes the control of disease, which from the doctor's viewpoint is the appropriate application of his medical knowledge.

A community health programme, on the other hand, directs its attention to health rather than to disease and focuses not only on the individual but rather on the community as a whole. It is concerned with the total community in its total environment. The well-being of the community can be more quickly attained if all its members unite their efforts so as to create conditions whereby the community can progress towards greater welfare.

If such a programme is to be closely adapted to the situation and conditions of the local area, it should be flexible and developed from below with guidance from above. Development from below means involving the community from the very start in the planning and programming. Providing guidance means helping to develop the community members' will and competence to manage their own affairs and, where necessary, to assist with the technical implementation.

The next step is to determine how to allow for the great variety of aspirations and desires of the community—which at times may be completely irrelevant to their real needs—so that all parties concerned will be satisfied.

Community participation involves a cooperative effort to create conditions which will enable the community to live a healthy life, and not merely to free themselves from disease or the threat of disease. This does not negate the need for individual medical care; on the contrary, this care should be an inseparable part of more extensive activities, not standing alone but integrated into the overall programme. With this form of health care, the doctors and auxiliary personnel should not play a dominating role but rather one of guiding the community. They should stimulate the community actively to promote and raise its own health standards so that it does not have to depend continuously on outside assistance but relies primarily on its own efforts to solve its health problems.

In essence, the success or otherwise of a community programme in raising people from the depths of poverty and suffering does not depend on outside activities but rather from within, from the people and their desire to awaken and struggle out of the depths themselves.

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.<sup>1</sup>

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 ;

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

- (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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- 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*.
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- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, *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*.
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- DAHOMEY — Dahomean Red Cross, P.O. Box 1, *Porto Novo*.
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- 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.
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- GERMAN DEMOCRATIC REPUBLIC — German Red Cross of 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, N° 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*.
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- 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*.
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- 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*.
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- VIET NAM, DEMOCRATIC REPUBLIC OF — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triêu, *Hanoi*.
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