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Remarks on the Training of Red Cross Nurses
and Voluntary Aides
and their activities in Wartime

Report of the International Committee of the Red Cross
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REMARKS ON THE TRAINING OF RED CROSS NURSES
AND VOLUNTARY AIDS, AND THEIR ACTIVITIES
IN TIME OF WAR

I. Introduction.

During the six years of war and bloodshed in most countries of the world, the medical personnel of the Red Cross laboured without flagging under conditions which were invariably difficult, sometimes very trying and often highly dangerous. The devotion of this personnel was beyond praise and deserves the gratitude of all.

It is not within the province of the International Committee to give an account of the work accomplished so admirably, day after day, by Red Cross Nurses and Voluntary Aids in each belligerent country. The National Societies alone possess the details for an outline of this fine achievement. The Committee, however, would like to indicate briefly in this Report the rules, on the international plane, which govern the medical services of the Red Cross in time of war, and the problems which have arisen during these recent years relating to the work of Nurses and Voluntary Aids, which might admit of better solutions.

In general, we feel that the rules which govern the work of Red Cross medical personnel should derive from the basic principles that serve as a foundation for the work of the Red Cross as a whole. Equally, they should be in accord with the "Geneva Convention for the Relief of the Wounded and Sick in Armies in the Field", several Articles of which regulate the position of the medical personnel who give their aid to the Army Medical Service.

II. Fundamental Principles of the Red Cross

It is not an easy matter to define briefly the fundamental principles which guide the work of the Red Cross in time of war and the aims it has in view. The National Red Cross Societies, which had their origin in the compassion for the wounded dying on the field of battle at Solferino for lack of attention, were set up in every country to support the Army Medical Services by caring for the sick and wounded of the fighting forces, irrespective of nationality or side, and thus to mitigate the sufferings caused by
war, or any form of armed conflict. Such support indeed requires, in time of peace, the preparation of ample equipment and the recruitment of considerable numbers of qualified personnel.

Since 1863, this work of relief for wounded men of the forces has remained the paramount aim of the National Red Cross Societies in time of war, but in the course of their development these Societies have by degrees extended their work of mercy to prisoners of war and to the civilians who are victims of war.

In order to avoid any duplication or over-lapping, the practical work of each National Red Cross Society has been planned in close co-operation with the official or voluntary bodies of its own country which were working with the same object. This was especially the case with the Army Medical Services, under the orders of which the Red Cross Medical personnel is temporarily placed, in their auxiliary capacity in time of war. Such close co-ordination with the official agencies should, however, leave the National Societies enough independence to enable them to preserve entirely their character as private organizations. The Red Cross, which recruits its members irrespective of sex, race, religion or political opinion, must be able to carry on its work impartially, and free from any political considerations, both in the case of international warfare and of civil disturbances.

III. The Geneva Convention (1)

In order to put into practice the fundamental principles described, and implement them by practical relief work which might be carried on without obstruction in all countries in case of war, this work had to be given recognition by international treaty. Such was the origin of the Geneva Convention of 1864. This Convention forms the legal basis of all relief work for the sick and wounded of the forces in war time. Although it does, to a slight extent, limit the sovereign power of the Governments of the belligerent countries in time of war, all the States eventually ratified this Convention. This adherence means then that the signatory States and the peoples whom they represent have voluntarily agreed to this limitation of their sovereign power, because they have recognized the supreme value of the principles of human solidarity which

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(1) This abbreviation will frequently be found in this paper, and refers to the Geneva Convention for the Relief of the Wounded and Sick in Armies in the Field (1929).
inspired this Treaty. This is a tribute paid by the Governments to the Red Cross.

The Geneva Convention of 1864 lays obligations not only on the sixty-six States which have, to date, signed and ratified it, but also on the medical personnel which it protects. The Convention was revised in 1906 and 1929. As a result of the experience gained in the second World War, it is at the present time once more in process of revision, in order to make it better adapted to present-day conditions, but its main principles, laid down in 1864 and confirmed in 1906 and 1929, will not be appreciably altered. It may be hoped that, by the adoption of the new Convention for the protection of civilians, the protection which the Convention now restricts to the sick and wounded of the forces, may be extended to cover the civilian victims of war and the medical personnel and equipment required for the satisfactory working of all hospital services.

When the Governments have made known their views on the various Draft Revision or additions to the present Conventions, the Committee, in response to a request it has received, proposes to publish a summary which will inform the public of all regulations laid down by the Conventions. It has however appeared useful to the Committee to state briefly for the National Societies the rights conferred by the Geneva Convention upon Red Cross Nurses and Voluntary Aids in time of war, as well as the obligations it lays upon them. The International Committee has frequently observed that this personnel was perhaps not always sufficiently well informed in these matters.

First, it should be noted that the Convention does not specifically mention Red Cross nurses and Voluntary Aids, but that the Articles which apply to the "personnel of Voluntary Aid (Relief) Societies duly recognized and authorized by their Government" do in fact refer to them. (Cf. Arts. 9 and 10). For the sake of abbreviation, this personnel is often called "Protected Personnel".

Since, under the Convention, Red Cross medical personnel are subject to the same rules as the Army medical personnel, the comments which follow therefore apply equally to all Nurses and Voluntary Aids in time of war, in so far as these are under the orders of the Army medical services of the belligerent forces, or of the National Red Cross (Red Crescent, Red Lion and Sun) Societies and other Voluntary Relief Societies recognized by their Government.

According to the Convention, the medical personnel of the belligerent forces and that of the voluntary relief societies which assist them in time of war, have the right - and the duty - to care for the sick and wounded of the forces without distinction of nationality. (Cf. Art. 1).
To this end, the medical personnel shall be respected and protected "in all circumstances." This protection was recognized by the Convention to enable the medical personnel to give aid without hindrance to the wounded and sick of both sides and of all nationalities; but, as a corollary, the medical personnel is under the obligation to give the same treatment to friend and foe alike, with equal care. This protection is granted only to medical personnel "engaged exclusively in the collection, transport and treatment of the wounded and sick" of the forces, and to the personnel employed in the administration of medical units under military authority. (Cf. Art. 9).

The Convention moreover stipulates that "the military authorities may appeal to the charitable zeal of the inhabitants to collect and afford medical assistance, under their direction, to the wounded or sick of armies and may accord to persons who have responded to this appeal special protection and certain facilities." (Cf. Art. 5).

The Convention also stipulates that mobile medical units, as well as the fixed establishments of the medical service shall be respected and protected (Cf. Art. 6); the buildings and equipment of the medical establishments may not be diverted from their purpose or requisitioned, except in case of urgent necessity, and then "only after the welfare of the wounded and sick has been secured" (Cf. Art. 16).

To sum up, the various articles of the Geneva Convention, in general, state clearly that, in order to secure the best care possible for the wounded and sick of the forces in time of war, the commanders of the belligerent forces bind themselves, on a basis of reciprocity, to exclude from hostilities not only the sick and wounded themselves, but the personnel who care for them, the buildings which shelter them and any equipment which is for their treatment or use.

Such advantages however involve certain obligations for those who benefit by them, and the protection granted to medical establishments ceases, "if they are made use of to commit acts harmful to the enemy". (Cf. Art. 7). Medical units may therefore not exceed their duties of giving aid; they must not take advantage of their position, to the detriment of the enemy. This means a heavy responsibility for the medical personnel, for any failure to observe this rule imperils the life of all the sick and wounded. It may, however, be noted that medical personnel are authorized to have arms and to use them if attacked, but exclusively in their own defence and in that of the sick and wounded in the care of the unit (Cf. Art. 8).

Even if they fall into the hands of the enemy, medical personnel have the advantage of certain facilities. Throughout the period of their detainment, they may continue to carry out their
duties in the care of the sick and wounded under the direction of the belligerent Power, which is bound to provide them with "the same food, the same lodging, the same allowances and the same pay as are granted to the corresponding personnel of their own armed forces" (Cf. Art. 15).

The Convention at present in force stipulates that, while in the hands of the enemy forces, the medical personnel shall "preferably be engaged in the care of the wounded and sick of the belligerent to which they belong", (Cf. Art. 12), but this does not constitute an obligation on the Detaining Power, and the medical personnel should be ready in all circumstances to look after the sick and wounded of the forces without distinction of nationality.

The main principle governing the position of medical personnel who fall into the hands of the enemy is that they should be repatriated. As a rule, "they shall be sent back to the belligerent to which they belong as soon as a route for their return shall be open and military considerations permit". (Cf. Art. 12). But this Art. 12, Section 2 /Art. 14, Section 4, of the 1929 Convention relating to the Treatment of Prisoners of War allow belligerents to come to an agreement to retain in the camps members of the medical personnel for the purpose of caring for their prisoner fellow-countrymen. During the second World War, repatriation of medical personnel took place only on a small scale, the belligerents having agreed to retain a considerable proportion of them. When drafting the revised text of the Geneva Convention, experts of the various countries have devoted particular attention to this problem. Some would like to see repatriation maintained as a first principle; others would prefer to have it replaced by the principle of retaining such personnel, even to the length of advocating that they should be considered to be prisoners of war. The International Committee, for its own part, is endeavouring to find a solution which would ensure both for the sick and wounded of the forces and the prisoners of war, the benefit of the best possible care. Whatever the course adopted, the revised Geneva Convention should clearly lay down what the treatment of retained medical personnel should be, as the present texts give hardly an indication.

With a view to establishing their identity, all members of the medical personnel (except "temporary" personnel, a relatively small category, whom it is unnecessary to consider here), have to wear an armlet bearing a red cross on a white ground, issued and stamped by the responsible military authority (Cf. Art. 21).

Moreover, the personnel proper of the Army medical service shall be provided with an identity certificate consisting either of an entry in their paybook, or of a separate document.

As for the personnel of the National Red Cross Societies who do not wear Army uniform, they have to be provided with an identity certificate with photograph.
In no case may the medical personnel be deprived of their badges or identity certificates; in case of loss, they shall have the right to obtain duplicates.

It is well that Nurses and Voluntary Aids should know that the emblem of the red cross on a white ground is the distinctive emblem of the medical service of the forces, (Cf. Art.19) and of the Red Cross units which are auxiliary to it, and that, under the Convention, this emblem is reserved exclusively to indicate the units, establishments, personnel and equipment protected by the Convention (Cf. Art. 24).

In time of war, no one may use the emblem of the Red Cross or hoist its flag without having previously obtained permission of the competent military authority (Cf. Art.20). Moreover, the Convention likewise recognizes, with the same reservations concerning its use, the emblem of the red crescent or the red lion and sun on a white ground for the countries which had adopted these emblems before 1929 in place of the red cross (Cf. Art.19).

Finally, it should be noted that the signatory governments are under the obligation to take the necessary steps to instruct not only their armed forces, but also the protected personnel in the provisions of the Convention (Cf. Art. 27).

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We have briefly indicated the principles of the Red Cross and the rulings of the Geneva Convention which govern the work of the medical personnel. These might serve as a guide to the National Societies in deciding, according to the circumstances in each country, on the best means of training the medical personnel whom they enlist.

The International Committee would also wish to touch on certain definite problems of the work of the Nurses and Voluntary Aids which arose during the second World War. This report must of necessity have some digressions, because it has to deal with particular and unrelated points, but we hope it may nevertheless provide useful suggestions for the National Societies who are seeking to develop their medical services, and to improve the training of their Nurses and Voluntary Aids.
IV. Practical application of the Convention to various problems relating to the work of Red Cross Nurses and Voluntary Aids in time of war.

(a) Protection.

The protection afforded by the Geneva Convention to Red Cross medical personnel in time of war has not always been understood by Nurses and Voluntary Aids, who had often only a rather vague and sometimes mistaken conception of the rights and duties which were theirs by the terms of the Convention. As seen above, such protection is limited to the medical personnel which works in the hospital units under the orders of the Army medical service. Since their formation, certain National Societies have greatly extended their field of activity: they have undertaken work which goes far beyond the original aim of the founders of the Red Cross. Thus, in certain countries, the National Societies have organized and directed relief schemes in behalf of civilian war victims, such as refugees and evacuees, or even for the combatant forces, for whom the Red Cross has opened recreation centres, canteens and supply centres in the railway stations, and so on. All the staff assigned to this relief work wore Red Cross uniform, and the emblem of the Red Cross on a white ground was used to indicate to those concerned the premises where this welfare work was carried on.

This use of the emblem, contrary to the very terms of the 1929 Convention, caused a certain amount of confusion, in particular amongst the women workers enrolled by the National Societies to do this welfare work. Since they wore Red Cross uniform the Voluntary Aids thought, in all good faith, that they were placed under the protection of the Geneva Convention, and when captured by enemy forces, they asked to be repatriated under Articles of the Convention which could not apply to them. It is true that the experts who are engaged in drafting a new Convention for the protection of civilians in time of war, are attempting to see that the personnel working in civilian hospitals in time of war should have protection similar to that of the personnel of military hospitals. We trust that this draft Convention will be accepted, but at present it has not yet been submitted for the approval of the Governments. With regard to the personnel employed in welfare work for combatant forces, it should be realized that they will not be able to enjoy any special protection. Their duties lie outside the scope of the specifically neutral and impartial activities which are provided for under the Convention. It appears desirable that this form of work should be carried out under some emblem other than that of the Red Cross, even when used in its "descriptive" sense only. This would avoid confusion with the emblem used in its "protective" sense, which must retain its full value in time of war for persons, establishments and equipment.
which are legitimately entitled to use it. (In this connection see Report No 8 of the International Committee).

(b) Obligations of Nurses and Voluntary Aids.

In time of war or civil disturbances, when Nurses and Voluntary Aids join the Red Cross to work in medical units, it would be well for them to be duly informed that, in addition to their responsibilities towards the sick and wounded in their care, they have definite duties towards the authorities of their own country and, at the least, moral obligations associated with the emblem of the Red Cross, under the protection of which they carry out their work.

It is not our intention here to define the professional duties of nurses towards the sick and wounded in their care, nor their duties towards the doctors under whose orders they work. They have been instructed in these duties during the course of their years of training. During the recent War however, they were too often ignorant of the fact that the laws of their own country might in due course be applied to them.

In time of war, it is difficult to forecast the course of events: many countries were invaded at such speed that before the Governments withdrew from office, or left the country, or made submission to the enemy Power, they were unable to make a sufficiently wide circulation of instructions to Nurses and Voluntary Aids as to the attitude they should adopt to the occupying authority. This uncertainty created much difficulty and suffering. Some Nurses and Voluntary Aids, taking their stand on the principles of neutrality which form the basis of the Convention, believed they had the right to join the Red Cross or the medical service of the occupying Power - a course which entailed grave consequences for them. At the end of the war, when they returned to their own country, they were arrested, tried and in many cases convicted for having broken the laws of their own country. The International Committee ventured to call the attention of the National Societies and Governments to this debatable problem (Cf. Report No.15, submitted to the Legal Commission of the Stockholm Conference, Point III of the Agenda).

To avoid a repetition of such distressing incidents, it would be advisable that Nurses and Voluntary Aids receive instructions on the attitude to be adopted by them towards the occupying Power. We should therefore like to urge that each National Society, in agreement with the responsible Government authorities, should consider how it could best instruct Red Cross Nurses and Voluntary Aids in their war-time responsibilities under the laws of their own country.
It seems, too, that Red Cross Nurses and Voluntary Aids should be better acquainted with the practical significance of the moral obligations associated with the emblem of the Red Cross which protects them, and the duties incumbent on them in applying the Geneva Convention signed by their Governments. We have seen that, besides nursing the sick and wounded of the forces both of friend and foe, with equal care, they have to refrain from any "acts harmful to the enemy". Do Nurses and Voluntary Aids fully realize the meaning of the expression "acts harmful to the enemy"? It seems to us necessary that each National Society should, in agreement with its Government, define this term, and that clear instructions should be given to all members of the medical personnel on this point.

To give an instance, there can be no question of using a dressing station or a hospital to shelter combatant forces or members of a resistance movement who are neither wounded nor sick, to hide ammunition, or to transmit information which might serve the forces of one or the other side. Such action is incompatible with the clauses of the Convention, and does harm to the Red Cross, by destroying the confidence upon which it rests.

In order to avoid errors of this kind occurring through ignorance of the terms of the Convention, it seems imperative that, in application of Art. 27, Red Cross Nurses and Voluntary Aids should be duly informed of the clauses of the Convention which they have to observe. It might even be advisable for them to sign an undertaking in this sense when joining the active service of the Red Cross in time of war.

In addition, it would be useful to have a copy of the Geneva Convention issued to each medical unit of the Red Cross. This document should be available to nurses, for especial use when, to avoid infringement of the Convention, they must refuse access to their unit by persons who have no right to take refuge there. We are aware that, in certain circumstances, the strict application of the clauses of the Convention demands much self-sacrifice and discipline on the part of Red Cross personnel. We fully understand, for instance, that Nurses and Voluntary Aids, who may suffer greatly when their country is occupied by enemy forces, find it very difficult to observe a neutral attitude which prevents them from taking part in national resistance movements, and allows them only to tend the sick and wounded. A great sacrifice is thus demanded of the personnel by the Convention which protects them, - the greater since, during the recent World War, feeling ran so high and was so violent that the neutral attitude imposed on the medical personnel was not always understood by the public. In certain instances, this attitude was interpreted as an expression of sympathy towards the enemy or the occupying forces; the result was that offense was given and accusations made which were very painful to those who were the subject of such criticism.
To-day, three years after the end of the war, feelings of hatred are far from being allayed everywhere. It seems that the National Societies and Governments should take active steps in order to make known to the public the obligations implicit in the Geneva Convention, and to show the dignity of the actively neutral attitude which all members of the medical personnel protected by this Convention have to observe in case of war. The public should be convinced that, although they take no part in the defence of their land in time of war, Red Cross Nurses and Voluntary Aids serve their country equally well by their devotion to the care of the sick and wounded, by their loyal observance of the terms of a Convention signed by their Government, and by their defence on the international plane of those principles of mutual aid which it is to the credit of nations to observe.

(c) Identity Certificates.

In time of war, the personnel protected by the Convention must wear conspicuously on their left arm an armlet bearing the emblem of the Red Cross, issued and stamped by the military authority. This rule was laid down in order that medical personnel should be duly placed under the military authority alone competent to issue the armlet which, in the eyes of the fighting forces, confers the right to respect and protection. Even though the wearing of an armlet is not practical in a medical unit, it is a duty in time of war, in the fighting zones in particular, and the National Societies would do well to see that this rule is observed. Moreover, if the military authorities, after stamping the armlets, give the National Red Cross the task of issuing them, care should be taken that the brassards are handed only to persons who, under Arts. 10 and 21 of the Convention, are legally entitled to wear them.

We have already seen that, in order to be recognized as protected personnel under the Convention, Red Cross Nurses and Voluntary Aids must be provided by the competent military authority with an identity certificate with photograph. It may be recalled in this respect that, after thorough consideration by the International Standing Commission for the Study of Medical Equipment, the International Red Cross Conference adopted a standard type of identity certificate, which is described in the annexe (Cf. Annexe 1). The Draft Revised Geneva Convention lays down conditions for identity certificates, in future to be standardized, on the model of that approved by the International Red Cross Conference, with the addition of finger-prints.

During the recent War, a considerable number of Red Cross Nurses and Voluntary Aids who were taken prisoner with the medical units to which they were attached were unable to produce the regulation documents certifying their status as members of personnel
protected under the Convention, because the formalities which should have been carried out by the military authorities had too often been disregarded. For this reason they were unable to get the advantages to which they were entitled in captivity, or to be repatriated: they applied thereupon to the International Committee to claim the certificates. These applications of course had to be forwarded to their country of origin, where the military authorities were alone competent either to supply the identity certificates which had not been issued when the personnel took up their duties, or else to provide a duplicate of those which had been lost during the war.

In many cases, negotiations to obtain these certificates took several months, and it was often impossible to get Red Cross Nurses and Voluntary Aids repatriated, in default of proof that they had actually been enrolled in the Army or Red Cross medical services. The International Committee ventures to draw the attention of the National Societies to the need, in time of war, for issuing an armlet and identity certificate to every Red Cross Nurse and Voluntary Aid before they leave on active service.

It should be remembered that it is of paramount importance that Red Cross Nurses and Voluntary Aids should know that, in case of capture by the enemy forces, the Convention entitles them to keep their armlets and identity certificates, and that they should not be given up.

In addition, we consider that the National Societies would find it of great advantage to ask their Governments to make out each identity certificate in duplicate, one being handed to the owner and the other kept on record in a safe place, to serve as a substitute in case of need.

(d) Use of the Red Cross Emblem.

The Red Cross emblem was adopted in order to indicate the sick and wounded of the forces to the enemy, with a view to his giving them protection, as well as to the personnel, buildings and equipment required for the transport and care of the said sick and wounded. The emblem was assigned in the first place to the medical services of the forces, and then to the National Red Cross Societies and other recognized voluntary relief societies, which carry on the same work, as auxiliaries of the medical service. On condition that they abide by the terms of the Convention, National Red Cross Societies have the right to use the Red Cross emblem in time of war for their work in behalf of the sick and wounded of the forces, but neither the National Societies nor their personnel are entitled, from a strictly legal point of view, to use the Red Cross emblem for other purposes.
However, no Government has to our knowledge denied the right to a Red Cross Society to continue in time of war to use the emblem in the descriptive sense, in the course of the traditional work which they carry on in peace time (such as the care of sick civilians). The Draft Revised Geneva Convention, while safeguarding the use of the emblem as far as possible, aims at bringing the law on this point into line with practice and common sense.

In any case, it cannot be stressed too often that the emblem of the red cross on a white ground is above all the symbol of the Geneva Convention. This treaty gives it a high significance, by making it in fact the symbol of the protection surrounding the sick and wounded of the forces, the buildings which shelter them, the personnel which brings them relief and the equipment devoted to their care. Therefore every precaution should be taken in order that the emblem be used only within the limits fixed by the Conventions, or by an ad hoc agreement between the Powers concerned. It is only on these terms that respect for it can be maintained and its authority safeguarded.

The fact must be admitted that, in the course of the recent wars and usually through ignorance, many abuses of the emblem of the Red Cross have occurred. The International Committee has deplored this fact, for any improper use of the Red Cross has the immediate effect of rousing the mistrust of the enemy, who then considers that he has the right to disregard the immunity conferred by the Red Cross. Whenever it was possible, the International Committee has taken steps to see that the improper use of the emblem should cease.

V. New Methods of Aid to the Sick and Wounded

(a) Functional training

Particular mention should be made of the fact that during the war, the medical services of the forces assisted by the medical branch of the Red Cross, sought to give the sick and wounded of the forces the benefit of the best and most up-to-date therapeutic methods. But in some countries these aims were considerably hampered by the shortage of medicaments and medical equipment. Red Cross nurses have had opportunity, in the course of the intensive work of these six years, to learn the technique of certain new methods of treatment, particularly in the field of functional training of the war-disabled, and their re-instatement in independent life. Great progress has been made in this branch of therapy. The functional training of injured limbs begins at the bedside of the wounded as soon as treatment begins, and is now part of the daily attention given by nurses and nursing auxiliaries.
The type of service which the National Societies have given the Army medical service varied widely from one country to another, but great efforts have been made by them all to give the most efficient form of help to the sick and wounded. In general, it should be recorded that there has been a great development of the social assistance services, since it is now generally understood that the worry caused by personal or family difficulties too often hinders the recovery of a patient. The social worker now has an important part to play in war-time Army medical units: she is an essential factor in the satisfactory working of the establishment.

With the purpose of hastening the recovery of the wounded and sick suffering from atrophy, anchylosis or partial paralysis, and of making their recovery more assured, some military hospitals have organized what is known as "occupational therapy". This service, placed under medical supervision, provides the patients with small manual tasks, such as embroidery, weaving, moulding, carpentry, pottery, etc., which are chosen particularly to promote movement, gradual in force and duration, so that injured or stiff limbs may recover as far as possible their strength and suppleness. Excellent results have been achieved by these means.

Mention should also be made of the recent development of libraries in military hospitals. Reading matter has always been given to the wounded and sick to help them to bear the tedium of idleness in any long-term treatment. Now, however, much more care is being given to the choice of such books and publications. In some cases, it is important to direct the attention of the patients to subjects which may sooth and comfort them morally and mentally; in others, general education must be developed, as well as their cultural knowledge and preparation for a profession. The making of hospital libraries is now in the hands of trained staff and psychologists, who advise the patients in the choice of their reading matter. This education by reading is often supplemented by short talks on a variety of subjects.

Some hospitals have gone as far as decorating their wards and the patients' rooms with reproductions of famous works of art. Exhibitions of this kind, frequently changed, have apparently met with great success, and many patients belonging to all classes and walks of life have been led to an interest in the history of art.

These few examples of rather recent developments in treatment in military hospitals have not been mentioned as a recommendation that they should be adopted without modification in all countries. Each nation has its own traditions, customs, and habits, as well as its own culture: to these the methods of intellectual aid and social work must therefore be adapted. We thought it useful, however, to illustrate by examples the practice
now in favour of completing the physical care given to sick and wounded by therapy in the psychological, intellectual and moral fields. It is to be feared that, despite the skill in care of this kind, many sick and wounded will never wholly regain their physical health. It seems only right that patients should have not only the medical care they require, but also the teaching and encouragement that will help them professionally, intellectually and morally, and in their work for a livelihood. Thus, patients will be able to look forward to the future with less fear and greater assurance.

Certain National Red Cross Societies have done admirable work of this kind with success during the recent World War. But a scheme of help which would have such effective results in so many varied fields requires a large well trained staff, properly qualified for the tasks required of them.

VI. Training of Nurses and Voluntary Aids

Professional Training. We will refer here to the general question of supplementary training to be given to certificated nurses for service in time of war, nor to the theoretical and practical First Aid courses of sick-nursing which should be followed by voluntary aids who wish to serve as nursing auxiliaries. These questions have already been dealt with in reports to the last two International Red Cross Conferences (Cf. Document No 18 : Training of Nurses and Voluntary Aids for service in case of War or Public Calamity, submitted in Tokyo, 1934; and Document No 1 : Establishment of Relief Services, submitted in London, 1938). The principles laid down in these Reports still appear to us to hold good, provided the National Societies adapt them to present-day circumstances and current therapeutic methods. But in the light of experience gained within the last ten years, we should like to add to these Reports details on certain specific points which we consider have an important bearing on the work of the Red Cross medical services in time of war.

(a) Development of the Nurse's faculty of improvisation.

In the Red Cross medical services, nurses are often confronted by unforeseen circumstances. During the recent war, in certain forward areas and at certain times, the shortage of medical equipment and medicaments was very serious, and the nurses had to improvise the attention needed with makeshift means. Nurses who have had long years of professional nursing in well-equipped
hospitals are ill prepared for work where ingenuity and improvisation are required. We should like, therefore, to stress once more how important it is for Red Cross nurses to have courses in first aid, and constantly to develop their capacity for enterprise and improvisation.

(b) New Tasks.

As we have already seen, methods for re-educating injured, stiff and atrophied limbs have made great progress in the course of recent years. The part of the Nurse and the Voluntary Aid in this field of therapy is most important, and the Nursing Department of all National Red Cross Societies should, we feel, devote particular attention to training Red Cross Nurses and Voluntary Aids of the Red Cross for this specialized care.

Social work too, having gained the important place it deserves in the service of military hospitals in time of war, the National Societies would find it useful to train qualified personnel to undertake this duty, or to employ the requisite number of trained social workers to provide this specialised attention.

The same observations apply to the branch of "occupational therapy"; here again, qualified staff is required to ensure the successful working of these services.

Lastly, there should also be provision for engaging staff competent to organize circulating libraries in the hospitals, and to plan with skill and experience intellectual and moral welfare work to help the recovery of the sick and wounded of the forces.

In time of war, Nurses and the Voluntary Aids who assist them as Nursing Auxiliaries are entirely absorbed by the work of caring for the sick, and it is clear that they should leave a great part of the services mentioned above to Voluntary Aids who have specialized in social and intellectual assistance.

In order that all these various services may work smoothly and concurrently in a hospital, great care must be given to their co-ordination. Attention must also be paid to the direction of the Red Cross staff, to strict discipline and to adherence to a single aim, that of giving care in the most effective way to victims of war, this duty coming before any other consideration.
VII. Direction and Co-ordination of work in time of war.

(a) Central Direction of Women Medical Personnel

To ensure the efficiency of Red Cross services in the field in time of war, it would be advisable to set up a central organization in each country for all the women medical personnel of the Red Cross. These duties of organization should be undertaken by qualified women representatives who have the confidence of Nurses and Voluntary Aids, and they should work in close contact with the corresponding official departments of the Government and army services. In certain countries, it is the Nursing Department of the Red Cross that, in time of peace, accepts the responsibility of enrolling the requisite number of Nurses and Voluntary Aids, of fixing their respective duties and training them for the work they may be called upon to do in time of war or calamity. It seems, therefore, appropriate for the Head of the Nursing Department to undertake responsibility for the central organization of women Red Cross medical personnel in time of war. She should see to it that the allocation of staff amongst the various medical units is made with discrimination and that a sufficient number of nurses are enlisted to be in authority over the voluntary aids, who assist them as voluntary nursing auxiliaries, giving them direction and supervision. This acceptance of authority is logical and necessary, if the Red Cross is to escape criticism when mistakes are made in the treatment of a patient. It is a matter for regret that this rule was not always observed during the recent War: there were instances of medical establishments run with a staff composed exclusively of voluntary nursing auxiliaries. In those circumstances these voluntary aids had to undertake duties which were beyond their capacity, and in these hospitals the sick and wounded did not always receive the care their condition demanded.

During hostilities it frequently occurs that the number of wounded brought in necessitates the opening of auxiliary hospital units: at other times the number of wounded falls, and it is then possible to close certain hospitals temporarily. Staff headquarters should therefore provide for a flexible organization and a sufficient reserve of medical personnel to meet the most severe emergencies. If the Red Cross does not possess reserve teams, ready to go on duty, then it becomes necessary to withdraw nurses from hospitals which are relatively overstaffed. Such nurses form new units, and they are replaced in their former posts by the most qualified of the voluntary nursing auxiliaries. In time of war, arrangements of this kind are frequent, but the organization of such transfers is one of the difficult duties of Staff headquarters, and calls for a knowledge of the individual qualifications of each nurse and voluntary aid in the Red Cross service. To meet these demands, it would be necessary in time of peace to draw up in each Red Cross
Nursing Department a card-index, recording full particulars of all members of the medical personnel on whose services the National Society can call.

We should also like to point out how important it is for the Staff Management to be kept accurately informed, through regular reports, of the work accomplished by the Nurses and Voluntary Aids in each appointment they hold. Such reports should be supplemented, as often as possible, by visits from members of the Central Direction to the personnel on duty in the medical units. These talks are necessary to enable the Management to arrange for suitable allocations of staff, and they serve to encourage the nurses in their work, often thankless enough, by reminding them of the spiritual significance of the most humble duties, carried out as part of the Red Cross work of service.

(b) Team Work.

In each medical unit, co-operation between Doctors, Nurses, Nursing Auxiliaries and other classes of Voluntary Aids of the Red Cross should be flawless. For general good relations, there must be a cultivation of good will at all times between the various groups of the medical personnel. With this end in view certain National Societies build up teams composed of all the necessary elements to run a hospital unit. By constant practice, the members of these teams train for working together, co-ordinating their particular duties and carrying them out with discipline and in a spirit of fellowship. These conditions prove to be essential for accomplishing the task, often arduous and trying, that will face the teams in time of war.

It must however be admitted that it is not always easy to get nurses and voluntary nursing auxiliaries to work harmoniously together, as their respective duties with the patients may give rise to a certain amount of rivalry. When, however, there is understanding and mutual trust between these two groups of the medical personnel, differences quickly fade. To promote this good will it seems advisable, as far as possible, to give the practical training of the Nursing Auxiliaries into the hands of the Nurses who will later have to direct them in Red Cross service in the field. In time of war, it would be a pity if through ignorance of the qualifications of their assistants, the nurses discouraged them by using them only for menial tasks of doubtful value. If, on the other hand, the Nurses give tasks to the Voluntary Aids for which they have inadequate experience, unfortunate consequences might result for the patients.

If efficient and smooth co-operation is to be established amongst members of the staff of a medical unit, the duties of each
one should be clearly fixed, strict discipline should be observed by all, and Staff headquarters should encourage the team spirit, so necessary for members of a Red Cross medical unit.

VIII. Responsibility of the National Societies towards Nurses and Voluntary Aids.

(a) Civil Responsibility.

Even in the medical services which have the best organization and direction, it may sometimes happen, especially when the personnel is overworked, that through an oversight or by an accident, errors in giving treatment occur, and that, serious and maybe irremediable results follow for the health of the sick and wounded. The Committee wishes to draw the attention of the National Societies to the legal consequences which such errors or accidents may have. In some countries, the National Societies, Nurses and Voluntary Nursing Auxiliaries themselves can be held responsible financially for such errors. It would therefore be advisable for the National Societies to study the relevant laws of their country, so that the Red Cross personnel in their employ may be safeguarded against risks of being sued for damages. That might be done, for instance, by taking out appropriate civil liability policies in their behalf.

(b) Accident and Sickness Insurance.

It is advisable that Red Cross Nurses and Voluntary Aids should be insured against risks in their work in time of war. In several countries, if our information is correct, after agreement has been reached between the National Society and its Government, all Red Cross personnel working in units covered by the Geneva Convention are insured against sickness, accidents and disablement, in the same way as members of the medical service of their national armed forces. Likewise, if a Nurse or Voluntary Aid loses her life on active service, the next of kin receives an indemnity which is similar to that given to the next of kin of a member of the medical personnel of the armed forces who dies in similar circumstances.

If a Red Cross unit is captured by the enemy forces, and the Nurses or Voluntary Aids of that unit fall ill or have an accident in the performance of their duties under the direction of
the enemy Power, we consider that Article 15 of the Geneva Convention should be applied in the spirit, if not the letter, and that it is incumbent on the Detaining Power to give them medical treatment, daily care, maintenance and the indemnities to which they are entitled until their return to their own country.

It may occur that, as a result of illness or accident during captivity, Red Cross Nurses or Voluntary Aids may continue after repatriation to be totally or partially disabled. In such a case they should be awarded compensation or pension. In their interests, it would be preferable that the payment of such allowances be guaranteed to them by some organization in their own country. Also, if a Red Cross Nurse or Voluntary Aid dies in captivity, indemnity should be paid to her next of kin through some national organization.

The Committee is fully aware of the great courage and self-sacrifice of nurses who volunteer for work in medical units at the front without being deterred by any danger or risk. It has too, had experience of the distressing position of members of medical services who have become disabled as a result of illness contracted in captivity. Consequently, it wishes to draw the attention of the National Societies to these questions of social insurance, which were not fully settled in all countries during the second World War.

(c) Remuneration of Red Cross Personnel.

Finally, we should like to touch on a difficult question which has been of concern to several National Societies: it is that of remuneration of staff employed in Red Cross services in time of war. Those Societies have asked the Committee if Red Cross principles allow them to remunerate or indemnify their staff, especially the Nurses and Voluntary Aids.

In 1863, when the founders of the Red Cross recommended the formation in every country of relief societies, with a view to training "voluntary" male nurses to care for the wounded on the field of battle, it was clearly meant that these men should not only offer their services for work which they considered of high moral significance, but that they should perform it without remuneration. This was probably the intention at the time, but the economic situation in those days was not what it is to-day. At that period, in all countries, there were many people who were sufficiently well off to enable them to offer their services without remuneration. To-day, the economic situation is very different, and the number of people who can work without salary is much smaller. On the other hand, in time of war, National Societies have increased responsibilities and duties, and it is imperative that they enlist the requisite number of Nurses and Voluntary Aids who are best
qualified by efficiency, character and their devotion to the ideal of the Red Cross. On first sight, it would seem the National Societies should have latitude in the matter of paying, in some way or other, those who cannot regularly give their services without remuneration. But the problem requires study, and the Advisory Committee of Nurses of the League of Red Cross Societies have asked that the study which was begun, on the principle of voluntary service in the Red Cross as applied to Nurses and Voluntary Aids in time of peace and in time of war, should be continued by the League and Committee. The Advisory Committee also recommended that in relation to this study, the National Societies should send in to the Secretariat of the League a full report on the organization of the services and training of their voluntary personnel. (Cf. in this connection Recommendation No 11 of the IXth Session of the Advisory Committee of Nurses).

IX. Conclusions

During the second World War, the Committee received only scant information of the work done in each country by the Nurses and Voluntary Aids of the Red Cross. The Committee is nevertheless aware that their devotion to duty was beyond all praise and that the immense amount of work accomplished by them was of a very high order. In the view of the Committee, any errors or confusion which did occur could be avoided in future by a stricter application of the clauses of the Geneva Convention, better training of the medical personnel, and a more clearly defined and improved organization of the medical services of each of the National Societies.

To find a solution to questions of administration and training is relatively easy. This is not so with the difficulties that arise in time of total warfare, when it comes to applying the main principles of the Red Cross. It is then that we are faced with differing points of view, hard to bring together as long as the hatred aroused by inhuman methods of warfare still persists. It is here that effort must be made, now and for a long time to come, since, in the countries which have most suffered from invasion and occupation, public opinion is not prepared to admit the obligation of the Red Cross medical personnel to observe non-belligerency in case of war. We recognize that this attitude of neutrality, imposed by the faithful adherence to a Convention signed by the Governments, goes beyond the immediate demands of national defence, but it should be emphasized that it serves the
the higher interests of the nation, by relieving the distress of
the victims of war and by upholding the highest moral values of
humanity.

It is because it remains outside all conflict of a
national, political, economic or social character, that the Red
Cross can perform its work of relief in time of war or civil
strife, and it is because it respects private convictions and
the individual rights of all, without distinction, that the Red
Cross opens the way to reconciliation amongst the nations. The
Red Cross should patiently seek to restore respect for these
fundamental rules of conduct and should make them known not only
to the personnel enlisted in the various services of the Red Cross
Societies, but also amongst all classes of the population in all
countries. When the day comes that the peoples of all nations
adhere with conviction and loyalty to those principles of solidar-
ity and mutual aid which underlie all Red Cross work, then war will
cease; the Red Cross will have achieved its primary aim, and it will
then be able to devote all its efforts to relief in time of peace.
ANNEXE

Identity Certificates

1) Neutrality Armlet. (Stipulated by the Geneva Convention of 1929, Art. 21).

2) Identity Certificate.

1) The certificate of identity, laid down by Art. 21 of the Geneva Convention, for medical personnel who do not wear army uniform, is provided by the document known as the identity card.

2) This document consists of a single card or a card folded in two; the front and the back are exclusively reserved for filling in standard details applying equally in all countries, the inside of the double card being left blank for the items which the particular nation may consider should appear on this certificate (period of validity, special duties of the bearer, possible transfers, and so on).

3) The card is made of cardboard or stiff paper and may be enclosed in an envelope to protect it from wear and tear and staining.

4) The card must bear the emblem of the Geneva Convention.

5) Best size of card: length 14 centimetres, width 10 centimetres. (5 1/2 x 4 inches).

Front.

6) The following items as listed below must be numbered as follows:

(a) Heading: Country; Organization to which the bearer belongs; The words "Identity Card"; Number of the Card;
(b) Then in the following strictly numerical order:

1. Name of bearer;
2. First names;
3. Place of birth;
4. Date of birth;
5. Height;
6. Colour of eyes;
7. Particular visible signs;
8. Signature of the bearer;
9. Signature of the Chairman of the organization, to certify to the accuracy of the particulars given;
10. Place and date.

N.B. In no instance may the medical personnel be deprived of their badges or of the identity certificates belonging to them.
(Extract from Art. 21 of the Geneva Convention, Sec.5).

Back.

11. Photograph firmly stuck in (height of head, 2 cm. at least).
12. Stamp of the organization affixed partly on the photograph.
13. Embossment of the stamp of the military authority.
14. Description of the responsible military authority and signature.
15. Place and date.
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