SOME THINGS NEVER CHANGE

There is something about the changing of a year which turns people’s thoughts to future possibilities and plans. Questions about the unexpected in the months to follow linger in their minds as the new year dawns.

The Red Cross is no different, except that it cannot restrict itself to wondering about the unexpected. It has to be ready for it, no matter what shape it may take — an earthquake, war, floods — in whichever country or countries, affecting no matter whom.

For the ICRC in particular, elasticity is the key word in its efforts to provide protection and assistance for the victims of the world’s unexpected wars and conflicts.

Suddenly, 100 delegates and millions of francs worth of relief may be needed urgently in Country X. But the war in Country Y still demands a multitude of ICRC resources. Then arrives the time when, for a couple of months, the world’s conflicts are merely simmering quietly, requiring only a minimum of ICRC action. Projecting the forthcoming year’s staff needs alone is a job more suited to an accordionist than a personnel manager.

But at least the ICRC and the Red Cross in general has one thing on its side when dealing with the unexpected practice. Annually, each of the three institutions of the Red Cross — the National Societies, their world Federation, the League of Red Cross Societies, and the ICRC — are all confronted by a year’s quota of emergencies. Whether the crisis is national or international, involving the National Society alone, or the assistance of either the League or the ICRC, it is routine work for the Red Cross to deal with the unforeseen.

But what is anticipated is the determination with which the three handle the emergencies. It is a force which stems from a sense of humanity and desire to prevent and alleviate human suffering wherever it may be found.

No matter which year it is, some things never change.

LEBANON: RED CROSS ACTION

In the northern Lebanese port of Tripoli, serious security problems have obstructed the work of the ICRC and the Lebanese Red Cross. Efforts to help the wounded have been hampered by a continuous lack of respect for the red cross emblem.

However, ICRC delegates are able to visit hospitals and replenish medical stocks which in some cases have run low since the recent upsurge in fighting. In the most seriously-affected areas of the town, delegates have distributed food and blankets to the neediest victims.

(continued on page 2)
FIGURES FROM IRAN AND IRAQ

Since the start of the Iran/Iraq conflict in September 1980 up to the end of 1982, 28,423 prisoners of war held by the Iranians had been registered by ICRC delegates while in Iraq the ICRC visited 5,285 Iranian prisoners.

During the same period, the number of family messages either received by the prisoners or sent to their families through the ICRC totalled 704,329. Some 20,000 enquiries about missing soldiers had been made at the ICRC's delegations in Iraq and Iran with another 1250 made by people living outside the two countries.

As a result of three repatriations carried out under the control of the ICRC in June, August and December 1981, 62 Iraqis and 102 Iranians returned home.

PRISONERS OF WAR IN SOMALIA VISITED

A Cuban prisoner of war and 206 Ethiopian prisoners of war were visited by ICRC delegates in Somalia during November. These visits were carried out in accordance with ICRC standard procedures, namely to interview the prisoners without witness in their usual place of detention with the right to follow-up visits.

Delegates had previously visited 192 of the Ethiopian prisoners and the Cuban in June 1982.

Meanwhile, the ICRC has decided to provide medical assistance worth 104,000 Swiss francs to two hospitals in the Somali capital, Mogadishu and one provincial hospital, the three of which are treating victims of the Ogaden conflict.

PRISONS IN PERU VISITED

Prisons in five provincial centres of Peru and three in the capital, Lima, were visited by ICRC delegates during a series of visits to detention centres in the country during November and December.

In the capital, the delegates visited the women's prison of Callao where they saw 65 political detainees. Also visited was the men's prison of El Fronton, where 304 detainees were seen and the women's prison of Chorrillos where 3 detainees were seen.

A total of 60 detainees, including 10 women, were visited in the provincial prisons of Ayacucho, Puno, Arequipa, Cuzco and Cajamarca.

Returning to the capital after completing the visits, the delegates then distributed on December 10 relief goods for the detainees in Callao. Similar distributions were expected to take place in El Fronton and Ayacucho prisons.

MEDICAL ASSISTANCE IN CENTRAL AMERICA

Looking at current ICRC medical activities in El Salvador and Nicaragua and defining the objectives for 1983 were the aims of the mission to the two countries by ICRC doctor, Rodrigue Arbex. The mission took place from November 16 to December 5.

In El Salvador, the principal medical activity comprises consultations for displaced people given by two mobile medical teams, one based at San Miguel to cover the eastern region and the other in the capital, San Salvador, for the central and northern areas.

Because of the increasing number of displaced persons and the needs of the rural population in the conflict area, it is planned to double the number of medical teams to overcome some of the difficulties and shortcomings encountered.

Medical assistance in Nicaragua mainly concerns the two prisons of Managua.

MISKITOS INDIANS VISITED

Miskitos Indians in the Nicaraguan reinstallation camp of Tasba Pri were visited by ICRC delegates at the end of November. While an assistance action was not considered necessary by the delegates making the visit from November 25 to 27, plans for tracing agency work are being studied with a view to allow the inhabitants of Tasba Pri to reestablish contact with their families in Honduras. A mission to Mocoron, the UNHCR-run camp for Miskitos in Honduras, was expected to follow to determine the needs and wishes of the inhabitants with regard to this tracing project.

LEBANON...

(continued from page 1)

Elsewhere in Lebanon the ICRC is continuing its protection and assistance activities, including frequent visits to hospitals and dispensaries to make sure that supplies are kept up to the necessary levels. In a new development, the ICRC has begun an aid programme for war-disabled, in conjunction with the Red Cross societies of Switzerland and Sweden. Specialists have arrived in the southern town of Sidon, where an orthopaedic centre is to open soon.

In Beirut, the ICRC delegation continues to distribute food parcels to families in need, while the Tracing Agency adds to its list of missing people, while ensuring the transmission of messages between separated families.

Meanwhile, delegates make regular visits to Palestinian refugee camps to keep an eye on the situation, as well as to the prison camp at Inasar, in the south. The ICRC was able to secure the release of 20 people on humanitarian grounds at the end of November, while also supervising the release of foreigners held at the camp: by January 5, 642 foreigners had been freed under ICRC auspices, including 417 Bangladeshis who were transferred to Beirut airport on December 2 and 3 and handed over to their consular officials. Other foreigners released since October included Yemenites, Sri Lankans, Moroccans, Libyans and Syrians.

One transfer with a difference took place on December 17, when the ICRC took seven Palestinian orphans, aged under two, from Beirut to Damascus. Apart from Inasar, prisoners elsewhere benefit from ICRC visits, including 3 Israelis held by Syria and six Israelis captured by the PLO. Delegates were able to interview the prisoners in private. In Israel, 293 Syrian prisoners were visited on December 29, while delegates have also visited 5 Palestinian women in detention and 4 Saudi prisoners in hospital.
A year after launching the first appeal, the ICRC and the League of Red Cross Societies have launched their third, this time for 18.3 million Swiss francs to cover the period from November 1, 1982 to June 30, 1983.

In a report, released to coincide with the launching of the appeal in November, the two Red Cross bodies gave a brief summary of the work carried out jointly by the delegation in Warsaw and their plans for future activities in the country.

From the time martial law was imposed on December 13, 1981, the ICRC and the League, together with the Polish Red Cross, strived to protect and assist people interned by the authorities and various vulnerable groups of civilians experiencing considerable hardship in getting essential food and medicines.

Since obtaining authorisation from the Polish authorities on 21 January 1982, ICRC delegates have visited people interned under martial law. During the year, 4,851 internees were seen in accordance with the ICRC’s usual criteria, which are: interviewing the internees in private in their usual place of detention and explaining the possibility to repeat the visits. These visits ended with the lifting of martial law which brought about the end of internment.

The question of ICRC access to people arrested and sentenced was brought up by the ICRC’s chief desk officer for the Polish operation, Mr. Thierry Germond, who visited Poland from 29 November to 4 December to talk with the authorities.

Among the officials he met was the Justice Minister, Mr. Sylvester Zawadowski.

Medical assistance fell into five separate programmes, which in total cost almost 10 million Swiss francs in the six months from May to November 1982.

The programmes dealt with supplying hospitals with standard kits, each worth 5,000 francs; providing medication of a life-saving nature which was unobtainable, fulfilling urgent individual medical requests; providing equipment, both permanent and disposable, worth 265,000 francs, for blood banks; and finally, a general medical supply supplementing the more specialised medical programmes.

Relief was aimed at those individuals or groups neglected by other organisations, in addition to supporting a holiday camp programme during the summer for some 33,000 children from deprived families.

Although the re-establishment of normal postal services between Poland and other countries meant a considerable decrease in the work for the ICRC’s tracing agency, family messages and requests for family reunions were still being received and processed by the Central Tracing Agency in Geneva and the agency’s office in Warsaw.

For the coming months covered by the proposed budget in this third appeal, the ICRC and League plan to maintain these activities adapting to the changing needs and developments within the country.

FIRST COMMUNICATIONS COURSE FOR LATIN AMERICAN SOCIETIES

Representatives from the information and public relations services of six national Red Cross Societies in Latin America as well as the ICRC took part in a communications course in Bogota, Colombia from November 29 to December 7. The national societies represented at this first ever course for Latin American societies were Brazil, Chile, Colombia, Costa Rica, El Salvador and Mexico.

The course was organized by the Colombian Red Cross and the League of Red Cross Societies with specialists in communication from the University of Bogota directing the discussions and talks. The course itself looked at means of putting communication at the service of the Red Cross with the aim of promoting the image and humanitarian principles of the movement on a permanent basis.

The focus point of the Bogota course was the information available to the Red Cross on a national and international level to make it known, respected and helped. These means comprised publicity, public and human relations, information campaigns and appeals for funds.

It was agreed among the participants that the important thing was to clearly explain the activities of the Red Cross and the principles which guide the movement in times of peace and war. To fulfill its humanitarian mission in all circumstances, and above all during emergencies, the institution needs a good understanding of the public, the means of communication and government authorities.

In Salvador, for example, the vast information campaign launched by the ICRC and the Salvadorean Red Cross two years ago and which is aimed at the general public, press and armed forces, has helped the Red Cross action to continue in conditions which are particularly difficult. Thus, those affected by the trouble can be helped and the sign of the Red Cross is generally respected.

The communication course in Bogota also presented a unique opportunity to the representatives from the various national societies to share their experiences in the field of information campaigns, fund raising and the dissemination of international humanitarian law.

Such an exchange should lead to a new strategy of information for the benefit of the Red Cross in Latin America or at least in the six countries concerned.

IN BRIEF

A total of 140 potential delegates took part in the six introductory training courses organized by the ICRC throughout 1982. The aim of the course is to introduce the candidates to the world of the ICRC and the Red Cross in general and to make a final selection of the candidates taking part. Each course, with its new intake of candidates, lasts five days. Of the number participating in last year’s batch of courses, 125 went on to work for the ICRC.

Some 163 political detainees in Chile were visited by ICRC delegates during their series of visits during November. From November 3 to 26 the delegates visited 27 detention centres throughout the country.

The Republic of Cuba has lodged its instrument of adhesion to Protocol I additional to the Geneva Conventions of 1949. This Protocol, relating to the protection of victims of international conflicts, will come into force for Cuba on May 25, 1983, having been lodged on November 25, 1982.

With the handover to ICRC delegates on November 30 of another 44 soldiers captured by guerrilla forces in El Salvador, the number of soldiers released by the FMLN and returned to the army through the ICRC since the handover operations started at the end of August reached 224.

FIRST EGYPTIAN SEMINAR ON IHL

Organized by the Egyptian Society of International Law and the ICRC, the first Egyptian seminar on international humanitarian law was held in Cairo from November 20 to 24.

Some 30 Egyptian officers, half of whom were generals, attended the seminar which had as its target audience, the military. Also attending the seminar were several high-ranking Egyptian officials and professors as well as two Sudanese military officers.

The topics covered during the five days of lectures and discussions ranged from the law of war and armed forces, humanitarian law and Islam, the protection of civilians during armed conflicts to humanitarian law and liberation wars.

The participants were also given a resume of ICRC activities and the application of humanitarian law, particularly in the Middle East, while a lecture on the Additional Protocols to the Geneva Conventions of 1949 was also given.
HYGIENE — A BASIC BUT POWERFUL MEDICINE

Clearing out blocked drains, finding a way to increase the capacity of a domestic water system and building toilets doesn’t sound like work for the ICRC. But when the blocked drains are in a prison; when the water system has to serve a 100-bed surgical hospital for war casualties; and the hessian-walled toilets are for Khmer encampments along the Thai-Kampuchean border, then it does become ICRC business.

For more than a year, the ICRC has had its own sanitation expert to deal with these and similar problems all for the simple reason that it believes that medically, prevention is better than the cure. Working in emergency actions, it finds that often simple hygiene is more desirable and effective than sophisticated and even simple drugs to prevent the multitude of illnesses that can break out in a crisis.

In times of crisis, people find themselves living close together in which they are not used to. There may be a breakdown in their usual standards of hygiene, not only because of physical obstacles but also psychological problems,” explained Bob Smyth, the ICRC’s sanitation expert.

A health surveyor from Australia, Mr. Smyth, started work at the headquarters in Geneva after a three-month stint for the ICRC along the Thai-Kampuchean border in 1980. It was there that the ICRC’s work was first developed into a systematic work, consisting partly of its medical activities.

“Thailand highlighted the need for people with a broad background in sanitation work who could not only advise but also carry out the implementations,” Mr. Smyth said. “It’s no good writing a 50-page report full of excellent advice, if nobody is around to carry it out.”

One proof of the effectiveness of the work carried out in Thailand was shown in the diarrhoea statistics kept by the clinic in a medical centre there. The ICRC first became seriously involved in sanitation work in the area which has a tendency to flood resulting in the contents of water mains as well as the septic tanks which had to be cleaned out manually by bucket, the transfer was delayed by only two days.

While in Pakistan, Mr. Smyth also went to the Adesai refugee camp, about 15 kilometres outside Peshawar. The camp with seven to eight thousand inhabitants is in a low-lying area which has a tendency to flood resulting in the contents of latrines flowing into the water wells. Discussions were held with UNICEF to find the means of overcoming this problem. While the new building was the optimum size, its sanitary system was designed for domestic use and not for the demands of a hospital. Despite some problems encountered in locating the essential second water mains as well as the septic tanks which had to be cleaned out manually, the transfer was delayed by only two days.

Sanitation provides the means while public health shows how.

A recent example of where sanitation work again falls into the realm of ICRC activities was in Beirut during the crucial months of June, July and August last year. Although there were different groups involved in carrying out public health measures, the ICRC, because of the war situation, was the only one able to move from one area to another and thus provide the essential supplies where they were needed. In addition, it acted as a co-ordinator bringing the groups together and ensuring that the major problems, such as rubbish disposal and fumigation, were attended to. To deal with this work, the ICRC employed a local expert and was also lent the services of another by the British Red Cross.

But the ICRC’s sanitation work doesn’t stop at conflict situations. Prisons too are visited and so far, detention centres in two countries have been inspected and projects started to improve the sanitary conditions and consequently, the health of the inmates.

“Although I accompany the delegates in their visits to prison, mine is considered a technical visit, and not a traditional ICRC visit. I make a general survey and assessment of the conditions and then during the final discussions with the directors of the prison, I give them advice on how they can improve the situation,” explained Mr. Smyth.

Although the sanitation work and public health courses working hand in hand, he believes that the sanitation work has to start first, so that the public health lessons will pay dividends.

“Sanitation provides the means while public health shows how.”

A recent example of where sanitation work again falls into the realm of ICRC activities was in Beirut during the crucial months of June, July and August last year. Although there were different groups involved in carrying out public health measures, the ICRC, because of the war situation, was the only one able to move from one area to another and thus provide the essential supplies where they were needed. In addition, it acted as a co-ordinator bringing the groups together and ensuring that the major problems, such as rubbish disposal and fumigation, were attended to. To deal with this work, the ICRC employed a local expert and was also lent the services of another by the British Red Cross.

But the ICRC’s sanitation work doesn’t stop at conflict situations. Prisons too are visited and so far, detention centres in two countries have been inspected and projects started to improve the sanitary conditions and consequently, the health of the inmates.

“Although I accompany the delegates in their visits to prison, mine is considered a technical visit, and not a traditional ICRC visit. I make a general survey and assessment of the conditions and then during the final discussions with the directors of the prison, I give them advice on how they can improve the situation,” explained Mr. Smyth.

Although the sanitation work and public health courses working hand in hand, he believes that the sanitation work has to start first, so that the public health lessons will pay dividends.

“Sanitation provides the means while public health shows how.”

A recent example of where sanitation work again falls into the realm of ICRC activities was in Beirut during the crucial months of June, July and August last year. Although there were different groups involved in carrying out public health measures, the ICRC, because of the war situation, was the only one able to move from one area to another and thus provide the essential supplies where they were needed. In addition, it acted as a co-ordinator bringing the groups together and ensuring that the major problems, such as rubbish disposal and fumigation, were attended to. To deal with this work, the ICRC employed a local expert and was also lent the services of another by the British Red Cross.

But the ICRC’s sanitation work doesn’t stop at conflict situations. Prisons too are visited and so far, detention centres in two countries have been inspected and projects started to improve the sanitary conditions and consequently, the health of the inmates.

“Although I accompany the delegates in their visits to prison, mine is considered a technical visit, and not a traditional ICRC visit. I make a general survey and assessment of the conditions and then during the final discussions with the directors of the prison, I give them advice on how they can improve the situation,” explained Mr. Smyth.

Although the sanitation work and public health courses working hand in hand, he believes that the sanitation work has to start first, so that the public health lessons will pay dividends.

“Sanitation provides the means while public health shows how.”

A recent example of where sanitation work again falls into the realm of ICRC activities was in Beirut during the crucial months of June, July and August last year. Although there were different groups involved in carrying out public health measures, the ICRC, because of the war situation, was the only one able to move from one area to another and thus provide the essential supplies where they were needed. In addition, it acted as a co-ordinator bringing the groups together and ensuring that the major problems, such as rubbish disposal and fumigation, were attended to. To deal with this work, the ICRC employed a local expert and was also lent the services of another by the British Red Cross.
COMMUNICATING FOR THE GOOD OF ALL

As the United Nations-sponsored World Communications Year gets into full swing, many people might wonder why it is taking place at all. After all, we are living in an age when subscribers in many cities can phone to the other side of the world, when major sporting events are seen by millions as they happen: even 14 years ago, we watched the first moon landing live on our TV screens. Communications seem to be doing very nicely, thank you.

The facts tend to show otherwise. According to the International Telecommunications Union (ITU) the expansion of communications technology in developing countries has often been carried out in urban centres at the expense of the countryside, largely for economic reasons. This, says the ITU, has resulted in two-thirds of the world being insufficiently covered by the most basic means of communication. As a stark illustration of this, ITU figures show that 75 per cent of the world’s telephones are installed in less than a dozen countries.

There is significance in this for the ICRC — whose Telecommunications Service celebrates its 20th birthday this year — and indeed for the Red Cross movement as a whole. For many of those countries which have inadequate means of communication are precisely those where disaster — natural or man-made — is likely to occur, and where rapid communications can save lives, or at least mitigate suffering. The last World Administrative Radio Conference in 1979 stressed the importance of Red Cross and Red Crescent societies’ having access to emergency communication means when normal services were disrupted — yet today, only some 30 societies are equipped.

If, as the ITU hopes, this year will open the way to a real world communications system, the Red Cross movement should play its part by ensuring that its member societies are equipped and ready with the means to play its modest — but often vital — role in times of disaster.

ICRC RESUMES WORK IN ANGOLA

The ICRC is to re-start its relief action in the Angolan central highlands (the Planalto), after a four-month suspension. The move follows new security guarantees for ICRC delegates from the anti-government movement UNITA.

Leaders of UNITA (the National Union for the Total Independence of Angola) gave the assurances at a meeting in Angola in January with an ICRC delegation, led by the Director for Operational Activities, Mr. Jean-Pierre Hocké. UNITA also agreed to a number of ICRC requests, including the release of four ICRC employees kidnapped in Cunene province last October and of a group of missionaries from Mongua. UNITA agreed to allow ICRC visits to prisoners held by the movement. The ICRC delegation reiterated its availability, as a neutral intermediary, for any operation leading to the release of prisoners.

The UNITA leaders said they would make it easier for humanitarian work to be carried out in the future, and to conform to basic rules of humanitarian law which apply in armed conflicts.

The ICRC began its relief operation in the Planalto in May 1980. Prior to the suspension of its activities last year, about 40 delegates and employees were giving regular food and medical aid to more than 120,000 displaced people.

CONTENTS

EL SALVADOR: ICRC PLANS FOR 1983
THAILAND MEDICS REINFORCED
GENEVA CONVENTIONS: 152 NATIONS ARE PARTY
AFTER 37 YEARS... MICHAEL LEARNS
FATHER IS ALIVE
ICRC ASSEMBLY: CHANGE IN MEMBERSHIP
LEBANON: NEEDS PERSIST
BACKGROUND: AT THE END OF THE ROAD, PESHAWAR
IN BRIEF

A Soviet soldier captured in Afghanistan was handed over to the ICRC and brought to Switzerland on January 14. His arrival brings to eight the number of Soviet soldiers who are being interned in Switzerland under the responsibility of the Swiss authorities for a maximum of two years.

The ICRC is taking part as an observer at the 39th session of the UN Human Rights Commission, which opened in Geneva on January 31. Human rights in Chile, in southern Africa and in the occupied Arab territories are some of the items on the agenda. The Commission, which meets until March 11, will also discuss problems of detention, torture and forced disappearances, as well as the situation in a number of countries where flagrant and systematic violations of human rights are said to occur. Two working groups are to work on draft Conventions on torture and on the rights of the child.

Mr. Jean Pictet, member of the International Committee, has been awarded the title of Doctor Honoris Causa at the University of Louvain (Belgium). Mr. Pictet is best known for having oversought the publication of the Commentaries to the Geneva Conventions of 1949: the volumes dealing with the First and Second Conventions he wrote himself. He is the author of numerous works including the "Principles of the Red Cross".

The ICRC recently visited a detention centre at a Khmer guerrilla camp on the Thai-Kampuchean border. The visit, the first to prisoners at the camp of Ban Sa Ngae, took place on December 15.

More and more people are visiting the ICRC, according to the organisation's Visitors' Service. In 1982, 7,178 people paid a visit to the ICRC's Geneva headquarters, more than a thousand up on the previous year. More than 1,400 were members of Red Cross and Red Crescent Societies.

(NB: The ICRC is happy to receive a visit from anyone — but prefers to have advance notice.)

THAILAND MEDICS REINFORCED

Two Scandinavian Red Cross medical teams arrived in Thailand in January to reinforce the British team working there, following new outbreaks of fighting at the Thai-Kampuchean border.

Since the end of December, clashes at the frontier have resulted in a steep rise in the number of wounded being treated by the Red Cross teams, working under the auspices of the ICRC. The doctors and nurses are carrying out about 200 operations a week at the refugee centre of Khao-I-Dang as opposed to an average of 26 previously. The Red Cross teams are the only ones now doing war surgery in the zone, since all other organisations have ended their work at the border.

The ICRC also has a mobile medical team, of two doctors and three nurses, which visits the border camps and transports the seriously wounded to Khao-I-Dang.

In the northern part of the border area, the ICRC has stationed a surgical team at Kap Cherrg since the beginning of January.

VISITS IN THAILAND

During 1982 ICRC delegates in Thailand visited 278 detainees held in 12 centres controlled by the Internal Security Operations Command (ISOC). The ICRC is having talks with the Thai authorities with a view to extending the visits to categories of detainees not held by the ISOC.

LEBANON: NEEDS PERSIST

ICRC delegates are carrying out visits to hospitals and dispensaries in the northern Lebanese city of Tripoli to assess their state of preparedness in the event of renewed fighting. At the same time they are distributing relief to the needy: between January 8 and 21, 1,500 family food parcels and 4,500 blankets were handed out.

DIPLOMATS AT DUNANT INSTITUTE

Representatives of 20 Diplomatic Missions accredited to the United Nations attended a seminar on the Red Cross and International Humanitarian Law, which was held at the Henry Dunant Institute from January 12-14.

The seminar was the third of its kind organised by the Institute for diplomats based in Geneva.

ICRC officials gave a number of speeches on subjects ranging from ICRC action in situations of internal troubles and tension to the application of humanitarian law and relations between the Red Cross and governments.

The President of the ICRC, Mr. Alexandre Hay, was present at the 14th Conference of Arab Red Crescent and Red Cross Societies held in Bahrain from January 23-25. The ICRC attends these conferences as an observer.
ICRC ASSEMBLY: CHANGE IN MEMBERSHIP

Former Swiss Red Cross President, Professor Hans Haug, has been made a member of the ICRC Assembly. He will join the Committee on March 1.

The announcement of Professor Haug's appointment comes after the retirement last December of one of the Vice-Presidents, Mr. Harald Huber.

The new ICRC member, born in 1921, is Professor of International Law at the Graduate School of Economics, Law, Business and Public Administration in St. Gallen. Appointed secretary-general of the Swiss Red Cross in 1952, he became its President in 1968 and held the post until last year.

PEACE

Mr. Huber, who was named Vice-President in 1971, has been made an honorary member of the Committee. He will continue to chair the Commission on the Red Cross and Peace as he has done since 1976.

The Assembly's current membership remains unchanged at 22. It is the highest decision-making body of the ICRC, establishing its principles and general policy and keeping overall control of its activities.

EL SALVADOR: ICRC PLANS FOR 1983

The ICRC intends stepping up its activities of protection and assistance in El Salvador during 1983. The number of delegates will be increased from 20 to 31, split between the capital San Salvador and the city of San Miguel.

The decision to expand the operation followed a fact-finding mission to the country between December 11-16 by the ICRC’s General-Delegate for Latin America, Mr. André Pasquier. It is planned to assist 89,000 people displaced by the fighting. The relief operation is run in cooperation with the El Salvador Red Cross. At the same time, the medical teams which visit the conflict zones will be reinforced.

In the field of protection, visits to people detained by the authorities for security reasons will be continued. During 1982, ICRC delegates visited 132 places of detention throughout the country and saw for the first time more than 1,300 detainees with whom they were able to speak in private.

Also during 1982, the anti-government FMLN forces freed and handed over to the ICRC 244 government troops seized during the fighting. These were taken by ICRC convoy to their barracks and handed back to the military authorities. ICRC delegates also made several visits to soldiers still in rebel hands.

During the coming year, renewed emphasis will also be put on the teaching of humanitarian law to the combattants. The aim is to make them more aware of the basic rules which protect prisoners and the civilian population, at the same time making it easier for the Red Cross to carry out its work.

The ICRC's permanent presence in El Salvador began with the opening of its delegation in 1980, though some missions had been made the previous year.

GENEVA CONVENTIONS: 152 NATIONS PARTY

Out of the 168 States in the world, 152 are party to the Geneva Conventions of 1949, according to figures released at the end of last year. Twenty-seven countries are party to the Additional Protocol I and 23 to Protocol II. The Protocols were produced in 1977.

Only one country, Vanuatu, adhered to the Conventions during 1982. Of the eight States which, in the same year, became party to the Additional Protocols, six adhered to both (Austria, Denmark, Mauritius, St. Lucia, South Korea and Switzerland) and two agreed to Protocol I only (Cuba and Zaire).

FAMILIES RE-UNITED

Fourteen people from East Timor have been re-united with their families in Australia and Portugal, thanks to a scheme worked out by the ICRC with the agreement of the Indonesian, Australian and Portuguese governments.

Six people left East Timor for Australia on December 16. Another eight travelled to Portugal on January 5.

AFTER 37 YEARS...

MICHAEL LEARNS FATHER IS ALIVE

"I'm 37 tomorrow, and this is the best present I could ever have..." Michael's voice comes over the phone, tight with emotion. Listening here in Geneva, the desk officer of the Central Tracing Agency has tears in her eyes: today, January 10, 1983, she has given Michael his present in the form of the news that his father, whom he does not know, is alive and living in Leningrad.

Michael is German and lives in West Germany. He does not speak any Russian. His father is a Soviet citizen.

It all began as simple love story. The time: early 1945, the place: eastern Germany. Young Ingrid, with her mother, had to flee the town where they lived. Like thousands of other refugees they had lost everything. They found themselves in a small village, where a farmer offered them shelter.

Carrying out menial tasks around the farm was a prisoner of war, a young lieutenant in the Red Army: his name was Boris. Ingrid's heart went out to him, she smiled at him. He knew a few words of German, they began to chat, and they fell in love.

As the war drew to an end, the young woman found she was pregnant. Boris had dreams for the future — he would take her home to his country, they would get married... but things were happening too quickly, the fateful march of history overtook them and tore them apart from each other.

Michael was born in January 1946. Throughout his childhood he knew nothing of his origins, and learned the truth only at his 21st birthday. From then on he swore he would find his father. The years went by, and after many fruitless enquiries Michael wrote to the ICRC in April 1982. He told the Tracing Agency the few facts he knew: his father's name, his date of birth, the name of the village where he had been a prisoner. The Tracing Agency got in touch with the Alliance of Red Cross and Red Crescent Societies of the USSR.

In January 1983, nine months after putting all his hope in his letter to Geneva, Michael — now the father of a teenage girl — has found out his father's address, and has begun his plans for a journey to Leningrad, which he intends making very soon.

(Editor's note: As the Central Tracing Agency's files are confidential, the names of the characters in this true story are fictitious.)
background

In Peshawar, a town in Pakistan near the Afghan border, an ICRC surgical hospital takes in wounded Afghans. While on a three-week mission, Jean-Jacques Kurz, an ICRC delegate, was able to meet the men whose lives were saved by this hospital. This is his report:

AT THE END OF THE ROAD, PESHAWAR

With his mouth shattered by a bullet wound, this Afghan walked alone for six days before finally reaching the ICRC hospital in Peshawar. Other wounded people travelled 13 days in bumpy transport on makeshift stretchers borne by animals. For the luckier among them — those who are wounded near the Pakistani border and can therefore be taken by car immediately — the journey lasts twelve hours; a stomach injury, however, requires first aid within six hours at the most, otherwise the person is likely to die.

The wounded are brought in from the valleys of Afghanistan by relatives or friends for treatment at the ICRC hospital in Peshawar, a white building with pillars and balconies. The hospital has 100 beds, two operating theatres, a laboratory, an X-Ray unit. The medical staff is supplied by the ICRC and national Red Cross societies. A tour of the wards is a grim experience: most of the patients are fighting bone infections after amputation, many are in agony from wounds that have to be re-stitched again and again. It is hard work and sometimes discouraging for the surgeons who only too often have to be content with stopping an injury from getting worse, trying to salvage a hand or a foot, or patching up a torn face.

The picture would not be complete without the relations, friends, and companions who remain at the patients' bedsides. The wounded are never alone here. They are constantly looked after by their family and friends. A brother chooses whether to go ahead with an amputation considered indispensable. A surgeon often has to convince first the relations and friends and then the patient of the unavoidable operation; sometimes they decide jointly to wait a little longer — who knows? the impossible could just happen.

SQUATTING IN MUD

The relatives and friends have come to stay and have accordingly camped round the hospital building, they cook and wash in the open air. On December 10, when the wounded were transferred from the old to the new hospital, another makeshift camp was set up in front of the new building and men, women and children squatted in the mud amongst the beds, saucepans and bundles of clothes. They were waiting permission to go and look for their wounded friends or relatives, searching each ward in the as-yet-unknown hospital until they found them.

Outside the hospital grounds but in the same part of town there is a makeshift classroom where basic first aid and the rudiments of the Red Cross are taught. Some of the pupils even come from Afghanistan, travelling long distances. They come to the ICRC delegation in Peshawar to ask for medicines. At first they are disappointed when their request is refused, and then surprised when offered a first aid course. To be able to take this course, the prospective pupils first have to pass an entrance examination to prove that they can read and write and that they have had basic schooling; of 40 candidates about 12 are chosen. The course lasts three weeks, after which there is another examination; the newly graduated first aiders will then know how to stop a haemorrhage, prepare a wound for transport, and bandage up a wound. That is all but it is enough to guarantee the absolute minimum; not enough, however, to satisfy the people's expectation of the magic gesture: the injection, the very symbol of medical science for these Afghans. They have so little experience that, if they were to give injections, it would do more harm than good, so the ICRC doctors have decided to leave this off the curriculum.

This class is also a place where ideas can be exchanged: in particular, the ideas behind Red Cross and ICRC action and the traditional ideas of these men about the ICRC, which many think is a German institution (the first ICRC medical team to arrive in Peshawar was German). These people think that the ICRC delegates are soldiers sent onto the battlefield to separate enemies and to bring peace. It is a powerful image, one that a delegate and his Afghan assistant correct. The ICRC was not created for Afghans alone but has existed for more than a century; all nations are in agreement with the principle of caring for wounded enemies and of not killing prisoners of war. The ICRC patiently explains everything, including its own history and activities in answer to the many detailed questions that are put. When these men leave, they each carry a message, rather like the message in a bottle which the delegates in Peshawar see drifting out to sea.

Not all the wounded survive the interminable journeys to reach the hospital. It is a haven where one comes to get bandages for the wounded and which one leaves with new ideas to spread around — and with the bandages, too! The red cross emblem is everywhere at the hospital, but its non-religious significance is understood by the patients: they know the hospital's sole aim is to care for the wounded and sick in the name of humanity.

J. J. Kurz
Kampuchean refugees — another upheaval

The situation remains tense along the Thai-Kampuchean border following last month's heavy fighting which forced 41,000 Kampuchean refugees, according to Khmer sources, to flee the Nong Chan camp on the frontier, where they had lived for more than three years.

Fighting spilled over into the Nong Chan camp itself, provoking their flight, and opening another chapter in their tragic existence. Many of the refugees found temporary shelter in Thailand while others tried to integrate into the already overcrowded camp at Nong Samet.

The inhabitants of Nong Chan camp were grouped initially in two provisional holding centres, situated three and six kilometres south of their original refuge.

At the height of the fighting, a shell exploded near a field hospital, killing seven people and injuring several others.

On the same day, February 4, the International Committee of the Red Cross appealed to all parties in the conflict to allow the safe conduct of the refugees out of the combat zone.

The Thai authorities have allowed about 21,000 people to cross into their territory but the question remains — for how long? These refugees are grouped in a zone about seven kilometres west of Nong Chan, but their authorisation to remain in Thailand is purely temporary.

Some 20,000 other refugees made their way on foot to the Nong Samet camp further to the North, joining about 44,000 other people already installed there.

Medical

The flare-up also meant precarious working conditions for the humanitarian organisations operating along the frontier. ICRC medical teams, along with personnel from National Societies and the Thai Red Cross, attended to the wounded, evacuating serious cases to the hospital at Khao-I-Dang, where a surgical team carried out 85 operations on people from Nong Chan. Other cases were brought to the hospital from several points along the frontier.

The ICRC worked closely with the French organisation “Médecins sans frontières” at the two holding points. An emergency centre has been set up at Nong Samet to provide the necessary relief for the new arrivals.

Despite a general stabilization in the situation, skirmishes are still taking place and adding to the casualty list. One hundred and thirteen people were being treated at Khao-I-Dang hospital on February 19.

The ICRC emergency unit at Kap Cherg, in the northern sector of the frontier, was receiving casualties from the refugee camps at O'Bock and O'Smach.

The International Committee of the Red Cross has been asked by consular authorities in El Salvador to facilitate the return of three foreign journalists from a combat zone to the capital, San Salvador.

The journalists, an American and two Swedes, are trapped in the area of the Guazapa volcano, a guerrilla stronghold, and the ICRC is exploring ways of escorting them back to the capital.

In the field of assistance to the civilian population, the ICRC has made preparations to move relief supplies to the city of Suchitoto, which has been the scene of fighting over the past two weeks. Early last month, the ICRC mounted a protection and relief operation after fighting over the past two weeks, south-eastern province of Usulutan.

Two convoys of trucks brought in food and blankets. The first shipment contained assistance for 10,000 people and the second provided aid for a further 5,000 persons.

An ICRC medical team of three doctors, along with local medical personnel, gave treatment to the population, attending 750 cases.
Appeal launched for special operations

For the first time ever the International Committee of the Red Cross has launched a single annual appeal to finance its seven special operations throughout the whole of 1983. In previous years, it has appealed to donor governments and national societies at different periods of a year whenever particular needs arose.

At the end of February 1982, the ICRC sent out five appeals for its special actions. But in three of the cases the funds asked for covered a period of just six months.

The ICRC's head of liaison with governments and national societies, Paul Adams, said the aim of the new approach was to help the donors themselves to account for Red Cross requirements in their own individual budgets.

Targets

The summary of cash needs for 1983 is as follows: Afghan conflict victims, 7,900,000 SFr., Africa, 6,500,000 SFr., El Salvador, 21,800,000 SFr., Iran-Iraq, 28,200,000 SFr., Kampuchea-Thailand, 16,240,000 SFr., Lebanon, 18,000,000 SFr., Poland SFr., 17,340,000.

The total sum involved of nearly 176 million Swiss francs is destined for the ICRC's special accounts which finance large-scale actions only.

However, Mr Adams stressed that the special accounts requirements are not definitive and would require boosting if present crises worsen or others break out.

The head of the ICRC's appeals programme also emphasized the urgency of the cash needs: "We are already well into the first quarter of the year and as actions are still continuing money is being used up fast. We are obviously relying on governments and national societies to respond quickly.

We'll have a full report in next month's Bulletin on the ICRC's activities in each special action area.

Red Cross Round-table

Problems facing the Red Cross in the legal and information fields were the subject of a round-table held recently in Geneva by the ICRC.

Representatives from about a dozen National Societies and the League of Red Cross Societies participated in the two-day gathering, which covered aspects of conflicts including the protection of civilians, the responsibility of the occupying power and ICRC methods of negotiation. Debate on the information question provided an opportunity for the national societies on the one hand and the League and the ICRC on the other to explain their respective requirements and problems.

It was concluded that the dissemination of information must always avoid compromising or harming action in favour of the victims.

Escape in a human tide

One of the world's main media events last month, the forcible return to France of the former Gestapo chief of Lyon, Klaus Barbie, brought press enquiries to the ICRC about its issue of a travel document to Barbie in 1951. The ICRC provided Barbie with a document under the name Klaus Altmann on the grounds that he was travelling under that identity with temporary travel papers issued by the Allied Forces High Commission in Munich.

The Allied pass described Klaus Altmann as a mechanic from Kronstadt, but the ICRC has stated that it would naturally never have given Barbie a travel document if his true identity had been known.

Since the end of the Second World War, the ICRC has issued about 100,000 documents enabling some 500,000 people to travel to countries willing to receive them as refugees.

Refugees

In the immediate post-war period the vast majority of these people were survivors of concentration camps and refugees from Eastern Europe.

The ICRC document is never regarded as an identity card. Its conditions of issue are that applicants hold no valid passport, are in possession of a valid visa for a country of destination, as well as an authorisation of safe-conduct from the country of departure.

ICRC travel papers become invalid as soon as recipients reach their destination.

The ICRC's delegation in Genoa provided 2,259 travel documents in 1951 alone — when Barbie successfully concealed himself among the flood of refugees.

The delegates were in no position to check up on every individual applying for a travel document, and believed that certain risks had to be accepted in the interests of the vast majority, who were genuine cases.
Protection for victims of Lebanon conflict

The state of continued insecurity in the Palestinian camps of Southern Lebanon continues to preoccupy the International Committee of the Red Cross. ICRC delegates are making daily visits to the camps of Ein-el-Helew and Miye-ou-Miye in Sidon and to four camps in Tyre.

These visits enable the delegates to assure the delivery of messages between the inhabitants of these camps and their families elsewhere.

The ICRC is continuing to make representations to the Israeli authorities to remind them of their obligations under Article 43 of the regulations attached to the Hague Convention of 1907, and of Article 27 of the Fourth Geneva Convention in relation to the protection of civilians in occupied territories.

These articles stipulate:

"Protected persons are entitled, in all circumstances, to respect for their persons, their honour, their family rights, their religious convictions and practices, and their manners and customs. They shall at all times be humanely treated, and shall be protected especially against all acts of violence or threats thereof and against insults and public curiosity."

The delegation says the move represents a large number admissions over the past few weeks.

According to the ICRC delegation in the Pakistani border city, 88 wounded Afghans were brought to the hospital during a four-week period up until mid-February.

The two surgical teams at the hospital, from the Swiss Red Cross and the New Zealand Red Cross (replaced last month by a Danish team), carried out 158 operations during that time and treated 546 other patients.

At the end of last year, the ICRC moved its hospital to a new building with about 100 beds, all of which are occupied. The delegation says the move represents a real improvement of the facility, which is now running more efficiently, in quieter surroundings and with better hygiene.

The medical team in Peshawar is now 60-strong, made up of personnel from the ICRC, National Societies and local people. The orthopaedic centre attached to the hospital fitted 58 artificial limbs during the month of January and gave therapeutic treatment to 49 paraplegics.

Wounded of Peshawar

The surgical hospital run by the International Committee of the Red Cross at Peshawar on Pakistan's border with Afghanistan has seen a large number admissions over the past few weeks.

The two surgical teams at the hospital, from the Swiss Red Cross and the New Zealand Red Cross (replaced last month by a Danish team), carried out 158 operations during that time and treated 546 other patients.

At the end of last year, the ICRC moved its hospital to a new building with about 100 beds, all of which are occupied. The delegation says the move represents a real improvement of the facility, which is now running more efficiently, in quieter surroundings and with better hygiene.

The medical team in Peshawar is now 60-strong, made up of personnel from the ICRC, National Societies and local people. The orthopaedic centre attached to the hospital fitted 58 artificial limbs during the month of January and gave therapeutic treatment to 49 paraplegics.

In brief...

Two delegates and a doctor from the ICRC last month completed a survey mission to Mozambique, accompanied by the Secretary General of the "Mozambique Red Cross".

The Ethiopian authorities have restored authorisation to the ICRC to visit Somali prisoners of war held in the country. ICRC access to the prisoners was suspended in July 1981.

The ICRC's protection activities are continuing in Chad. Delegates have recently visited eight places of detention in the capital, N'Djamena, where they registered 56 prisoners of war. In January, they visited 140 POW's at Abéché and Itou, and during February 24 others in Mongo and Biltine.

Several visits to places of detention have taken place in Zaire this year. On January 25 delegates went to a place of detention run by the national police command, seeing 15 detainees, and returned for another visit last month. The central prison of Makabola also visited at the end of January.

Giving hope to the wounded

The International Committee of the Red Cross is setting up three orthopaedic centres to help rehabilitate people who have lost limbs during the conflict in Lebanon.

An estimated 700 victims are expected to benefit from the programme, which is being partly financed by the Red Cross societies of Sweden and Switzerland.

Other national societies have also expressed interest in helping to pay for the project, which involves refurbishing and providing the expertise for two existing orthopaedic centres in Lebanon, and the opening of another in the Syrian capital, Damascus. The programme is being run by eight ICRC orthopaedic specialists who are already in place.

The Lebanese treatment centres are at Beit Chebab, near Beirut, and at the port city of Sidon. They will cost over a million francs to run for just one year. The Beit Chebab facility was first established in 1977 by the Swiss Red Cross, which will finance it under the new ICRC programme.

Part of the budget for the two centres will go towards the training of Lebanese personnel to take over the facilities when the ICRC action ends.

The project will benefit Lebanese civilians and Palestinians, including several hundred paraplegics wounded during the 1975-76 civil war in Lebanon who have been deprived of treatment because of last year's events.
Different approaches to a global problem

The United Nations Human Rights Commission concludes its 39th annual session next week. The ICRC has observer status at the meeting. Here is a background report on the commission's activities and problems — and how the ICRC can further its humanitarian work by attending as an observer.

The ICRC takes no formal part in the proceedings of the U.N. Human Rights Commission but the ICRC's presence during the six-week session is far from passive. The Head of the ICRC's Division for International Organisations, Michel Veuthey, explains that although the ICRC is simply a neutral observer, the 43-nation gathering provides opportunities for making valuable contacts.

"We can establish contacts with officials from those countries where we have operations," said Mr. Veuthey, "We can obtain their help in aiding our actions in their countries, or on the other hand we can request that they don't hinder us. These contacts are primarily in the interests of the victims.

Another advantage the ICRC gains from its presence, according to Mr. Veuthey, is that geographical areas covered embrace many of the ICRC's activities concerning human rights situations in El Salvador, Chile, Guatemala, Bolivia, Iran, Poland, Southern Africa and the Israeli-Occupied Territories.

Politics

One of the early debates focussed on the right to self-determination, with speakers concentrating on the situations in Afghanistan and Kampuchea, as well as the Palestinian problem. As in past years the tone of speeches during plenary session has often been highly political, provoking various ideological definitions of the term self-determination, as applied to several countries.

The commission is also reviewing its activities concerning human rights phenomena such as disappearances, mass exodus of people from their country of origin, the torture of prisoners and summary executions.

Looking at just one of these reprehensible practices, the use of torture, it is clear that international legislators have an extremely difficult task to perform if they are to even curb it. Evidence produced over the past few years indicates that the use of torture is on the increase.

ICRC delegates are particularly aware of the barbarity, and have witnessed during hundreds of thousands of visits to detainees the grave consequences it can have for the victim, and even the torturer. There is a strong body of opinion, particularly among humanitarian groups and some states, that says the effectiveness of the U.N. Human Rights Commission is being weakened by the increased use of politics on the humanitarian platform.

Difficulties

While any attempt to oversee a future convention on a human rights abuse like torture is faced with insurmountable difficulties from the start. The deep-lying problem is that many U.N. member-states themselves have questioned the Commission's scrutiny of their own internal affairs as a violation of sovereignty. States generally have a protective attitude towards human rights within their own boundaries. The application of the 1949 Geneva Conventions is also fraught with difficulties, but generally parties to a conflict have a joint interest in abiding by them.

But like any set of rules the Geneva Conventions as valid humanitarian principles during times of conflict can only be applied effectively when goodwill exists, and is maintained between the ICRC and each of the belligerents.

Many commentators say that ideological intransigence, at the expense of human rights, is the major problem facing the U.N. Human Rights Commission, as it attempts to bring national practices into line with the standards of the Universal Declaration of 1948.

Progress so far has been slow, but the Commission is still carrying out its tasks in spite of the difficulties. The ICRC's Michel Veuthey concludes that a "complementary approach" to the field of human rights is a logical one.

"Although we take care to stress our independence on human rights questions," he said, "we believe as many organisations as possible should be overseeing human rights, from the U.N. Human Rights Commission to Amnesty International, even if they have quite different approaches."

Food crisis.

In Angola

The International Committee of the Red Cross has expressed concern about grave food shortages in Central Angola affecting tens of thousands of people, and has launched a relief operation.

Coordinating the ICRC's action in Angola from its Geneva headquarters is David Vogelsanger, and he said that although the crisis has not yet turned into a general famine, the traditionally vulnerable groups of the population are suffering from malnutrition — children, mothers, pregnant women and the aged.

Food stocks from the last Angolan harvest in October have already been used up and the forthcoming harvest will not take place until next month. The problem is being exacerbated by continuing unrest in the country.

Meetings

Nearly 300 tribal representatives from Angola's central plain have visited ICRC delegates to describe the food situation in their villages. These meetings which took place last month in Bié province, followed the resumption of ICRC activities in Angola several weeks earlier. The ICRC's action in Angola was suspended in October 1982 because of the security situation in the country.

The ICRC has since re-opened its food centre at Kuito in Bié province, to where the most urgent malnutrition cases are sent by village chieftains. Food distribution is also being resumed for other less serious cases. "The operation will be intensified gradually," said David Vogelsanger. "Twenty-five ICRC people have been sent from Geneva but this delegation will be reinforced.

Released

Several Angolan employees of the ICRC, kidnapped by UNITA in October of last year, were freed on February 20 and handed over to the ICRC at Ng'Uva in the South of the country. Their liberation coincided with the freeing of a group of people kidnapped from the Mongua religious mission by the guerrilla group more than four months ago.

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross. An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
El Salvador: delegate recounts relief mission

Since 1980 and the intensification of armed confrontation in El Salvador, the ICRC, in cooperation with the Salvadoran Red Cross, has been running a permanent assistance programme for vulnerable sections of the civilian population, living in conflict areas inaccessible to both government and private organisations.

An ICRC delegate, Martin Fuhrer, has filed this report on his recent journey with an ICRC convoy from El Salvador's third city, San Miguel, to an outlying town.

San Miguel, 6 am: "We're leaving this city and heading North, into an area where there's a heavy presence of opposition forces. The local military authorities were informed yesterday we wanted to go into a combat zone with assistance for the displaced civilian population.

There are 16 trucks in our convoy and each of them has been accorded a safe-conduct pass carrying the names of the drivers, the two ICRC delegates and the 24 relief workers from the Salvadoran Red Cross.

"An asphalt road takes us to our first calling point, Jocoro, to where about 3,000 people have fled the fighting. Eight trucks halt for assistance to be unloaded and the others proceed on a dirt road towards Sociedad, a town of 15,000 inhabitants, 1,000 of them displaced persons.

Procedure

"The trucks park in the town square before the old colonial church. Casual Labourers offer their services for the unloading of 40 tons of aid.

"After half-an-hour distribution points have been set up. News of the Red Cross arrival spreads from house to house and queues form slowly. Again and again the relief workers explain the method of distribution to the civilian population. Come to the checking-in point and present your “ICRC card”. These were handed out previously during an evaluation mission, and only card-holders can receive assistance.

"The Salvadoran Red Cross workers are well rehearsed and have soon distributed the goods to the “desplazados”: sacks of corn, beans, sugar, salt, powdered milk, bottles of cooking oil and blankets.

Tension

"After four hours of coming-and-going, marked by the crying of babies and an atmosphere of tension, everything has been distributed, providing about 700 families with the bare necessities.

"However, about 40 people received nothing and disappointment shows in their faces. These are the most recent “desplazados” who haven't been registered yet. In the circumstances it's impossible to plan for the unexpected.

"Before heading back we refresh ourselves with a piece of melon. It's midday and the heat from the sun is unrelenting."

Assistant in South Africa

As part of its continuing aid programme for security prisoners in South Africa and their families, the International Committee of the Red Cross recently paid for 331 food parcels and financed more than 70 family visits to four places of detention.

The ICRC has been providing assistance to security prisoners, their families and newly released prisoners since 1974.

Most of the recent series of paid family visits, during February, were to Robben Island prison.

During the same period members of the ICRC's Pretoria delegation made contact visits to 27 families of prisoners and 20 recently released prisoners, in the township of Soweto near Johannesburg and Guguletu, Langa and Nyanga, near Cape Town.

These visits enable the ICRC delegates to maintain family links and to evaluate material needs.

The ICRC’s main aim in the field of protection in South Africa is to gain access to all security detainees and to prisoners sentenced to death. Despite repeated efforts no progress has been made by the ICRC on this question.

Day-long radio

The ICRC's Red Cross Broadcasting Service (RCBS) has received permission from the Swiss PTT for day-long transmissions on World Red Cross Day, Sunday May 8. Programmes in six languages, including English, will be broadcast around the world on short-wave.

A full schedule of special broadcasts can be obtained from ICRC headquarters in Geneva.
Viewpoint

Expounding humanitarian principles

Some time or another in your life you could benefit from the protection and assistance of the Red Cross. On the other hand, each person is in a position to help the Red Cross, either as a volunteer or benefactor for its worldwide actions.

The Red Cross maintains its place in the public mind above all for its services rendered rather than for the principles which motivate its action. This grey area of public awareness extends to international humanitarian law - the guiding force of the International Committee of the Red Cross in its activities in areas of conflict.

These Principles and humanitarian law itself may appear abstract to the majority of people, and might even be viewed as an anachronism. So that in the field of doctrine, it is essential for the ICRC to produce concrete examples of these theories in practice. Under the institutional heading "dissemination", the ICRC sets out to educate and inform.

Understanding

Naturally, the most important aspect of dissemination is its coherence, and therefore the propagation of a particular branch of humanitarian doctrine must take into account the cultural, economic, social and political realities of action areas. But even with these allowances taken into consideration, proponents must also contend with geographical and demographic barriers, which are often insurmountable.

Cooperation from the whole Red Cross movement is essential if a dissemination campaign is to be successful, and if this cooperation extends to the mass media, so much the better. For it is only with considerable support from all sides that the principles of the Red Cross and humanitarian law can be relayed from text-books to the man in the street.

The process is underway, and it must be pursued relentlessly.

Victims in Ethiopia confronted by drought

The International Committee of the Red Cross remains preoccupied by the plight of victims of the armed conflicts in the northern regions of Ethiopia, whose situation has been worsened by drought.

Reports from the areas of Tigré, Gondar and Wollo say the victims' circumstances have deteriorated in recent weeks and could become grave this month.

The ICRC is engaged in a relief programme with the Ethiopian Red Cross, concentrated particularly in the provinces of Eritrea and Gondar, where during the first two months of this year 170 tons of food was distributed to 37,600 people suffering from malnutrition.

Children

Since November last year, the ICRC has been running a nutritional programme for several hundred infants in four villages of the Gondar region.

In the current year, the ICRC intends to develop its joint relief programme with the Ethiopian Red Cross to cover a minimum of 50,000 people in the regions of Tigré, Gondar, Eritrea, Hararghe, Bale and Sidamo.

Geneva Law-accessions

Two African states, Zimbabwe and Mozambique, have acceded to the Geneva Conventions, bringing to 154 the number of countries which have ratified the 1949 Conventions for the protection of war victims.

Mozambique also acceded to Additional Protocol I relating to the protection of victims of international conflicts, as did Mexico.

Tanzania and the United Arab Emirates deposited their instruments of accession to both Additional Protocols.

With these accessions 31 states are now party to Protocol I and 25 to Protocol II. The latest ratifications of the Geneva Conventions and the two Additional Protocols will become effective six months after the relevant instruments were deposited.

Indonesian visits

ICRC delegates have completed a series of visits to places of detention in Indonesia, which were last visited two years ago.

They saw 201 persons at 16 places of detention, and will undertake a second series later this year, covering six detention centres not included this time.

In brief...

The President of the ICRC, Mr Alexis Modoux, recently attended a "Communications and Marketing" seminar organised in Orlando, Florida, by the American Red Cross Society. Public relations directors from the Society's 200 chapters heard a keynote speech on the ICRC from Mr Modoux, who was accompanied by Mr Harald Schmid de Grüneck, New York-based delegate to International Organisations.

Indonesian visits

ICRC delegates have completed a series of visits to places of detention in Indonesia, which were last visited two years ago.

They saw 201 persons at 16 places of detention, and will undertake a second series later this year, covering six detention centres not included this time.

The ICRC remains engaged in a relief programme with the Ethiopian Red Cross, concentrated particularly in the provinces of Eritrea and Gondar, where during the first two months of this year 170 tons of food was distributed to 37,600 people suffering from malnutrition.

Children

Since November last year, the ICRC has been running a nutritional programme for several hundred infants in four villages of the Gondar region.

In the current year, the ICRC intends to develop its joint relief programme with the Ethiopian Red Cross to cover a minimum of 50,000 people in the regions of Tigré, Gondar, Eritrea, Hararghe, Bale and Sidamo.

Geneva Law-accessions

Two African states, Zimbabwe and Mozambique, have acceded to the Geneva Conventions, bringing to 154 the number of countries which have ratified the 1949 Conventions for the protection of war victims.

Mozambique also acceded to Additional Protocol I relating to the protection of victims of international conflicts, as did Mexico.

Tanzania and the United Arab Emirates deposited their instruments of accession to both Additional Protocols.

With these accessions 31 states are now party to Protocol I and 25 to Protocol II. The latest ratifications of the Geneva Conventions and the two Additional Protocols will become effective six months after the relevant instruments were deposited.

Indonesian visits

ICRC delegates have completed a series of visits to places of detention in Indonesia, which were last visited two years ago.

They saw 201 persons at 16 places of detention, and will undertake a second series later this year, covering six detention centres not included this time.
Making the best use of funds from benefactors

The International Committee of the Red Cross has appealed to donor governments and National Societies for more than 172 million Swiss francs to finance its seven special operations. Here is a summary of the ICRC’s activities in each special action area.

Africa

Problems in Africa will remain one of the ICRC’s principal priorities for a long time. Nearly 72,800,000 Swiss francs are needed to cover activities in Mozambique, Angola, Namibia, Ethiopia, Sudan, Kenya, Chad, Zimbabwe, Zaire, Somalia, South Africa and other countries where there is no permanent delegation.

Of the total sum required, about 20 million Swiss francs will be spent on food, medical and other aid in favour of the victims, particularly displaced persons. A part of the African budget is also destined for the development of National Societies and the propagation of Red Cross principles and the Geneva Conventions.

Lebanon

Armed clashes, civil war and international conflict have obliged the ICRC to maintain a permanent delegation in Lebanon (Beirut and other locations) since 1975. Prisoners of war, detainees, the sick, wounded and vulnerable civilian communities have been the principle concerns of the ICRC. During the current year it intends to pursue regular visits to prisoners and displaced civilians, and to gain access to other detainees according to standard criteria.

An adequate number of medical personnel and supplies will be maintained in Lebanon for as long as necessary. On the relief front, the ICRC intends to give assistance to prisoners, detainees and their families whose particular needs are not met by other organisations. It is running an information programme of Red Cross principles and basic humanitarin law for the Lebanese Red Cross, the general public and the armed forces.

Thailand-Kampuchea

At the moment, along the Thai-Kampuchean border, more than 200,000 people are still living in extremely precarious conditions, caught between various opposing parties. This requires the presence of ICRC delegates, medical personnel and technicians on the frontier. A delegation is also operating in the Kampuchean capital, Phnom Penh. Events towards the end of last year and in recent months indicate that the refugees will be living in a state of insecurity for some time to come.

In addition, the ICRC is continuing mailing and tracing services for refugees along the border and for Vietnamese refugees throughout Asia. The prevailing situation along the frontier, coupled with the planned withdrawal from Thailand of some relief agencies in the coming months, means that the ICRC is depending even more on the generosity, support and cooperation of donors. Protection and medical are the principal activities of the ICRC for vulnerable people of this area.

Iran-Iraq

Last year saw a dramatic increase in the number of victims and prisoners of war requiring protection under the Third Geneva Convention as a result of the continuing Iran-Iraq conflict. The ICRC has given priority to the registration of pow’s and visits to their places of detention. In addition, relief work for both prisoners and displaced civilians had to be increased during 1982.

Concerning repatriations, negotiations are continuing on behalf of seriously sick and wounded pow’s. Since the beginning of hostilities, the ICRC’s Central Tracing Agency has registered a total of 37,778 pow’s (23,953 in 1982). It has organised the exchange of more than 700,000 family messages since September 1980 (500,000 in 1982).

Afghan conflict

The conflict in Afghanistan and its evolution has given the ICRC the humanitarian task of caring for victims who have sought assistance in neighbouring Pakistan. Action entails the provision of medical help to war wounded. Up until the end of 1982, the ICRC had treated more than 1,320 surgical cases at its medical facilities in Peshawar. Medical personnel from the National Societies of Denmark, Finland and New Zealand assisted.

The ICRC also concentrated on treating paraplegic cases and rehabilitating people who have lost limbs. It is continuing to disseminate information on the basic principles of international humanitarian law, and is negotiating with all parties concerned to ensure the protection of combatants captured, and civilians in connection with the events.

In October 1982 after a mission lasting two months, the ICRC was asked by the Afghan authorities to interrupt its activities in Kabul for the time being, and negotiations to return have continued ever since.

El Salvador

As armed confrontation between government forces and opposition groups has intensified, so has the ICRC’s field activities centered on assistance and protection. Since 1980, its relief programmes in favour of civilian populations displaced as a consequence of the hostilities has consisted, primarily, of food and medical care in the conflictive departments of Chalatenango, San Vicente, Morazan, Cuscatlan and Usulutan.

During the last half of 1982, some 80,000 people benefited from regular basic food distributions, and the programme for the first half of this year has been devised for 89,000 persons.

The ICRC’s protection activities have consisted of visiting persons detained or captured as a result of the conflict; furthermore, its delegates have been involved in tracing activities.

Poland

The ICRC, along with the League, is continuing to provide relief and medical assistance to vulnerable groups of the civilian population in Poland experiencing difficulties in obtaining essential food and medicines.

Most of the food supplies is destined for Polish children suffering from undernourishment, and illnesses such as diabetes and tuberculosis.
Guerrilla warfare and its legal implications

The International Committee of the Red Cross has recently published the second edition of a book entitled “Guérilla et Droit Humanitaire”, by Michel Veuthey. This background article briefly examines some of the points made by Mr. Veuthey concerning the problems posed by guerrilla-government conflicts in relation to the Geneva Conventions of 1949 and their Additional Protocols.

Guerrillas are often portrayed by their adversaries as groups of desperados operating outside the law and disturbing national order and security. They look upon themselves as freedom fighters taking up arms against the state for a just cause.

But whatever the definition, it is Michel Veuthey’s assertion that the necessity remains to include guerrillas in the field of application of international humanitarian law, that is partly local with the guerrilla provisions made by the Protocols of 1977, additional to the Geneva Conventions.

Resistance to German occupation during the Second World War by guerrilla groups, he says, directly and indirectly influenced the anti-colonial struggles of the post-war era.

Ironically, several of the countries which had waged guerrilla campaigns against the Germans were themselves gradually confronted with armed uprisings in their own colonies abroad by groups using the same methods, and in search of self-determination.

Existing humanitarian codification (Protocol I of 1977, additional to the Geneva Conventions of 1949) takes into account the struggles in which people are fighting against colonial domination, alien occupation and racist regimes. Moreover members of resistance movements in occupied territory who belong to organized armed forces are also entitled to prisoners of war status. Guerrillas do not receive POW status under the Law of Geneva in cases of civil war.

Problems

It is the task of the ICRC to seek the application of the rules of humanitarian law, but unfortunately the very nature of a conflict involving guerrillas makes it extremely difficult to apply all of them. This is partly because guerrilla campaigns often include surprise attacks, use of anti-personnel booby traps, and intimidation measures, in the hope security forces will engage in reprisals against the civilian population in combat areas, thus aiding the guerrilla cause.

Some chiefs of staff are inclined to regard the “realistic” military counter to these tactics as a strategy of aerial bombing, summary executions, if not torture and “disappearances”.

Application of humanitarian principles is made even more difficult in a civil war, usually an ideological conflict in which common humanity is a fringe consideration, especially when it is internationalized by the participation of a foreign army. The field of action for humanitarian organizations is also restricted since an internal war rarely has a determinable front, and if it does the combat zone can change dramatically, guerrillas concentrate their resources on the strategy of ambush in towns and the countryside, as their adversaries pursue ground operations of encirclement.

Guerrillas themselves, by their ideological approach to a conflict, are not always willing to have a neutral party look after the interests of the members of their armed forces captured by the adversary, sometimes preferring them to become an example of the opposition’s brutality. A government conducting an anti-insurgency campaign is also faced with the enemy, when captured and disarmed, who will not be considered “hors de combat” until he is disarmed ideologically. This situation often gives rise to physical and psychological ill-treatment, and even torture.

Evolution

Another concern is that post Second World War guerrilla campaigns have in the main been long affairs, not strictly covered by the provisions in the 1949 Geneva Conventions for traditional conflicts. It was not perceived in the Conventions that guerrilla wars would spread on such a scale and last for decades, but that has been the case in several countries, where sporadic guerrilla activity has continued for years, and where the guerrilla movement has not gained sufficient support to become a regular army.

The evolution of this type of conflict has required broader application of existing rules on the protection of guerrilla detainees, on the part of contracting parties and the ICRC. In regard to humanitarian law in general, and the Geneva Conventions in particular, the author points out that guerrilla movements have taken various attitudes.

The best-known example of outright adherence to the Conventions, he says, was seen in 1960 in the case of the Provisional Algerian Republic (GPR), at the height of its war of independence with France. However, it is not enough for all guerrillas and government commanders to say they will abide by humanitarian principles, if in practice their troops in the field are often ignorant of the Geneva Conventions, or sometimes simply disregard humanitarian principles.

In the face of this problem, the ICRC is constantly working to educate combatants on the Geneva Conventions. It produces handbooks for soldiers in numerous languages, and prints and broadcasts humanitarian principles in areas of conflict. At present it is fulfilling these functions in — among other areas — El Salvador, Angola, Lebanon, the Philippines, on the Thai-Kampuchean border and for belligerents in the Afghan conflict.

The ICRC strives through its impartial activity to make no distinctions, giving priority only to the most urgent cases. The ICRC’s mandated rôle imposes certain limitations but immense responsibility to obtain from both sides concrete humanitarian improvements on behalf of any person wounded or detained including civilians, without interfering with what is a difficult political situation. And to be as Doctor Marcel Junod said “the warrior without weapons” striving in the midst of fighting for a common humanitarian good.

"Copies of “Guérilla et Droit Humanitaire”, by Michel Veuthey, Doctor of Law, Geneva 1983, 451 pages, can be obtained from the ICRC, price SFr. 9.50."

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross. An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
Food programme set up after mission to Tigre

After a first mission carried out in August 1982, a delegate of the International Committee of the Red Cross has been able to again visit Mekele, capital of the Ethiopian province of Tigre, where several hundred thousand people have been displaced due to the conflict and the drought in the area.

The delegate was accompanied by representatives of the regional branch of the Ethiopian Red Cross, and was able to prepare an emergency nutritional programme for 5,200 people grouped in four shelters.

A health care operation has also been set up for mothers and children in areas around Mekele.

During the current year, the ICRC intended to develop its joint relief programme with the Ethiopian Red Cross to cover a minimum of 50,000 people in the affected regions of the country, but due to the serious situation that programme is being revised.

The ICRC is similarly preoccupied with the plight of civilians in other regions of Ethiopia, particularly Eritrea and Gondar, where the deteriorating physical condition of young children is a main concern.

Urgency

Through its joint relief operation with the Ethiopian Red Cross, the ICRC, recently distributed 98 tons of aid in Eritrea and Gondar, benefiting 15,550 people. Medical assistance has also been brought to these regions.

ICRC programmes throughout Africa for the coming year are expected to cost nearly 77,000,000 Swiss Francs. The Committee says it is relying on National Societies and governments to respond to its special Africa appeal as soon as possible, so that emergency action in Ethiopia and elsewhere can be set in motion and expanded where necessary.

ICRC action in Angola

Following the capture in early March of about 64 Czechoslovak citizens and 20 Portuguese in Angola by the guerrilla group UNITA, the ICRC has expressed its availability as a neutral humanitarian intermediary.

All the parties concerned have requested the ICRC'S intervention, and it is doing everything in its power to ensure the safety of the kidnap victims.

The ICRC has also called for the immediate freeing of all the women and children taken, and says it is willing to accept them into its charge at anytime.

Meanwhile, the ICRC three weeks ago completed an air-lift of relief supplies from the Angolan capital, Luanda, to Lobito and Huambo in the South. About 500 tons of material assistance was transported, comprising basic food stuffs and blankets, as well as medicines provided by UNICEF.
Red Cross message to the world

It's World Red Cross Day on Sunday, May 8, and across the globe people of every political and religious persuasion will be joining together to bring the humanitarian word to citizens of all countries.

The International Committee of the Red Cross and the League of Red Cross Societies are using the occasion to highlight messages from Geneva: the role played by the millions of first aid and relief workers.

Red Cross message: "In many countries rent by conflict today Red Cross and Red Crescent first aiders struggle through the fighting and the bombs to help the civilian population and rescue the wounded. Sometimes they give their lives to save others. Their courage, their self-sacrifice, their devotion to others, reflect the founding principle of our movement, humanity.

Today, on World Red Cross Day the International Red Cross pays tribute to their bravery.

Yet these courageous men and women are only a few of many millions who, in more everyday circumstances, are responding, around the world, to emergencies big and small.

The first aider's role has grown from the traditional action on the battlefield to include a host of other situations in which swift, skilled action may save a life: natural disasters, road accidents, industrial accidents, sport events and emergencies in the home. In developing areas of the world the first aider's role has grown to include the prevention of accidents and the protection and promotion of health.

Whatever their responsibilities, first aiders around the world share one valuable asset: training for the job. The Red Cross long ago recognised that good will is not enough. More harm than good can be done by the well-intentioned but untrained bystander. "Know what to do" is the heart of our message on World Red Cross Day this year.

A first aider however represents more than practical skills. His or her aid is given without regard for nationality, race, religion, social rank or political beliefs. It is an act that embodies the ideals of the Red Cross movement.

Increasing the numbers of men, women and young people committed to these ideals ensures the Red Cross will be able to respond effectively to future emergencies. But it also reinforces the day to day services of National Societies, which, through their efforts to improve material conditions, are striving for a more peaceful world."

More effort required to protect children in war

The sight of children bearing arms provokes abhorrence in the human mind and, despite the outlawing of the practice under international humanitarian conventions, it is a fact of life in several areas of conflict today.

The International Committee of the Red Cross recently presented a document to a symposium in Finland on "Children and War", listing legal conventions for the physical and psychological protection of children in times of war.

The document, prepared by the ICRC representative to the symposium, Denise Plattner, outlined the fundamental guarantees for children contained in the Additional Protocols to the Geneva Conventions, stating that parties to a conflict must prevent children under the age of 15 from taking part in hostilities.

However, in practice unfortunately, where international humanitarian law should apply parties do not always abide by their legal obligations, and some fighting forces continue to recruit underage combatants, whether for historical or sociological reasons.

In times of war, the most usual plight of children is as part of a stricken civilian population. Ms Plattner pointed out to the symposium that international humanitarian law grants children general protection as non-combatants who should never be the objects of armed attacks, and more specifically affords them special protection they have a right to because of their particular vulnerability.

Family unit

In the case of internment of children, humanitarian law provides for their repatriation or liberation.

The problem of maintaining the family unit in times of war is also taken into consideration by the different provisions relating to the treatment of civilian detainees. While parties also have a responsibility to identify young children, and take appropriate measures in favour of those separated from their parents.

It is the view of the ICRC, put forward by Ms Plattner, that the protection of children is largely provided for under existing international humanitarian law, and that it is the responsibility of parties to conflicts to transform this legal protection into a “real” one.

And when belligerents are failing in their responsibilities, it is the mandate and the task of the ICRC to use its initiative to encourage better protection for children.

The ICRC appeals for vital radio links

The ICRC has again appealed to National Red Cross Societies to seek authorisation in their countries for emergency radio communication facilities.

The call was made by Mr Kurt Ruesch, Head of the ICRC'S Telecommunications Service, in a speech to the biannual meeting of the Executive Committee of the League of Red Cross Societies.

Mr Ruesch said the possession of radio transmitting licences by National Societies would enable them to make immediate contact with the international institutions of the Red Cross in the event of disaster, when normal lines of communications are disrupted.

He added that such preparations would also mean that the International Red Cross would not have to waste time negotiating for communication facilities after arriving in a country during an emergency.

Meanwhile, a meeting took place in Geneva recently of the administrative conference for mobile aeronautical and marine radio communications, attended by the ICRC.

An improved world system of distress and emergency procedures was the centre of debate, and provisions are being made for its possible implementation by 1990.

Frequencies were decided upon to facilitate air-sea and sea-air emergency contacts.

In addition, a resolution was adopted giving neutral ships an internationally recognised call sign.
Campaign for humanity in El Salvador

In support of its protection and assistance activities in El Salvador, the ICRC is engaged in a vast information campaign aimed mainly at acquainting government forces and guerrillas with humanitarian principles, and encouraging them to demonstrate humanity towards their adversaries.

Since the programme began in November 1980, ICRC dissemination delegates have visited all major army and police barracks in the country several times to deliver the Red Cross message. Guerrillas have also been the target of this dissemination campaign, which is supported by broadcasts and articles carried by various sections of the Salvadoran media.

For combatants, emphasis is placed on encouraging respect for the civilian population, the wounded and captives from the other side, as well as the personnel and emblem of the Red Cross.

Approach

An ICRC delegate who has carried out several dissemination missions in El Salvador Roland Hammer explained the approach taken at an informal meeting with combatants: "We first of all explain why we work on both sides in a conflict and what our methods are. But the most important part of the presentation is the introduction to basic rules of humanitarian law."

Combatants are generally keen to ask questions when the presentation is over, and Roland Hammer says these usually relate to their own field experiences: "One recurring question from troops is whether we would like their protection while distributing relief. We always explain that as a neutral and impartial body we must not be associated with any party to the conflict, and do not require the presence of armed men when delivering humanitarian assistance."

The ICRC is aware of the difficulties in quantifying the success of a dissemination programme, but it still considers the propagation of humanitarian principles as time and money well spent.

In the case of El Salvador, the ICRC delegation has been heartened by the improvement in attitudes towards the Red Cross by the parties to the conflict, due not only to the dissemination programme but to their witnessing of the ICRC and the Salvadoran Red Cross in action since October 1979.

Protection in Lebanon and Israel

Delegates of the International Committee of the Red Cross are continuing to make daily visits to Inasar camp, near Nabatieh in Southern Lebanon, where Palestinian, Lebanese and foreign prisoners are being held by the Israelis. It is also negotiating the release of medical cases, and early last month nearly 100 prisoners were set free. The number now held at Inasar is down to 4,850. Nearly 3,900 inmates of the camp have been released, many through ICRC intervention.

About 3,900 of the remaining prisoners have received parcels from their families, and the others are to be provided with standard Red Cross packages. The ICRC is continuing to distribute messages between prisoner and their families. Security detainees held by the Lebanese Army at Roumiyeh and Badaro have also been seen by ICRC delegates, and negotiations to repeat and extend the visits are being pursued.

Meanwhile, delegates in Tel Aviv last month visited 294 Syrian prisoners of war held at Atlit, while three Israeli prisoners in Syrian hands were also seen.

In the medical field, a British Red Cross team has arrived at Baalbeck hospital in the Bekaa Valley to take over from four Scandinavians. The ICRC programme at Baalbeck includes the maintenance of an emergency surgical unit in the basement of the hospital, as well as assistance to the Lebanese staff with their everyday cases.

In brief...

Two Indonesians, Dr Bagus Rudiono, and a helicopter pilot, Mr Ashoka Lolong, were killed last month in a helicopter crash in East Timor. The ICRC President, Mr Alexandre Hay, sent messages of condolence to the Indonesian Red Cross, and the bereaved families.

A follow-up visit has taken place to 202 Somali prisoners of war held at Harar in Ethiopia, who were seen by ICRC delegates in February. The POW's were given ICRC aid.

Fourteen people were flown to Portugal and seven to Australia under the ICRC'S family reunion programme. During last month a further 15 travelled to Australia.

The delegation in Zimbabwe has provided 60,000 Swiss Francs in aid to displaced people in Matabeleland, through the channel of the Catholic Commission on Social Service and Development acting in the area.
An organised approach to medical actions

The launching of an ICRC medical action, within the framework of a general humanitarian mission, is a formidable task presenting problems far beyond the actual treatment of vast numbers of sick and wounded.

Outbreaks of hostilities, particularly in the Third World, generally lead to a disintegration of existing health services, and added to the military and civilian victims of the fighting is a population struck with morbidity, due to the disruption of their lives and the onset of malnutrition and epidemics.

In order to cope with such crises, the ICRC relies on its own organisational abilities coupled with the relief infrastructure of the National Red Cross Societies.

According to the ICRC’s Chief Medical Officer, Dr. Rémi Russbach, standardised medical procedures and training, along with increasing material and personnel back-up from National Societies have enabled the ICRC to refine and improve its emergency actions.

Before personnel are deployed in the field in an ICRC medical relief operation an evaluation mission is conducted with the permission of the competent authorities to assess a realistic programme, aimed at identifying the need of the most vulnerable victims, and bearing in mind the necessity of being able to gain access to them.

A medical delegate relying on direct assessment and on sources such as hospitals, churches and non-governmental organisations will evaluate the needs of different categories of victims.

The delegate will survey existing medical facilities and determine if they are still usable, although if they are not already deserted or destroyed, their use is sometimes impracticable, whether for reasons of insecurity or inaccessibility by remaining lines of transport.

Whatever the case, the medical delegate will use his judgement to make recommendations to the ICRC headquarters in Geneva about what standardised equipment should be flown in. The ICRC over a number of years has developed its own basic hospital, and dispensing units containing equipment for the carrying out of any conventional surgical operation or general medicine programme.

The ICRC is often the only aid organisation present in situations of intense fighting, and the work of its medical delegates is never easy. They are presented with moral dilemmas, and are always advised to resolve them with the interests of the victims in mind, and within safety limits.

However, Dr. Russbach emphasises that curative medicine forms only a part of the ICRC’s activities in favour of war victims: “Particularly in Africa and Asia our immediate concerns are usually the lack of nutrition and sanitation, and these problems often take a larger toll of the civilian population than the actual fighting.”

Dr. Russbach states that the ideal role for the ICRC would be to able to directly face the consequences of war, but concludes that such a wish is unfortunately “in the realm of utopia”.

He says the philosophy of the ICRC Medical Division is to attain realisable goals in favour of accessible categories of victims, with actions designed never to create unnecessary needs in the civilian populations, thus avoiding their disillusionment when the ICRC withdraws.

On the ground, ICRC medical personnel would move onto the next stage of their work by setting up rehabilitation centres for amputees and paraplegics.

Rehabilitation is a rapidly growing branch of the Medical Division’s activity and is now a regular part of medical programmes. It is currently operating prosthetic workshops in Angola, Mozambique, Chad, Lebanon, Syria and in Pakistan, for victims of the Afghan conflict. The first prosthetic workshop operated in Yemen during 1970-71.

The ICRC has devised a programme whereby artificial limbs are constructed from locally available materials, facilitating remplacement. Local personnel are also recruited to undergo training in the prosthesis workshops so that fitting and therapy can continue when the ICRC presence ends.

When the guns fall silent...

During the months following a conflict the work of the ICRC’s Medical Division generally continues amid undiminished tension as the government in place attempts to establish its authority, and the war victims face up to an uncertain future, whether they be displaced persons or war wounded.

The state of disorganisation is worsened by the spate of aid sent by other countries keen to demonstrate their solidarity with the new authority, but which is seldom organised properly to take into account the real needs of the victims.

The ICRC, normally having been the first humanitarian organisation deployed at the outbreak of hostilities, would attempt to play the role of coordinator, and is sometimes chosen to do so by the authorities.

On the ground, ICRC medical personnel would move onto the next stage of their work by setting up rehabilitation centres for amputees and paraplegics.

Rehabilitation is a rapidly growing branch of the Medical Division’s activity and is now a regular part of medical programmes. It is currently operating prosthetic workshops in Angola, Mozambique, Chad, Lebanon, Syria and in Pakistan, for victims of the Afghan conflict. The first prosthetic workshop operated in Yemen during 1970-71.

The ICRC has devised a programme whereby artificial limbs are constructed from locally available materials, facilitating remplacement. Local personnel are also recruited to undergo training in the prosthesis workshops so that fitting and therapy can continue when the ICRC presence ends.

Dr Russbach observes that the most tragic cases of the post-war situation in Third World countries are certainly the parapleges: “Almost all of them die during the few months following their spinal injury, due mainly to infections. Needing constant attention, their reintegration into their native environment is almost impossible.”

ICRC medical delegates provide basic medical needs for paraplegic victims, but if their numbers warrant it a special paraplegic centre can be established, as is the case today in Egypt, as well as in Pakistan, for Afghan victims.

Providing host governments enter into a formal agreement to take over the programme when the ICRC withdraws, it organises a therapeutic programme for each patient, consisting of physical and psychological therapy and basic medical attention. Among 70 Afghan paraplegics admitted to Peshawar Centre more than 30 are now self-sufficient.

The background

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.

War front medicine

A Western doctor taking his skills to a country ravaged by war and internal disorder in the service of the ICRC is confronted with innumerable problems — not the least of which is his own adaptation to work within an organised structure when the prevailing social situation is sometimes one of chaos.

Successfully transferring raw recruits from an ultra-modern medical environment to a field hospital on a war front requires not only a positive attitude on the part of the medical personnel, but also the provision of an intensive training programme by the ICRC.

“From the beginning of 1983, we have had our own full-time medical training officer here in Geneva,” says Dr. Russbach, “providing our doctors and other medical personnel with training not only in techniques of emergency surgery, but covering nutrition, sanitation and public health.”

Dr. Russbach says that a new doctor’s adaptation depends on his own character and motivation. The ICRC’s Medical Chief gives an example of the required approach “Working for the ICRC provides problems for a surgeon he will never encounter in his home country. In the field, it is not enough for a doctor to carry out amputations, he must also be familiar with ways of disposing of the amputated limbs.”

Also smaller “rapid deployment” medical aid organisations have been created in recent years, the French group “Medecins sans Frontières” is one example, and according to Dr. Russbach such organisations complement the work of the Red Cross, which cooperates with them where possible.

The ICRC works alongside many organisations during emergency actions, and collaboration and coordination, often by the ICRC, provides the best possible services to the victims.

This form of cooperation with other agencies is only limited when the policies or actions of those agencies are incompatible with Red Cross principles of neutrality and impartiality.
Second ICRC hospital for Afghan wounded

The International Committee of the Red Cross has decided to diversify its aid programme for Afghan war victims by opening a sub-delegation and hospital in the Pakistani province of Baluchistan.

The Pakistani government has authorised the setting up of the facilities in the city of Quetta, and the action will supplement the tasks of the ICRC’s main delegation in Peshawar.

The need for an ICRC hospital in Baluchistan arises from the lack of medical assistance for Afghan war wounded inside Afghanistan. Delegates, who have been visiting Quetta for the last two years, chose Baluchistan as the site for the new facilities because of its proximity to 11 of Afghanistan’s 24 provinces.

ICRC delegate, Henri Fournier, who coordinates the aid operations in Pakistan from the ICRC Headquarters in Geneva, says repeated evaluation missions have shown the need for a more permanent presence. “Peshawar was the place most war wounded would go to for treatment,” said Mr Fournier, “But with the evolution of the conflict inside Afghanistan, the number of war wounded seeking help in Baluchistan has increased.”

Details

Up until now, many wounded Afghans arriving in Baluchistan have had to be transferred to Peshawar, more than 650 kilometres away. The budget for the Quetta project has been set at more than SFr. 1,900,000 for a period of eight months.

Staff for the hospital, which will be operational in about two weeks time, will comprise seven ICRC medical people and 50 local recruits, including nurses and auxiliary staff.

Medical action in Baluchistan will be along the same lines as that carried out in Peshawar, with two first aid teams operating near the Afghan-Pakistani border, picking up wounded and transferring them to hospital.

Traditional ICRC activities, such as protection and tracing will also be developed at Quetta.

In its special appeal for Afghan conflict victims, to governments and National Societies, the ICRC set its cash needs for 1983 at SFr. 11,265,000.

Iran-Iraq violations

The ICRC last month issued an appeal for an end to violations of international humanitarian law in the Iran-Iraq conflict.

In a memorandum to both governments and the other 152 signatories to the Geneva Conventions, the ICRC cited grave violations committed by the two countries.

It called for an immediate halt to practices threatening those who have fallen into the power of the enemy, and which endanger the lives of civilian populations.

The ICRC has not been notified of the number and whereabouts of ALL prisoners of war taken, and has been denied access to others as required by the Third Geneva Convention.

States parties to the Geneva Conventions have been urged to see that the violations cease. “Point of View”, page two.
International Red Cross to award seven medals

Seven Henry Dunant Medals for outstanding service to the Red Cross are to be awarded this year, one of them posthumously to Dr Bagus Rudiono of the Indonesian Red Cross, killed on mission in East Timor two months ago.

The seven recipients were chosen from a list of candidates submitted by National Societies to the Standing Commission of the International Red Cross at its recent meeting in Geneva. Apart from Dr Rudiono, the others to be honoured are: Dr Mariano Bahamonde Ruiz, President of the Chilean Red Cross; Mr Hans Christian Bennetzen, delegate of the Danish Red Cross seriously wounded in Uganda; Professor Werner Ludwig, former President of the East German Red Cross; Mr Walter Bargatzky, former President of the West German Red Cross; Dr John Henry Felix, delegate in the Pacific Region for the League of Red Cross Societies; and Dr Abdul-Aziz Mudarris, President of the Saudi Red Crescent Society.

Criteria

The Henry Dunant Medal recognises outstanding services and acts of great devotion, mainly of international significance, to the cause of the Red Cross. Criteria for the award include risks run and hardships endured in the field, as well as long service to the movement.

The medal itself is a Red Cross bearing the profile of the founder, and attached to a green ribbon. The award was instituted by the Twentieth International Red Cross Conference in 1965 on the initiative of the Australian Red Cross, which finances its production.

Regulations for awarding the medal state there should be only five recipients every two years, but that this figure can be reduced or increased at the discretion of the Standing Commission.

President visits East Germany

The ICRC President, Mr Alexandre Hay, visited East Germany at the end of April for talks with government and National Red Cross Society officials.

During his five-day visit he met the East German leader, Mr Erik Honecker, and the Foreign Minister, Mr Oskar Fischer. He outlined to them the worldwide activities of the ICRC.

He also brought up the question of the Additional Protocols to the Geneva Conventions, which East Germany and most other European countries have not yet ratified.

Mr Hay addressed the six-monthly presidium of the East German Red Cross, attended by about 100 people.

In brief...

Following the events in Chile last month, an ICRC delegate travelled to the capital, Santiago, on a protection mission and was able to visit persons newly arrested.

A charter flight organised by the ICRC last month enabled 71 people living in North-Eastern Nicaragua to visit their relatives detained by the authorities in the capital, Managua.

Meanwhile, an ICRC delegate has arrived in Honduras to organise the exchange of mail between Miskitos Indian refugees and their families in Nicaragua.

The Egyptian Foreign Minister, Mr Boutros Ghal, visited the ICRC headquarters last month. His talks with the ICRC President, Mr Alexandre Hay, covered ratification of the Additional Protocols to the Geneva Conventions, the application of international humanitarian law, and the issue of ICRC finances.

The 12th Inter-American Conference of National Red Cross Societies will take place in San José, Costa Rica, from July 3 till 8. It will be attended by the ICRC President, Mr Alexandre Hay.

The ICRC has completed another series of visits to prisons in Northern Ireland. The delegates saw more than 2,000 prisoners in five places of detention at Armagh, Belfast, Magilligan and two sections of the Maze prison.

A delegation from the Korean Women’s Association in Japan was received at the ICRC headquarters in Geneva recently. The women presented a petition to the ICRC concerning Korean nationals living in Sachalin, off the East coast of the Soviet Union, they say wish to return to Korea.
Transfers of refugees cause more suffering

The continued insecurity of an estimated 200,000 Khmer refugees along the Thai-Kampuchean border remains an issue of extreme concern for the aid organisations deployed in the area.

Over the past four months, sporadic fighting has worsened the plight of the Khmer civilian population, who have been forced to flee from their encampments to temporary shelters.

Close to 100,000 Khmer civilians have been moved to different camps on several occasions this year, and other transfers are imminent. The uncertainty in the border area has led to tension in many camps. The continual moving has also provoked morbidity and depression among the populations, and has led to many family separations.

In addition to Khmer people, the ICRC is also providing protection for more than 700 Vietnamese "land people", who have crossed into Thailand from Kampuchea and are particularly vulnerable.

Malnutrition

Concern has also been voiced by medical personnel about the recurrence of malnutrition, confined at the moment to infants and children in the Northern sector of the border, at a camp called "Green Hill".

More than 25,000 Khmers are living at "Green Hill" in harsh and dangerous conditions. Malnutrition among the children has been brought about not only by the general food shortages, but by the difficulty experienced by Khmer mothers in feeding their infants.

In most cases, the mothers are suffering from stress because of the proximity of the fighting and the uncertainty of their existence.

Surgical treatment for Cambodians in the Northern sector is provided by an ICRC team based at Kab Cheng, which runs an evacuation network and a hospital, opened at the start of the year, with capacity for at least 80 patients.

The ICRC's main hospital, in the central border area at Khao-I-Dang, remains on full alert despite the onset of the monsoon season — the traditionally "quiet" period on the frontier.

In the meantime, the surgical teams themselves have been changed over, and now comprise nine doctors and 11 nurses made available by the National Societies of Denmark, Finland, France, West Germany, Iceland, Japan, Norway, Sweden and Thailand.

(Photos, right, by Y. Muller)

Nearly four years after the opening of the first holding centre for Khmer refugees massed on the Thai-Kampuchean border, the humanitarian work of the ICRC continues unabated. The ICRC's principle activities in the area are the protection of the refugee population, the provision of medical care and the re-uniting of dispersed families. As in other areas of the world today, the ICRC presence has become long-term in the face of political stalemate. The ICRC recently sent Swiss freelance photographer, Yannick Muller, to Thailand to record the continued suffering of the refugees and the work being carried out in their favour by aid personnel from the ICRC and National Societies of the Red Cross. His pictures will be the subject of an ICRC photo-special to be published later this month.

A Khmer mother cradles her baby, another victim of the continuing tragedy on the Thai-Kampuchean border.

The look that marks the faces of so many refugee children, caught up in human suffering since their birth.

An ICRC delegate takes details from refugees trying to trace missing family members.
The ICRC’S rôle in the campaign against torture

In a paper published seven years ago, the International Committee of the Red Cross described torture as a “cancer” which seems to be spreading and threatening the body of our civilisation. At a recent conference in Geneva, organised by the Swiss Committee Against Torture, an ICRC Director, Mr. Jacques Moreillon, said the institution finds no evidence to alter its opinion.

Organised by the Swiss Committee Against Torture, an ICRC Director, the Red Cross described torture as a “cancer” which seems to be spreading and threatening the body of our civilisation. At a recent conference in Geneva, organised by the Swiss Committee Against Torture, an ICRC Director, Mr. Jacques Moreillon, said the institution finds no evidence to alter its opinion.

This unique, though sickening experience, has served to reinforce the resolve of the ICRC to encourage all efforts at international and domestic level to combat the practice.

It has also enabled the institution to devise an approach to prison visits, aimed at gaining access to detainees as early and as often as possible, thus reducing the risks of torture.

Early and regular access to detainees is paramount to the effectiveness of the ICRC’s protection activities, since torture is usually inflicted during the early period of captivity for the purpose of gaining information, “in the interests of state security.”

However, the practice of torture is not confined to states. ICRC protection activities for captives of guerrilla groups have also revealed cases of violence against defenceless individuals. Guerrilla groups rarely keep prisoners for a long time. In general they are either released, executed, tortured, or killed. Murder may or may not be preceded by torture, but constitutes part of a vicious circle of violence which the ICRC strives to break by inducing all parties to show humanity.

The obligation of states to grant the ICRC access to prisoners only exists in international conflicts. In cases of civil war or internal disorders the ICRC seeks to negotiate ad hoc agreements with detaining powers.

False presumption

The public, on the other hand, must not presume the ICRC’s presence in a country means prisoners are necessarily well treated. This is not always the case, although states tend to project the image of the ICRC visits constitute guarantees that detainees are humanely treated. The ICRC, in such situations, is a “victim” of its own discretion, although on the positive side broad sectors of responsible public opinion are able to draw their own conclusions from the reliable sections of the media.

After entering into an agreement with a detaining power for “extra-conventional” visits, the ICRC is often faced with recurring restrictions. The most worrying is the reluctance of some states to allow access to those most threatened by torture, prisoners undergoing interrogation. In such circumstances, the ICRC must vigourously persuade authorities to accept their humanitarian responsibilities.

The problems faced by ICRC delegates when confronted with claims of torture from prisoners include ascertaining the truth of the allegations, proving the cases if they exist, and persuading the authorities to act.

Psychological torture

At the Geneva conference on torture, four weeks ago, the ICRC expressed concern about the mounting problem of psychological ill-treatment, a form of torture leaving no visible scars.

Practices such as sleep deprivation, “hooning” or “wall-standing” can sometimes only be proved through systematic cross-checking and corroboration from different sources.

Part of the delegate’s task is also to determine whether the torture is systematic or isolated and whether it is concealed, tolerated or ordered by a higher authority.

When the infliction of torture is clearly established, the ICRC delegate makes a formal complaint to the authorities, usually at the highest level, calling for an investigation and the punishment of those responsible. If these preliminary protests do not produce results, representations are made from the ICRC headquarters in Geneva and are repeated as long as the situation persists.

The ICRC draws up detailed reports on visits to all places of detention. In international conflicts, these reports are sent both to the detaining power and to the prisoners’ home country. In cases of internal disturbances, the reports go only to the detaining power.

If government’s receiving these reports publish part of them, which is unusual, the ICRC requests they be presented in full, otherwise it reserves the right to publish the whole report itself.

It is ICRC policy never to unilaterally disclose reports from prison visits, even when there is evidence of human rights violations. This is regarded in some quarters as passivity but such discretion is necessary in the interest of victims, for public pronouncements on negative findings would lead to the prisoners’ lives being slammed in the ICRC’s face, denying the prisoners of their only contact with the outside world.

This is particularly true in all situations that are not conflicts between states and in which no authority has any obligation to let the ICRC visit its prisoners.

However, in certain cases emphatic representations to violators of human rights fail to end inhumane practices. In international conflicts, the ICRC may appeal to the world community, as it has done in the Iraq-Iran war.

But in internal situations, all the ICRC can do is threaten to leave that particular country. But such a step would leave the victims at the mercy of their gaolers which is why the ICRC rarely takes it, for the prisoners who it does visit generally ask not to be abandoned. They themselves insist that what matters is not only what the ICRC does but what it prevents others from doing.

Thus the ICRC pursues its task relentlessly, bolstered by international humanitarian law, driven by principles of humanity, and ever conscious of the many situations in which its efforts are not at the level of its — or others’ — expectations.

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
Suffering continues for 200,000 Khmer refugees

It is nearly four years now since joint emergency action launched by the ICRC and UNICEF, backed up by other United Nations and voluntary agencies, ensured the survival of tens of thousands of Khmer refugees along the Thai-Kampuchean border.

At the height of the crisis aid and medical care was being provided for more than 350,000 Khmers, and although that figure has now diminished to an estimated 200,000, the humanitarian work of the ICRC continues unabated.

Since the action on the Thai-Kampuchean frontier began in late 1979, National Societies of more than 20 countries have provided about 1200 aid and medical personnel for the ICRC programme.

Fighting along the border over the past four months has kept the medical teams on full alert. The ICRC recently sent Swiss freelance photographer, Yannick Muller, to Thailand to record the present situation of tension and insecurity, and to photograph the National Societies' personnel at work.

The recent fighting led to an influx of war wounded to the ICRC hospitals at Khao-I-Dang and Kab Chering and forced more than 100,000 refugees to move to different encampments, many of them on several occasions.

FOCUS on the Thai-Kampuchean border

Only last week, more than 20,000 Khmers were moved from the evacuation site of "Red Hill", the majority of them to Khmer Rouge camps in the southern sector of the border, where malaria is rife. However, the most harsh and dangerous conditions are being endured by about 25,000 refugees living at "Green Hill" in the northern border area, where there are cases of malnutrition among infants and young children.

With the arrival of the monsoon season, the traditionally "quiet" period on the frontier, the number of medical cases being treated has diminished, but the surgical teams remain on emergency stand-by.

As for the refugees, the change of season will bring a further deterioration in their everyday life, beneath wholly temporary shelters made of branches and plastic sheeting.

The Khmer refugees have shown they can adapt to the physical discomforts, but mental anguish can be detected in the faces of adults and children alike.

Mothers with infants (above and left) among the Khmer refugee population suffer more than most from the political stalemate that forces them to live in a virtual no-man's land exposed to the dangers of hostilities. In the Northern sector of the border many mothers are unable to feed their babies due to stress brought on by the proximity of the fighting and the uncertain nature of their latest refuge.
National Societies in action

A Japanese doctor oversees work at the Khao-I-Dang surgical unit.

A National Societies medical team treating a patient in the ophthalmic hospital at Aranyaprathet.

A Finnish anesthetist (left) examines a Khmer baby at the ICRC'S Kab Cherng hospital.

Khmer refugees attending the ICRC'S outpatients' clinic at Nong Pru.

The ICRC pharmacy at Aranyaprathet, the central supplies depot for medical personnel from National Societies working along the frontier.
Khmer children at one of the evacuation sites along the border.

An ICRC delegate converses with some Vietnamese “Land People”, who are under ICRC protection at Khao-I-Dang.

“Red Hill”, the evacuation site for refugees who fled the camps at Phnom Chat, Kok Tahan and Chokeakor during March and April.

A wounded Khmer being carried from the border area at Nong Samet. He was eventually transferred by ambulance to the surgical hospital at Khao-I-Dang.

Everyday life continues at Nong Samet, which now holds the largest number of refugees on the frontier. An estimated 45,000 Khmers live there.

Head of Delegation, John de Salis, who is coordinating the ICRC operation in Thailand.
ICRC medical personnel have expressed concern about the recurrence of malnutrition in the northern sector of the frontier. This undernourished child was receiving treatment in Kab Cherng hospital.

The onset of the monsoon season does not prevent these Khmer children entertaining themselves at the Khao-I-Dang holding centre.

An aerial view of the ICRC sub-delegation at Aranyapathet.

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
ICRC organises exit from Angola of 55 captives

The International Committee of the Red Cross last week supervised the freeing in Angola of 55 captives of the guerrilla group UNITA and organised their departure from the country in an ICRC-chartered aircraft.

They included 45 Czechoslovak citizens, 38 of them women and children, who were among a group taken prisoner more than three months ago. The other 10 freed were Portuguese citizens captured at the same time in Alto Catumbela, near Angola's Atlantic coast.

The freed captives were flown out of Southern Angola last Thursday to Johannesburg, where the Czechoslovaks were transferred to another ICRC plane and taken to Kinshasa in Zaire to be handed over to consular officials.

Three ICRC delegates, accompanied by a doctor and a nurse, spent seven days at a UNITA base in Southern Angola before the transfers took place and were able to tend to the needs of all the hostages.

Assistance

The ICRC team distributed food, clothing and family messages and provided medical care for the captives, who had endured a two-month-long march of over 1,000 kilometres to the South-East of the country.

All the parties concerned in the affair had requested the ICRC's intervention as a neutral intermediary, and the Committee has stated it will do everything in its power to ensure the safety of those still being held.

This is the second intermediary role played by the ICRC in Southern Africa in less than a year. Last November, the institution organised a prisoner handover between various parties to the conflict in the area. It took place after more than 12 months of ICRC-sponsored negotiations among the seven parties concerned.

Situation worsens in Ethiopia

The International Committee of the Red Cross has warned that if emergency food aid does not reach the most vulnerable groups in drought and war affected areas of Ethiopia as soon as possible their plight will deteriorate dramatically.

The ICRC says the situation has gradually worsened this year, particularly in the Northern regions of Eritrea, Tigré, Gondar, and Wollo.

Several areas of the country are suffering a fourth consecutive drought, and the Ethiopian government puts the number of people affected at two million.

ICRC relief delegate, Andreas Lendorff, recently on mission in Ethiopia says it is difficult to determine whether the situation is as bad as 10 years ago — when about 200,000 people are believed to have died — but states that a full-scale relief effort is absolutely justified.

Increases

The ICRC has already boosted its budget for the victims of drought and conflict in the Horn of Africa to finance increased aid programmes by its delegations in Ethiopia and neighbouring Sudan.

The delegation in Addis Ababa has embarked on a programme of assistance, supported by the Ethiopian Red Cross, and covering 140,000 people until the next harvest is due in November. This consists of feeding centres, general food distributions and the provision of blankets, medicaments and clothing.

ICRC Delegate General for Africa, Jean-Marc Bornet, has also visited Ethiopia to evaluate the assistance programme, and to look into ways of increasing efficiency by greater cooperation between the various relief agencies. Information is being exchanged on the precise activities and the potential of each agency.

The ICRC is concentrating its effort in conflict zones of Ethiopia inaccessible to other organisations.
Humanitarian message from President of Egypt

During a visit to the ICRC headquarter on June 8, the Egyptian President, Mr. Hosni Mubarak, delivered a speech declaring that in today's world "the need is greater than ever" for ensuring the respect and strict adherence to the international humanitarian legal order.

President Mubarak recalled the humanitarian traditions rooted in the teachings of both Christianity and Islam. He also stated that Egypt would spare no effort to impress upon the international community the need for action "to redress the situation emanating from the vicious circle of violence and hatred".

The ICRC President, Mr. Alexandre Hay, in his speech of welcome to Mr Mubarak also emphasized the importance of applying international humanitarian law: "No doubt international humanitarian law will remain no more than a dead letter, unless its rules be known and understood by governments and armed forces, who are first and foremost responsible for applying it and making sure the rules be respected."

After the short welcoming ceremony, the Egyptian President had a private meeting with Mr Hay, who gave an outline of the ICRC's current actions in the Middle East.

Mr Mubarak's visit to the ICRC headquarters was the first ever by an Egyptian Head of State. He was accompanied by the Deputy Prime Minister and Minister of Foreign Affairs, Mr. Hassan Ali.

Top award for Bulgarian film

A film submitted by the host country, Bulgaria, won the grand prix prize in the Red Cross section of the 10th Varna International Festival of Red Cross and Red Crescent films last month in Bulgaria.

The award-winning production, "Equal to all", was the unanimous choice of the international jury. It was made by the Bulgarian Red Cross and portrays a paralyzed man's struggle for self-sufficiency.

An excellent Danish Red Cross entry, "A gift of Health", received two awards, the "grand prix" of the League of Red Cross Societies, as well as a special prize from the World Health Organisation for the best primary health care film.

Other National Societies which figured on the prize lists included those of the United States, the Soviet Union and Japan.

The festival has been staged at Varna since 1965, and this year there were 190 entries from 52 countries for the four sections of the competition.

A co-production by the ICRC, the League and the National Societies of Bulgaria and Hungary, entitled "what's in a Symbol?", was shown at the opening ceremony but was not included in the competition.

Organised by the Central Committee of the Bulgarian Red Cross, the Varna Festival is now a two-yearly event, under the patronage of the ICRC, the League, the WHO and UNESCO.

Highlighting areas of concern

Over recent years worsening relations between and within States have required more frequent humanitarian interventions by the International Committee of the Red Cross, and 1982 was no exception as shown in the ICRC Annual Report just published.

During last year, the ICRC was operational in 32 countries. Its delegates visited 523 places of detention, and saw more than 86,000 people deprived of their liberty — nearly double the number visited in 1981.

Thirty-seven countries benefitted from almost 52,000 tons of relief and medical assistance, valued at 183 million Swiss Francs. This humanitarian achievement would not have been possible without the active support of so many National Societies, as well as financial and material aid provided by the international community.

However, as the ICRC President, Mr. Alexandre Hay, pointed out in the Annual Report, the action was not always as far-reaching and effective as the ICRC would have wished: "Although the four 1949 Geneva Conventions have been signed by almost all states," he said. "They have sometimes been gravely violated, the authorities concerned either taking refuge behind specious arguments in order to refute the applicability of the law, or openly infringing it, on the pretext that the imperatives of security are incompatible with the demands of humanity."

Pointing to another area of concern, Mr. Hay referred to the "very inadequate" contributions by signatory States to the ICRC's Iran-Iraq action.

He pointed out that the ICRC's activities in favour of tens of thousands of prisoners of war detained by Iran and Iraq were obligatory under the Geneva Conventions, and that the present financial short-fall was causing the institution "grave anxiety."

"Although States are free to engage their sympathies where they may," the President declared, "The ICRC itself cannot choose among the victims it is obliged to care for according to its mandate."

The main principle governing the ICRC's worldwide activities is impartiality, making no distinction between nationalities, races religions, social conditions or political convictions.

In this respect, to guard its impartiality of action, the ICRC requires the financial support of the international community for ALL its operations.

But over and above the practical necessity of effective financing, the alleviation of suffering in times of conflict depends on respect for the vulnerable, accorded by international humanitarian law, of which EVERY State should be a sponsor.
ICRC voices concern for Palestinian civilians

The International Committee of the Red Cross has expressed concern about the worsening state of insecurity being experienced by Palestinian civilians in Southern Lebanon.

ICRC delegates, who make daily visits to six camps in the region, two in Sidon and four in Tyre, have reported a series of fatal shootings and wounding.

The number of civilian victims of bomb attacks on homes and businesses has also risen over the past few weeks, and early last month two ICRC vehicles were blown up outside the sub-delegation in Sidon. That attack was the first of its kind since the ICRC began its humanitarian action in Lebanon 16 years ago.

Continual representations have been made about the incidents to the Israeli authorities, reminding them of their obligations under the Fourth Geneva Convention, to ensure the full protection of civilians in the territories under their control.

The ICRC made further representations to the Israeli armed forces last month about the blockading of the Lebanese village of Deir-Qanoun during a security operation. The village was sealed off for six days and ICRC delegates were repeatedly denied access, as is their right under the Geneva Conventions.

Meanwhile, in the Northern Lebanese city of Tripoli, the scene of heavy fighting over the past month between various armed factions, the Lebanese Red Cross, supported by the ICRC, has been providing medical help for victims, and evacuating the most serious cases.

Activities in Iran and Iraq

ICRC delegates working in Iran and Iraq have seen an unfortunate increase in the number of victims requiring protection and assistance during the 33-month-old conflict.

The delegation in Iraq last month undertook a new series of visits to prisoner-of-war camps according to the programme agreed to by the authorities.

In Iran, the registration of POW's has been able to resume, and many Iranian prisoners have received family messages.

On May 9, the ICRC issued an appeal to States signatories to the Geneva Conventions in order to put an end to violations of international humanitarian law, particularly in the treatment of prisoners.

A village in Southern Lebanon visited regularly by the ICRC as part of its protection activities for the civilian population. (Photo J. Mohr.)

Tracing in S.E. Asia

Tracing and Mailing Services for Vietnamese "boat people", set up in 1979 by the International Committee of the Red Cross and seven National Societies, are still receiving 400 to 500 inquiries a month.

The continued success of the services was noted during a recent visit to the region by the head of the "boat people" section of the ICRC's Central Tracing Agency, John Grinling.

The facilities are currently being provided by the National Societies of Indonesia, Malaysia, the Philippines, Singapore, Thailand, the Hong Kong branch of the British Red Cross and the Macao branch of the Portuguese Red Cross.

One-and-a-half million cases have been registered over the past four years, and about 45,000 enquiries have been completed. The services have also handled 1.6 million family messages.

Delegates running the services are scheduled to meet before the end of the year to re-evaluate their activities, in the light of the recent reduction in the number of new arrivals.

Thai-Kampuchean border

Tracing activity on the frontier between Thailand and Kampuchea is conducted by offices, opened in April. During the month of May, 38 Khmers transferred from one camp to another by the ICRC were able to be re-united with their families.

The Tracing Agency working for Vietnamese "land people" living on the border, transmitted 673 letters and handled 86 tracing requests during the month of May.

In brief...

The ICRC President, Mr Alexandre Hay, has just completed a three-nation tour of Central America, visiting Nicaragua, Honduras and El Salvador for talks with government officials and representatives of the National Red Cross Societies. Mr Hay also attended the 12th Inter-American Conference of National Societies in San José, Costa Rica.

The International Committee of the Red Cross has been awarded a medal by the Strasbourg-based International Human Rights Institute in recognition of its action in favour of conflict victims. The Institute's President, Mr Edgar Faure, handed over the medal to the ICRC President, Mr Alexandre Hay, at a brief ceremony in Paris.

The annual introduction course to the activities of the International Red Cross took place last month at the Henry Dunant Institute in Geneva. The seminar covered the activities and principles of the different components of the Red Cross and was attended by 30 National Societies.

ICRC delegates last month completed a series of prison visits in Paraguay. They saw 55 detainees at four places of detention.

In Namibia, ICRC delegates visited 14 Angolan prisoners of war and 139 security detainees during the month of May.
The ICRC and nuclear disarmament:

Memories of Hiroshima

Countries basing their defence policy on the nuclear deterrent claim the destruction of nuclear weapons would put them at a disadvantage with their potential adversaries holding a superiority in classical weapons.

Therefore, because of the importance of the issue to the security of states, only these states themselves can make proposals about the dismantlement of their nuclear arsenals, and the role of the ICRC is restricted to upholding the humanitarian necessity of nuclear disarmament being achieved, leaving the technical and political aspects of the issue to the states responsible.

The ICRC’s main concern in regard to nuclear weapons is that they are indiscriminate. One of the essential principles of international humanitarian law is the necessary distinction between civilians and combatants, which is the reason why the Red Cross has always expressed its pre-occupation with the existence of weapons of mass destruction.

Legal arguments

This law, namely in the 1907 Hague Convention, affirms that combatants do not have an unlimited right to choose any means of injuring the enemy. This principle, which was reaffirmed in 1977 in Protocol I additional to the Geneva Conventions, contains both the prohibition of superfluous injury or unnecessary suffering and the prohibition of indiscriminate means and methods of warfare.

While there was a broad agreement at the Diplomatic Conference which drafted Protocol I that neither the Conference nor the Protocol itself would tackle the matter of nuclear, bacteriological or chemical weapons, there was a consensus that the pre-existing general principles were still valid and would remain so for these weapons.

Over and above these legal arguments, it remains a fact that the suffering and destruction inflicted by a nuclear conflict could never comply with the most basic humanitarian requirements.

Moreover, survivors of a nuclear attack would be denied any proper medical treatment. Several studies have been made on this subject and recently a committee of experts presented a document to the World Health Assembly in Geneva putting forth the grim assessment that the chances of victims of a nuclear strike receiving any medical attention at all are "next to nil". According to the experts: "Even with the resources existing in normal or optimal conditions, the health services would be inadequate to deal with the casualties from a nuclear war."

Escalation

And more ominously, in calculating the consequences of three hypothetical situations, the experts warn that "the probability is very high that if nuclear weapons are employed in combat, there would be a rapid escalation to a full-scale war in which most of the weapons in the nuclear arsenals would be employed."

Faced with this ever growing threat to mankind, the Red Cross movement is committed more than ever before to promoting the cause of disarmament, but within its own sphere of competence.

Its programme of action for peace, adopted in Bucharest in 1977, is based on the promotion of activities through which men, women and children throughout the world may act to relieve human suffering both at home and abroad.

The ICRC, in particular, is working indirectly for peace through its worldwide relief and protection activities, guided by its principles of humanity, neutrality and impartiality. It also contributes to the process by its efforts to have international humanitarian law applied in all circumstances.

It appears certain that in the event of a nuclear war, there would be no limits to destruction and suffering, and the whole concept of international humanitarian law would be called into question.

The terrible threat of annihilation in a nuclear holocaust leaves us with no other choice but to seek peaceful co-existence.

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.
Disturbances in Sri Lanka—ICRC flies in assistance

The International Committee of the Red Cross has sent emergency medical and food assistance to Sri Lanka to help many of the 35,000 people forced to flee their homes because of communal violence.

Two ICRC chartered aircraft have already flown in several tons of relief goods, including 500 bottles of blood plasma requested by the Sri Lankan Red Cross, and another ICRC charter plane was due to fly out as the “Bulletin” went to press.

Survey
Two ICRC delegates arrived in the island state last week to survey the exact needs of the victims, situated in camps near the capital, Colombo, in the central city of Kandy and in Jaffna in the North.

The Sri Lankan Red Cross has been working in close cooperation with the ICRC and has mobilized its own relief workers to care for victims of the disturbances, which claimed more than 200 lives last week, according to official sources.

Many thousands of the minority Tamil community are being moved by sea this week to the Northern city of Jaffna, where the authorities say they will feel safer.

The ICRC is in contact with the Sri Lankan government to better coordinate its relief activities, and it has also made a request to the authorities for access to people newly arrested due to the tightened security measures.

New feeding and medical programme for Khmer refugees

The International Committee of the Red Cross is opening five temporary clinics and intensive feeding centres for Khmer refugees living in camps south of Aranyaprathet on the Thai-Kampuchean border.

Some of the installations have already been opened after a medical survey by the ICRC and the United Nations Border Relief Operation revealed widespread malnutrition in the southern region, particularly among some 15,000 refugees moved there from the refugee camp of “Red Hill” three months ago.

ICRC doctors found that more than half the children under five-year-old were suffering from malnutrition, and said that malaria as well as skin and eye infections were prevalent.

A curative feeding programme for the most urgent cases will be the responsibility of the ICRC, while the distribution of extra food to new arrivals and supplementary feeding will be under the supervision of UNBRO and the World Food Programme.

Up until now, the ICRC’s activity south of Aranyaprathet has been confined to the operation of mobile medical teams. The medics have been making daily visits to two Khmer hospitals, Nong Pru and Taprik, which since January have received over 7,400 patients, many of them victims of the heavy fighting during March and April.

Total
For the first half of 1983, the ICRC’s bill for relief goods supplied to refugees on the Thai-Kampuchean border amounted to over 685,000 SFr. The assistance, in the form of medicines and food items, were supplied to border camps and the ICRC’s hospitals at Khaoy-I-Dang and Kab Cherng. The number of medical cases treated by the medical teams at Khaoy-I-Dang and Kab Cherng was over 1,750 for the first six months of the year.

ICRC presence in Chad

Renewed fighting in the civil war in Chad prompted the ICRC to reinforce its presence in the country last month, by re-opening its sub-delegation in Abeche and establishing an emergency relief unit in the Northern town of Faya Largeau.

Until last month’s events, the ICRC delegation in Chad, based in the capital, N’Djamena, had wound down its action to concentrate on visits to prisoners. But with the outbreak of fresh fighting, the ICRC received the agreement of all parties to fly in additional delegates, medical personnel and surgical equipment.

An ICRC surgical team, made available by the Norwegian and Belgian Red Cross Societies, reached Abeche, 700 kilometres east of the capital, on July 14 and was able to treat the more serious cases. Several doctors were already on the spot from the French group “Medecins sans Frontieres”, and there are currently close co-operation with the ICRC in Abeche. Supplies for Abeche are flown in from N’Djamena. Delegates are continuing to make representations for access to newly captured prisoners of war.

Support
An ICRC delegate has been at Faya Largeau, in the north of the country, since the fighting of June 23. Three other delegates, including a doctor, arrived on July 20 from Southern Libya, where the Libyan Red Crescent Society had given them excellent logistical support after a flight from Switzerland.

A medical team, comprising personnel from the Swedish, Belgian, and Danish Red Cross Societies reached Faya Largeau several days later, along with two more ICRC delegates.
Survey in Uganda

The ICRC has received authorisation to carry out a survey in Uganda to assess the humanitarian needs of thousands of villagers displaced by fighting between government troops and guerrillas.

The mission, this month, is the first conducted in Uganda by the ICRC since March last year, when the government asked the Committee to cease its activities in the country.

An estimated 100,000 to 200,000 Ugandans, according to local sources, have been displaced because of continued tension in districts north of the capital, Kampala.

Early last month, the United Nations Childrens Fund (UNICEF) launched an emergency assistance programme to combat malnutrition and disease in the area.

Appeal

During nearly two years in Uganda, up until March 1982, the ICRC's activities centred on protection and a relief programme in the West Nile region.

The ICRC is in very close contact, with the Ugandan Red Cross and the League of Red Cross Societies in view of the present serious situation.

A relief operation launched in June by the Ugandan Red Cross and the League has already cost 400,000 SFr. The League issued an appeal last week for funds to continue their joint assistance programme for Poland until the end of the year.

The extension of the action by six months follows a medical survey carried out by the International Red Cross, which showed little improvement in the serious shortages affecting the Polish health system.

Relief to be supplied until the end of the year will consist of medical supplies for Polish hospitals and medicines for "SOS" pharmacies run in three major cities by the Polish Red Cross Society. These pharmacies have become increasingly important for the civilian population, but unfortunately they have been unable to satisfy the bulk of demands for medicines in short supply. Of 120,000 requests received from all over the country by the Warsaw pharmacy during the first five months of the year, only one quarter could be met.

Commission's first meeting

The newly-formed Independent Commission on International Humanitarian Issues held its inaugural meeting in Geneva last month.

Made up of 20 world figures, the Commission has been brought together by Prince Sadruddin Aga Khan with a view to promoting the idea of a new international humanitarian order.

Prince Hassan of Jordan, another of the co-founders, said at the opening session that the question the group would try to answer is: "In the contemporary economic, social and political environment, is it possible for human beings to be more humane?"

The ICRC will be following the Commission's work with particular interest since it was at an ICRC regional seminar in Amman in 1981 that Prince Hassan first raised this question. Speaking to the Red Cross and Red Crescent Societies of the Middle East, he called for a greater effort to ease human suffering in times of war, as well as in peacetime.

International Red Cross extends Polish action

The ICRC and the League of Red Cross Societies have decided to continue their joint assistance programme for Poland until the end of the year.

The most recent consignment of medical equipment, financed by the European Economic Community, comprised nearly one million SFr. worth of goods for 207 hospitals in 23 provinces. Since the month of May, 292 tons of food and clothing, valued at over 1.6 million SFr., have been supplied to the Polish Red Cross for distribution to needy civilians.

The ICRC has expressed its support for an initiative taken by a South Korean television station last month — when a special programme reunited more than 1,000 families separated by the Korean War.

Problems linked to the aftermath of conflicts, such as the division of families, are of particular concern to the ICRC, and the Committee is still making representations with a view to re-opening a strictly humanitarian dialogue between the two Korean Red Cross Societies.

In 1971, talks took place for the first time between the Red Cross Societies of both North and South Korea on re-uniting families, but broke down when political elements were introduced into the discussions.

The successful resumption of Red Cross contacts could enable family messages to be exchanged between North and South, and raise the possibility of family visits and reunions.

An estimated 10 million people on both sides of the North-South border have been separated from relatives since the peninsula was divided at the end of the Second World War, and after a ceasefire line was subsequently established in July 1953, at the end of the Korean War.
Major humanitarian tasks ahead for ICRC in Lebanon

More than a year after the Israeli military intervention in Lebanon, the International Committee of the Red Cross is still confronted with a major humanitarian task in the country, due to the aftermath of last year's events and the continued tension between the various armed parties and factions.

The ICRC has had a permanent presence in Lebanon since 1967, and at the moment has a 60-strong team working in Beirut and at four sub-delegations. The nature of their work has evolved since last year's emergency to centre on protecting prisoners, providing medical assistance and tracing and mailing services.

A measure of the importance of the ICRC presence was given recently by the sub-delegation in Tyre, which during the single month of June transmitted 66,000 Red Cross messages between separated families — its highest ever monthly total.

Many of the messages concerned inmates of Insar camp, where over the past year the ICRC has registered more than 9,000 prisoners taken by the Israeli army. Most of the foreigners and sick cases have been released, many through ICRC intervention, but representations are still being made for the freeing of other categories of prisoners.

The camp population now stands at just under 5,000. The ICRC is continuing visits to detainees of the Lebanese army, held in and around Beirut, and since these visits began on a regular basis last March more than 600 detainees have been registered.

One of the ICRC's major concerns is the worsening state of insecurity and intimidation being experienced by Palestinian civilians in Southern Lebanon. The Committee has continually reminded the Israeli authorities of their obligations under the Fourth Geneva Convention to ensure the full protection of civilians in territories under their control.

Amid the Fighting

On the medical front, ICRC personnel, backed up by the Lebanese Red Cross, have been particularly active over the past month treating victims of factional fighting in Tripoli, the Chouf mountains and the Bekaa Valley. The ICRC team in the Bekaa, based at the government hospital in Baalbek, comprises two doctors, a Belgian and a Canadian, and two nurses from Canada, whose work includes surgery and consultations in Baalbek and Hermel.

Since the Israeli intervention last June, the ICRC has distributed relief goods in Lebanon valued at over 31.5 million SFr. More than half of this aid was medical assistance, in the form of medicines and equipment provided for ICRC field hospitals, government-run hospitals and clinics as well as numerous other clinics and dispensaries surveyed by ICRC medical personnel.

However, the Lebanese government now re-stocks its own medical facilities whenever necessary, with the ICRC's bulk medical supplies in Lebanon being held in reserve in case of emergencies.

Another achievement of the ICRC medical action in the country over the past year, has been the efficient functioning of its two orthopaedic centres in Sidon and Beit Chebab. Both were opened in mid-January and between them they have treated 242 patients, and fitted 112 persons with artificial limbs.

In brief...

One hundred Afghans have successfully completed the ICRC's first aid course so far this year. The course is run at the ICRC delegation in Peshawar, and lasts for three weeks.

The ICRC orthopaedic centre in Maputo, Mozambique, which specializes in the fitting of artificial limbs for war amputees is receiving an average of 15 new cases per month. Since the centre was opened in April 1981 some 220 amputees have been fitted with limbs.

The ICRC has been involved in two small assistance programmes in Zimbabwe recently. It provided the Zimbabwean Red Cross with 21,000 SFr. worth of aid towards its action for displaced persons, and has paid some opticians' expenses for Zimbabwean war veterans.

During the first six months of 1983, ICRC delegates organised some 400 family visits to security prisoners in South Africa. About 2,500 food parcels were also distributed to needy families of prisoners and to ex-prisoners.

Delegates have completed the first part of a scheduled series of visits to places of detention in Chile. Eleven detention centres were visited in and around the capital, Santiago, last month and the delegates saw 90 detainees.

A total of nearly 11,500 kilos of ICRC emergency relief goods were delivered to Kampuchea during the first half of the year. More than one quarter of the supplies was destined for orphanages in the provinces of Prey Veng, Kandal and Pursat, in which the ICRC is running aid programmes.
Latin America: target of ICRC initiatives

In recent years, a succession of conflicts, internal troubles, and economic and social crises have turned the Latin American continent into one of the ICRC’s main fields of operation, where with the cooperation of National Societies the Committee has been able to face up to the challenge of these tragic events.

At last month’s four-yearly Inter-American Red Cross Conference, held in Costa Rica, the ICRC presented a report to delegates representing 30 National Societies on its activities in the region since 1979. In the ICRC has been active in 11 Latin American countries over the four years, and the statistics contained in the report make depressing reading as a summary of human tragedy: In Nicaragua from January to December 1979, over 7,000 tons of food, valued at more than eight million SFr., distributed to the civilian population; in El Salvador, together with the Salvadoran Red Cross, the ICRC has provided more than nine million SFr. worth of aid to displaced persons; in last year’s South Atlantic conflict, 12,000 prisoners of war visited and registered.

Over 33,000 detainees

Outwith the conflict between Britain and Argentina, the ICRC’s actions in the region have been based on its right to take initiatives on humanitarian grounds, as laid down in the statutes of the International Red Cross. From this legal base, and with the formal agreement of the governments concerned, the ICRC from 1979 to 1982 visited nearly 1,000 places of detention on the continent, with delegates registering more than 33,000 detained persons.

The report states that in certain cases, the ICRC’s actions have been rewarded, while in others, because of human rights abuses, results have not been up to the Committee’s expectations.

The ICRC President, Mr Alexandre Hay, spoke out about the lack of respect for humanitarian law in his opening address to the Costa Rica conference, pointing to the limits on human rights governments find necessary to impose during emergency situations.

Whatever the limits,” Mr Hay stated, “nothing ever justifies the violation of the fundamental guarantees in relation to the humane treatment of the fallen enemy, during either international or internal conflict.”

At the moment, the ICRC has 45 delegates deployed in Latin America, 30 of them based in El Salvador carrying out a large-scale assistance, dissemination and protection programme. Nine other delegates are based in Nicaragua, while the others are working in regional delegations established in Colombia, Costa Rica and Argentina.

President calls for dialogue

During its past four years of work in Latin America, whether in El Salvador, Nicaragua or elsewhere, the ICRC has been just as aware of its failures as its successes.

Much suffering could have been avoided but was not, and although the ICRC puts no limits on its willingness to help victims, action is sometimes restricted for reasons outside the Committee’s control.

But as the ICRC President, Mr Alexandre Hay, declared in his speech to the Costa Rica conference: “It is therefore in the name of humanity that we must reject failure and continue to fight, not only to offer better protection and assistance to victims of conflicts, but also to avoid a repetition of these conflicts.”

Mr Hay affirmed that a contribution by the Red Cross to peace in Latin America was possible, given the fact that there are more elements uniting people in the region than dividing them.

The President referred to the “considerable potential” in the continent for understanding, respect for others and dialogue. Recognizing there are no humanitarian solutions to fundamental political contradictions, he stated that nonetheless the means to achieve the peaceful solution of disagreements do exist.

Viewpoint

The obvious threats to the development of a spirit of peace are social injustice and the violation of human rights, but Mr Hay defined other barriers as ignorance and confusion.

He said the key to creating a spirit of peace lay in valid dialogue: “Using the same words to mean the same things. We should know how to respect in word and deed those who think different from ourselves.”

The Red Cross is one of the few worldwide movements that has succeeded in speaking on peace with a united voice, and through its solidarity can be a barrier against the principal causes of conflicts.

“But it is primarily by our humanitarian work that we can reduce the natural causes of tension,” said Mr Hay.

“Until the development of sister national societies is to recognize in concrete terms that we are all equal. This creates the conditions for a more secure and, therefore, more peaceful world.”

The Inter-American Conference

An earthquake occurred last month in Costa Rica at the same time as the National Red Cross Society was hosting the 12th Inter-American Red Cross Conference in San Jose.

Despite this emergency, requiring the mobilisation of personnel to help the numerous victims, the Costa Rican Red Cross earned praise for the excellent organisation of the conference from all National Societies attending.

On the conference floor, resolutions relating to the future of the Red Cross movement in North and Latin America were adopted unanimously by the 186 delegates.

The resolutions called for the development of National Societies in the Americas according to the economic, social and political realities of each country — for the propagation of international humanitarian law and Red Cross principles in all activities — and the setting up of emergency units to deal with regional and international disasters.

The other proposals adopted urged greater involvement by youth in Red Cross activities, the development of health and welfare policies in harmony with state plans, and improved Red Cross communications and public relations programmes.

National Societies will now endeavour to put this plan into action and report progress at the next Inter-American Conference, which takes place in 1987.

Besides the ICRC President, Mr Alexandre Hay, the conference was attended by the President of the League of Red Cross Societies, Mr Enrique de la Mata, and the Secretary General, Mr Hans Hoegh.
Agencies team up to stem killer disease in Phnom Penh

The International Committee of the Red Cross and four aid agencies working in the Kampuchean capital, Phnom Penh, have brought under control an epidemic in the city of a painful disease affecting hundreds of children — and which during the month of July was resulting in a 20 per cent mortality rate.

Dengue hemorrhagic fever, also known as “breakbone fever” because of the severe body pains it induces, is an acute disease giving excruciating side effects to children. Spread by mosquitoes, particularly during the rainy season, it results in a rapid rise in temperature to 40 degrees centigrade, and when unchecked can lead to severe internal and external bleeding, reducing the young victims to a state of shock. At the height of the epidemic, in the month of July, a temporary extension had to be made to one of Phnom Penh’s two overcrowded pediatric units, to cope with 250 new cases.

Although small in comparison to other collective operations, the rapid and efficient action by all agencies concerned, stemmed the growth of the deadly disease, which when not treated immediately carries a mortality rate of up to 50 per cent, and always proves fatal for children under one-year-old.

All agencies concerned have been heartened by the improved situation, but treatment and preventive action are continuing.

How the responsibilities were shared:
— The ICRC coordinated the action, and supplied medicines.
— The American aid organisation, World Vision, also provided medicines and vital equipment, and flew them in from Singapore.
— OXFAM attacked the root of the epidemic by providing and spreading insecticides to eradicate the infective mosquitoes.
— UNICEF concentrated on cleaning up and disinfecting the hospitals where the young patients were being treated.
— Church World Service was in charge of laboratory work, preparing the necessary serums, as well as the large amounts of medicinal fluid required to counter the dehydration of the patients.

The most important aspect of the operation is that many children have been saved. But on the organisational side, it is a prime example of immediate and effective mobilisation of the world’s humanitarian organisations when lives were at stake.

President’s visit

President Alexandre Hay last month made a week-long visit to the Horn of Africa, where the ICRC is engaged in major humanitarian actions. Mr Hay visited Ethiopia and Somalia, discussing the ICRC’s activities in the region with leading political, Red Cross and Red Crescent officials of both countries.

Repatriations

The ICRC organised a flight from Vietnam to Taiwan on August 18 to repatriate 141 people of Chinese origin. Since the programme began in September 1976, 5,034 people have been flown to Taiwan under the auspices of the ICRC.
Afghans respond to opening of ICRC hospital in Quetta

Almost completely destroyed in 1935 by one of the world’s worst ever earthquakes, when an estimated 25,000 people died, the city of Quetta, capital of Pakistan’s Baluchistan province, has had its share of misfortune. Commanding strategic mountain passes into neighbouring Afghanistan, the Quetta region is now sharing in another human tragedy, as a centre of refuge for about 900,000 Afghans, who have fled the conflict inside their country.

For centuries the passes through the Sarlah and Kakar mountain ranges have been thriving trade routes — but today the main cargo of the caravans are london, women and children making their way to Baluchistan, often under cover of darkness across the flat plain that stretches from the Afghan city of Kandahar to the frontier.

Over the past six weeks, several hundred of these Afghans, victims of bullets, bomb blasts or more minor injuries, have turned up at a residential compound on the outskirts of Quetta, which for 10 years had lain derelict until turned into a surgical hospital by the International Committee of the Red Cross.

To people who have lived by trade and the hard-headed commerce of the bazaar, the idea of free medical care might appear rather bewildering, since many Afghans have never heard of Red Cross principles nor the Geneva Conventions. But by word of mouth, which travels as rapidly as we do in North West Frontier Province, the comforts and amenities of Quetta are widely known.

Admissions

Since the ICRC opened its Quetta hospital on July 19, 22 patients have been admitted for major operations and surgical care, but for the time being there is no dedicated ward for Afghan casualties, who are treated alongside local residents. However, the ICRC’s action in Pakistan, Dr. Ian McPherson of the New Zealand Red Cross, the initial response to Quetta has been encouraging. “The ICRC’s decision to open a hospital in Quetta followed surveys in Baluchistan coupled with reliable reports that there was a large number of war wounded in the Kandahar region of Afghanistan who had never bothered to cross the frontier because little surgical treatment was available to them.”

The number of wounded coming across other sectors of the border does not seem to be decreasing, so in my opinion we are going to be very busy in Quetta.”

The hospital surgical team, from the Italian Red Cross, is headed by Dr. Tommaso Rosa, who has practised his skills in war surgery on the Thai-Kampuchean frontier and in the Lebanese capital, Beirut.

Dr. Rosa and his two assistants, who are on 24 hours call seven days a week, say they have been kept extremely active since their arrival, with many of the admissions suffering from complications.

Infected wounds

“The wounds of the majority of my patients have been in a particularly bad state,” said Dr. Rosa, “because it takes them three or four days or even longer to reach our hospital their wounds have been badly infected, particularly the open fractures caused by bullets.”

The Medical Coordinator, Dr. McPherson, says now that the hospital is functioning, the ICRC will concentrate on speeding up the transfer of wounded from the border to Quetta: “Transport is a very important part of our work, since any delays inside Pakistan make amputations more likely and can further endanger the lives of the victims. In this regard, we are hoping to deploy several mobile medical teams on the border here, as we do in North West Frontier Province.”

The ICRC has already applied to the Pakistani authorities for permission to deploy the first aid teams, to work in close cooperation with the Pakistani Red Crescent. One ambulance team is expected to be stationed at Chaman directly on the border, another to the north-east of Quetta in the Moslembagh region, and possibly a third at Dalbandin in the south.

Dr. McPherson added that the next step of the ICRC medical team would be to set up a prosthesis workshop capable of fitting at least 20 artificial limbs a month.

Head of the Quetta sub-delegation, Bernard Grunenfelder, sees other priorities as the dissemination of international humanitarian law among the Afghan population, and on the medical side the setting up of a first aid training programme for Afghans.

Adopting a serious air, Dr. McPherson added that the next step of the ICRC medical team would be to set up a prosthesis workshop capable of fitting at least 20 artificial limbs a month.

Reports by John McKay
The Victims

“When helicopters came...”

Blank terror still shows on the face of nine-year-old Khasow whose father remembers vividly the incident two months ago that left his daughter with terrible shrapnel wounds on the legs. Dusk was falling over their village south of Kabul when the peace of the evening was shattered by the approach of helicopter gunships swooping over the arid plain on a low-level bombing mission.

Khasow, more fortunate than others, escaped with shell splinters in her legs, and her father told through an interpreter how he carried his daughter on his back for six days to the safety of the Pakistani frontier. Along the way, he met other Afghans and they told him about the ICRC hospital in Peshawar, where his daughter is now recovering.

In the line of fire

All three are tragic victims of a conflict they know little about, but like other civilians caught up in similar wars the world over, with no definable front, they were never far away from the line of fire.

Medical Coordinator of the ICRC action, Dr. Ian McPherson, says about 20 per cent of the patients currently arriving at the Peshawar hospital are women and children: "Most of them received their injuries when their villages were bombarded. Many of them have sustained blunt trauma from houses or buildings falling on them, land-mine injuries are also common."

However, most of the patients at Peshawar and Quetta are war wounded men. "We never of course enquire how they were wounded," Dr. McPherson explained, "That's not really the concern of the ICRC. Our task is to do the utmost for anyone arriving here with war injuries."

Photos by
Thierry Gassmann

A wounded Afghan arrives at the Peshawar hospital onboard a Pakistani Red Crescent ambulance.

Khasiora, whose lower left-leg was blown off by a mine is being treated in the special women's ward at Peshawar hospital. The ICRC respects the Islamic tradition of Purdah, giving the female patients their necessary seclusion.

Umerjan, aged seven, has been receiving the expert attention of Red Cross doctors for the past three months, after being victim of a similar attack on her village in Pakhtia province. She received severe burns to the lower limbs from the heat blast of a shell, and fully conscious was carried for several days by relatives to the ICRC hospital.

Mining in areas of the Afghan-Pakistani frontier proved almost fatal for Khasiora, a mother of three living across the border from the Pakistani town of Miram Shah. She told how she was out looking for water when she stepped on a land-mine and had her left-leg blown off below the knee.

One of the first patients admitted to the Quetta hospital, opened on July 19, having his wounds cleansed by an ICRC male nurse.

An Afghan paraplegic struggles through his daily exercise in the forecourt of the ICRC's paraplegic centre.
Life by the Kabul River

The familiar muddy waters of the Kabul River flowing down from Afghanistan into North West Frontier Province provide at least small comfort for the near 5,000 Afghan refugees at the riverbank camp of Adesai, situated 25 kilometres North of Peshawar. Sheltering under makeshift mud huts, and tents supplied by the United Nations High Commissioner For Refugees, the inhabitants of Adesai count themselves fortunate to be established on such a site, offering sparse greenery and a cooling breeze from the river. But for the camp population, about half of whom are children, the Kabul River is more a source of memories of the home they left behind than a solution to their main problem — lack of clean drinking water. The scarcity of drinking water and inadequate sanitation are usually the foremost difficulties facing refugees the world over and at Adesai camp they are responsible for widespread dysentery and gastro-enteritis affecting the majority of the camp population. In addition many of the refugees suffer from an infection of the respiratory tract endemic in the region, while isolated cases of malaria and tuberculosis have also been diagnosed.

The International Committee of the Red Cross established a dispensary at Adesai camp in February 1981, and more than a year ago handed it over to the Pakistani Red Crescent, which is coping with the debilitating health problems by holding daily clinics and instructing the Afghans on improving sanitisation in the camp. Contamination

The Pakistani medical officer in charge of the camp dispensary, Dr. K. M. Bangesh explained: “The waters of the Kabul River are heavy with contaminated sediment, which must be allowed to settle and the water boiled before it is drinkable. Unfortunately this long process is not always followed by the refugees.”

Dr. Bangesh added that the few wells dug in the camp have been difficult to maintain because of the absence of proper sanitation.

Despite complaints from refugee leaders that not enough medicines are available in the camp, he concluded that the maximum is being done, given the Pakistani Red Crescent’s limited resources.

A camp of nearly 300 set up in the North West Frontier and Baluchistan over the past four years. The Pakistani government’s spokesman in North West Frontier Province on the Afghan refugees, Mr. Ahmed Seb Khan, said there are still about 5,000 to 10,000 Afghans arriving in the country each month, with newcomers being sent to Punjab to avoid overcrowding in the other two provinces.

One million dollars a day

At present, the upkeep of the Afghan refugees is costing the world community, and the Pakistani government, one million U.S. dollars a day, with the UNHCR and the World Food Programme playing the prominent role in providing basic foods and other aid.

In many countries, the arrival of a vast refugee population has provoked a certain resentment among the local population, but Mr. Seb Khan described the relations between the refugees and the locals as very good: “We share a common culture and religion, and have the same traditions and tribal and ethnic groups, so that the locals have shown a great deal of humanity and towards the refugees. More importantly, the Pakistanis feel it is their religious obligation to look after them.”

The Pakistani authorities put the total refugee population at about three million, but everyone agrees it is difficult to come up with an exact figure, given the fact that many registered refugees have returned home, or have entered Pakistan more than once.

Reliable Afghan sources in Peshawar say the refugee problem inside Afghanistan is just as grave, citing the example of the capital, Kabul, whose population has been swollen by over a million refugees fleeing the countryside to escape the fighting. Unfortunately aid organisations continue to be barred from the country, the last humanitarian presence being the ICRC delegation in Kabul, asked to leave nearly a year ago.

Afghan lawyer explains the humanitarian basis of Islamic Law

In the hive of activity marking the everyday running of the ICRC delegation in Peshawar, a scholarly Afghan lawyer for the past few months has been poring over a pile of books and manuscripts, ranging from the Geneva Conventions to the Koran, engrossed in his subject and almost unconscious to the comings and goings around him.

Seated in whatever corner of the delegation lends the most quiet on any particular day, Professor Abdul Jabar Sabit, is studiously working on a project he hopes will bring more humanity to the bitter conflict going on inside his country, and perhaps save the lives of prisoners captured by the warring sides.

A former assistant to the Afghan Minister of Justice, and now an occasional lecturer at Peshawar University, Professor Sabit has been employed by the ICRC to produce a booklet in the Afghan languages showing the compatibility between International Humanitarian Law and the Law of Islam.

The Afghan guerrillas fighting inside Afghanistan regard their struggle first and foremost as a Jihad, or holy war, guided and inspired by the laws of Islam. But it is the task of the ICRC delegation in neighbouring Pakistan to disseminate the message that however any group sees the conflict, basic humanitarian rules must be respected.

Like the Christian Bible, the Laws of Islam, set down in the Koran and the sayings of the Prophet, are open to numerous interpretations. However, Professor Sabit has no doubt that the most well-known humanitarian basis of Islamic Law: “There is not a single Article nor a single provision in the Geneva Conventions which is not explained very well in Islamic Law. The rules of Islam were drawn up many centuries before the Geneva Conventions, but in my opinion, directly and indirectly they are compatible.”

Comparison

The Professor stated there are many references in the Koran upholding such principles as the humane treatment of prisoners, and cited the following example: “When prisoners of war were taken from the battlefield of Badir to Medina, the Prophet instructed his companions to treat the prisoners just like themselves, in regard to shelter, clothing and food. He instructed them above all to be very lenient with the prisoners.”

Currently working on the fundamental principles of International Humanitarian Law applicable in armed conflicts, he drew another parallel between the first article relating to the treatment of non-combatants, and Islamic Law: “When the Prophet met a group of warriors going to fight non-Moslems, he implicitly instructed them not to kill their prisoners, nor harm any civilians. There is even a case where a Moslem warrior lived on dates, while his prisoner was given the only bread available.”

Professor Sabit is convinced his booklet will lead to more easy understanding of humanitarian law by the Afghan guerrillas, and is hopeful his month of academic labour in the spare time will yield positive results on the battlegrounds inside Afghanistan.
ICRC halts action on main island of East Timor

The International Committee of the Red Cross has suspended its activities on the main island of East Timor following the refusal of the Indonesian authorities to grant ICRC delegates access to all villages requiring assistance.

This change of attitude by the Indonesians is, they say, only temporary. The ICRC says it is prepared to resume its aid programme, suspended in July, at any time.

Timor lies at the eastern end of the Indonesian archipelago. Since the end of 1975, after Portugal withdrew from the island, conflict has continued in East Timor, leaving large sections of the civilian population in harsh conditions.

The ICRC has also carried out protection activities in East Timor. The last ICRC visits to detainees took place in November 1982, but these were confined to two places of detention on the main island, and to a camp for displaced persons on the off-shore island of Atauro. The Committee is hoping that visits to places of detention in East Timor can resume at the earliest possible date, in accordance with assurances given by the authorities.

Meanwhile, the Committee is continuing its aid programme, in cooperation with the Indonesian Red Cross, on the island of Atauro, where about 4,000 people have been displaced since 1980. The action comprises food distributions and the provision of feeding centres and medical help for the large section of the population suffering from malnutrition and endemic diseases. An ICRC nutritionist-nurse makes regular visits to the island, organising these food distributions, consisting of corn, green beans, butter, oil and salt.

Reunions to continue

Since the start of the year, the ICRC has organised repatriations and family reunions, flying people from East Timor to Portugal or Australia. On the basis of assurances given by the Indonesian authorities, the ICRC considers it will be able to complete this programme by the end of 1983.

Presidential mission to Iran

The President of the International Committee of the Red Cross, Mr Alexandre Hay, made a four-day visit to Iran last month for talks with Iranian leaders on the ICRC's activities in the country.

During his stay, Mr Hay met Iranian President Ali Khamenei, Foreign Minister Ali Akbar Velayati and Deputy Foreign Minister Hossein Kazempour Ardebili. The basis of the discussions was the application of the Geneva Conventions in the three-year-old war between Iran and Iraq, particularly concerning the treatment of prisoners of war. Five months ago, the ICRC issued an appeal to States signatories to the Geneva Conventions to help to put an end to violations of international humanitarian law by both sides.

Mr Hay was accompanied on his trip by the ICRC's Director of Operational Activities, Mr Jean-Pierre Hocke and Head of the Committee's Middle East actions, Mr Jean Hoefliger. The party visited war-affected areas of Iran around Khorramshahr, to assess what medical and other relief services the ICRC might be able to offer to Iran.

The ICRC is hoping to follow up the visit to Iran by sending a high-level mission to Baghdad for talks with Iraqi leaders.

Delegates begin work in Uganda

A three-man ICRC delegation is in Uganda to work out with the government and National Society the practicalities of a proposed action for displaced people.

The mission follows a survey carried out in August by the ICRC to assess the humanitarian needs of tens of thousands of Ugandans displaced because of continued tension in districts North of the capital, Kampala.
Breaking a vicious circle

The civilian population of Lebanon has again been subjected to terrible suffering as war raged last month in Beirut and the Shouf mountains. Indiscriminate shelling has caused hundreds of casualties among the men, women and children taking part in the fighting and not even hospitals have been spared in the artillery exchanges.

The ICRC has been carrying out humanitarian work in Lebanon since 1967, but each time it mounts a widespread humanitarian mission during a crisis it is faced with two recurring problems: the reluctance of parties to show humanity on a unilateral basis, and the refusal by some parties to comprehend or accept what the Red Cross means by neutrality.

The ICRC tried often in vain to arrange temporary ceasefires last month so that the victims could be reached, while the Lebanese Red Cross working at its side under the protection of the Red Cross emblem was fired upon many times, with several staffers being wounded.

In the context of Lebanon today, humanitarian work is itself a victim of the vicious circle of reciprocity. "If they don’t shoot we won’t shoot" was the usual response given to ICRC delegates seeking ceasefires. As the head of the ICRC delegation, Mr Armin Kobel summed up: "Every time we saw the leaders of the warring parties they said a ceasefire would be no problem. Then as soon as the relief convoys were moving hostilities would again break out. Because of the hatred between the sides, it was not possible to get guarantees that meant anything. Even while our relief missions were in progress, the ceasefires were never totally respected."

Our only criterion

During its relief work last month, the ICRC drew no distinction between the Druze of Mechref, the Christians of Del-el-Kamar nor the Sunni Moslems of Chhim — they all fulfilled the only condition the ICRC requires to take action — they needed help.

However, all too often when the ICRC was delivering relief to one section of the population, it was viewed with suspicion, if not hostility, by the other side.

During the heat of battle in Lebanon over recent weeks common humanity has generally been the first casualty because of the political and ideological intransigence of the warring parties. The ICRC is interested in only one “just cause” in Lebanon, the welfare and protection of civilian victims of the fighting, and people placed “ hors de combat”. So whatever the dangers or obstacles, the ICRC will continue to fullfill its humanitarian mission for ALL victims, and by action in the field will strive to undermine a system of waging war, in which the victims are too often treated as collateral to be traded off, held hostage or murdered.

Increased relief for Ethiopians

More than 2,500 tons of food and other relief goods have been distributed so far this year in drought and war affected areas of Ethiopia through a joint ICRC-Ethiopian Red Cross assistance operation.

By the end of the year, double that amount should have reached the tens of thousands of victims as the ICRC increases its distributions in some areas before the forthcoming harvest at the end of November.

The joint relief action covers about 140,000 people, and in addition to being increased in some regions, it is also being extended to cover displaced people in the Southern provinces of Sidamo. But over the next few months the bulk of the ICRC distributions will be destined for Eritrea and Tigré. The largest portion, some 1,500 tons of wheat flour, oil, sugar, beans, clothing and blankets will go to 65,000 people living in the areas of Hamasien, Seraye, Rama, Barentu and Asmara city.

To finance its increased operations, both in Ethiopia and Sudan, the ICRC earlier this year had made a substantial addition to its budget for the Horn of Africa, and has cooperated closely with other agencies to channel the assistance to the most needy cases.

International aid organisations have been watching the weather situation closely to predict the volume of harvest that can be expected in the drought-stricken Northern part of the country. But below average rainfall in some regions indicates a poor harvest for the fifth consecutive year, although in the province of Eritrea the barley yield might be sufficient.

The ICRC has recognised the Red Cross of Zimbabwe, bringing to 131 the number of National Societies to achieve official status, and it is expected to become a full member of the International Red Cross when its application for membership of the League comes before an Assembly meeting, currently taking place in Geneva.

Recognition of new Societies has been an ICRC function since the start of the Red Cross. It is carried out in consultation with the League of Red Cross Societies and is granted once the 10 qualifying conditions have been met.

The conditions include, adherence by the government to the Geneva Conventions and humanitarian activity by the National Society throughout the country, as well as a commitment to honour the fundamental principles of the Red Cross as defined by the International Red Cross Conferences.

ICRC organises large hand-over

A group of 21 Portuguese citizens were handed over to ICRC delegates last week in Southern Angola by the guerrilla group UNITA, and flown in an ICRC chartered plane to South Africa, where they were taken into the care of Portuguese consular officials.

During the operation, ICRC delegates also visited 20 Czechoslovaks, part of a group captured by the guerrillas last March, and were able to exchange family messages.

Forty-five of the Czechoslovak captives, along with 10 other Portuguese, were freed three months ago in a hand-over also organised by the ICRC, and negotiations are continuing for the release of those civilians remaining in UNITA hands.

In brief...

In Namibia, South West Africa, ICRC delegates recently visited 14 Angolan prisoners of war and 139 security detainees. They also organised some visits by relatives and distributed food parcels to needy families of detainees.

They have completed the training of eight local employees at its orthopaedic centre in Maputo, Mozambique. The centre specialises in the fitting of artificial limbs for war amputees and handles an average of 15 new cases a month.

Delegates have carried out another round of visits to three detention centres in Kinshasa, Zaire. They distributed over three tons of relief goods among 641 detainees, including medicines and toiletry goods.

The ICRC has decided to contribute SFr. 50,000 towards the construction of a clinic for refugees from Zimbabwe, established in a camp at Dukwi in Botswana.

A complete series of visits is underway in Argentina, lasting until the end of October. Up until last week ICRC delegates had visited the prisons of Villa Devoto and Ezeiza.
**Relief mission for refugees**

One of the most serious concerns of the ICRC during last month's heavy fighting in Lebanon was the provision of food and medical help for refugees trapped in the middle of the fighting. Here is a report on the arrival of an ICRC relief convoy in the village of Deir-el-Kamar, on September 12.

A 12-vehicle convoy pulled out of the coastal town of Sidon, destination Deir-el-Kamar, at seven o'clock in the morning. The village is situated in the middle of the Shouf mountains, scene of fierce fighting for the past week, and the ICRC is hoping to get through with several tons of food, blankets and medicines for the 25,000 refugees trapped there.

The ICRC had already tried in vain to reach Deir-el-Kamar earlier in the week, but today the convoy will get through after overcoming numerous difficulties.

One problem is the attitude of the various parties, who accuse the Red Cross of showing favouritism towards the other. But despite this, the ICRC is striving to bring protection and assistance to all the victims — although the principal problem at this stage in the conflict is just that — reaching those in need. Delegates have had to negotiate access in several areas, and this process takes many hours before an agreement is reached.

As the convoy winds its way up the mountain road and Deir-el-Kamar appears in the distance tension mounts when two shells explode just above the village. Finally, after more than six hours on the road, the five trucks, four ambulances and three ICRC cars drive into the village square. “What a sight it was,” recalled one delegate, “The square was full of people, and many sought a better vantage point from the surrounding rooftops. And of course the press was there, and they converged on the convoy.”

**Immediate action**

After about an hour volunteers have unloaded the trucks and stored the food, while two ICRC nurses have gone to the hospital to distribute medicines.

Head of the ICRC sub-delegation in Sidon, Françoise Dufey, goes to the home of the local mayor carrying a gift, newsapers, symbols of the outside world, from which the village has been cut for several days.

The mayor explains how he has organised the village by setting up four committees, for health and hygiene, housing, food and public order. There are people in Deir-el-Kamar from 56 surrounding villages, and they all have representatives on the committees. A special group to supervise the distribution of food has also been organised. The overcrowding is extreme, with many sleeping out of doors, and those lucky enough to have a roof over their heads are staying in five schools, a mosque, 14 churches and a synagogue.

**Water shortage**

Lack of drinking water is another problem. The water mains have been cut for the past six months and the underground source supplying the village fountain produces hardly enough water to go around. The village authorities estimate they need two tons of flour a day to provide everyone with just one small loaf of bread.

Meanwhile, the delegates turn to another important task by making a list of names of all those stranded in Deir-el-Kamar, and distributing Red Cross message forms so they can keep in touch with relatives elsewhere. However, all this activity was to be useless in the end, for a military official in the village refused to allow the ICRC to take the list and messages out of the village.

Then suddenly, as the convoy prepares to leave, emotions begin to run high. Several of the refugees ask the drivers to allow the ICRC to take them out of the village in the ICRC vehicles. “A woman in tears begged me to hide her two little girls in my truck,” said one driver, “It broke my heart to tell her it was absolutely impossible.”

The convoy left Deir-el-Kamar without evacuating any wounded. This was deemed too dangerous by the village authorities. But a Swiss woman doctor and a French nurse decided to stay and work in the hospital to help in the treatment of some 100 casualties.

**ICRC appeals for extra funds**

Renewed heavy fighting in Lebanon last month forced the ICRC to again reinforce its operation to help all the victims of the latest conflict that forced more than 100,000 people to flee their homes.

To meet the cost of the new situation, the ICRC last month launched an appeal for 12 million Sfr. to enable it to cope with any other possible developments between now and the end of the year.

Working in close cooperation with the Lebanese Red Cross, the ICRC organised the evacuation of wounded civilians to safer zones and has been distributing emergency supplies to hospitals and clinics near combat zones.

The ICRC delegates in the field have encountered their greatest difficulty in securing ceasefire agreements so that they could reach the victims. Negotiations at local level with the parties involved often proved fruitless, and several evacuation operations during the first two weeks of fighting had to be cancelled because of shelling.

To cope with the expected influx of medical and food assistance from governments and National Societies, the Committee is again making full use of its logistics base at Larnaka, on the island of Cyprus.

ICRC relief convoys have provided assistance in the form of blankets, rice, flour, cooking utensils and other goods to refugees all over Central Lebanon from the Shouf mountains to the Bekaa Valley. The next priority is to replenish medical and food stocks in Lebanon to meet any eventuality.
Pain and tears in “tormented oasis”

Swiss nurse Gabrielle Grosjean was a member of the ICRC medical team stationed in Faya Largeau, in Northern Chad, for 11 days this summer. She and her colleagues worked in a hospital with no beds and limited medical supplies, as heavy fighting took place around the town, and within. In this month’s “Background” article, nurse Grosjean recalls her experiences and discloses some personal feelings.

“The attack on Faya Largeau of July 30 lasted no more than half a day. Fighting spread inside the perimeter of the town at 10 a.m. that morning, with the first case arriving at the hospital almost immediately. When a large number of wounded are brought in I am always deeply affected. The pain and the tears are not mine, but those of the victims, and not necessarily the sort of thing you hear, an infernal noise. And suddenly with the arrival at the hospital of a large number of wounded you see it, you touch it and then you realise what an absurd tragedy it all is.”

There were two categories of wounded in Faya Largeau: the “fresh” cases, covered in blood and in a state of shock, and those with wounds of a few days old, often with gangrene. When they were being admitted in large numbers we had to judge from a mere glance who were the most serious cases, and who would have priority of entry to the operating theatre.

We were fortunate to have had several Chadian volunteers, two stretcher-bearers recruited from the lightly wounded, a Chadian male nurse and a few auxiliary helpers. Solidarity does not always exist between different sections of the Chadian population, but those who worked with us showed remarkable devotion to the patients, who included prisoners, combatants and civilians. The attitude of those few Chadians left me with the feeling that however terrible the circumstances the dignity of man remains unshaken.

“The whole time we worked there was shell and gun fire in the background and not necessarily the sort of thing you see. But decompounding bodies scattered around the town were attracting thousands of flies. But despite that, and sand blowing into every corner of the hospital, there were no major problems with post-operative infections. When the forces of Mr Hissene Habré re-took control of the town, we were scheduled to fly out and leave the hospital in army hands.

The first evacuation of wounded to the capital, N’Djamena, enabled us to gain some much needed space, and before we ourselves had to pull out, Dr Jacqueline Avril put clean dressings on the remaining patients.

War remains an absurdity in itself, the suffering it unleashes when it explodes is identical the world over — but for me the experience of Faya remains unique. A short stay in that tormented oasis brought intense emotional moments in a landscape shattered by war. That same landscape reconciled us with its sunsets, which somehow brought home the importance of life.

Although spent with exhaustion and nervous fatigue, I did not leave Faya with relief. After passing whole days and nights at the bedside of the wounded, it was painful for me to have no idea what would become of each individual I treated.”

Red Cross doctors at work during a previous operation in Chad, in the same sombre conditions experienced in Faya Largeau three months ago.

And suddenly with the arrival at the hospital of a large number of wounded you see it, you touch it and then you realise what an absurd tragedy it all is.

My direct confrontation in Faya with violence, aggressiveness and death revealed many things to me about myself. Your reaction is never artificial in those circumstances, it is completely truthful, and not necessarily the sort of thing you would want to express to others.

I put a lot of effort into reminding myself I had a job to do, forcing myself to overcome the physical and psychological stress and trying to work as I would elsewhere.

Spectacular recovery

My duties also included supervising the wounded waking up after their operations, changing perfusions, giving injections, and generally trying to be aware of every patient’s needs. I could never allow my attention to stray, I had to be aware of the condition of each individual in a crowd of wounded. But thankfully the patients showed what I can only describe as spectacular recovery capabilities after their operations, and I was able to spend more time with the most serious cases.

Our greatest medical problem in Faya was the gradual diminuation of the supplies when we had no idea of when the next air-lift of medicines and food would be coming in. We decided that all wastage should be avoided. This forced me to be very strict, and sort out those who were genuinely suffering from those playing in the hope of being given some miracle drug for their wounds.

Another difficulty was the overcrowding. The wounded were stretched out on the floor on blankets, while for safety reasons Chadian civilians were transferred from an adjacent building into our main hospital block. Some patients were accompanied by relatives or friends, so that towards the end of our stay in Faya, there were nearly 100 people living in four cramped rooms. This obviously resulted in some tension, and we had to make an effort to keep order.

Bodies in the streets

Those who died in the hospital because they were brought in too late were buried quickly, but decomposing bodies scattered around the town were attracting thousands of flies. But despite that, and sand blowing into every corner of the hospital, there were no major problems with post-operative infections.

When the forces of Mr Hissene Habré re-took control of the town, we were scheduled to fly out and leave the hospital in army hands.

The first evacuation of wounded to the capital, N’Djamena, enabled us to gain some much needed space, and before we ourselves had to pull out, Dr Jacqueline Avril put clean dressings on the remaining patients.

War remains an absurdity in itself, the suffering it unleashes when it explodes is identical the world over — but for me the experience of Faya remains unique. A short stay in that tormented oasis brought intense emotional moments in a landscape shattered by war. That same landscape reconciled us with its sunsets, which somehow brought home the importance of life.

Although spent with exhaustion and nervous fatigue, I did not leave Faya with relief. After passing whole days and nights at the bedside of the wounded, it was painful for me to have no idea what would become of each individual I treated.”

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross. An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
ICRC action for displaced civilians in Nicaragua

FOLLOWING clashes between Nicaraguan forces and anti-government guerrillas along the border with Honduras, and on the Southern frontier with Costa Rica, the International Committee of the Red Cross has appealed to governments and National Societies for SFr. 500,000 to help thousands of displaced people in the country.

Emergency food and medical assistance has already been provided for victims in North-West Nicaragua.

Emergency stocks

The ICRC delegation in Managua has meanwhile stocked over 120 tons of relief, comprising food, medical supplies and blankets, and is presently completing its evaluation, with the Nicaraguan Red Cross, of the needs of the civilian population in other affected areas.

The appeal for extra funds is being made so that the emergency stock can be kept at a high level to meet any eventualities, and to enable distributions to continue uninterrupted.

Areas affected

Ten ICRC delegates, including a doctor and a nurse, are presently working in the field, and with the help of the National Society have so far brought aid to displaced people in the areas of Corinto, Somoto, Jinotega and the province of Chinandega.

An ICRC medical team has been stationed in the area of Somoto, since the end of September, giving daily consultations and supervising the distribution of food and other relief for some 2,000 people displaced from the frontier region.

Another 3,000 people benefitted from food distributions in Chinandega.

Evacuations from Island of Grenada

THE ICRC has sent a chartered aircraft to the Caribbean to evacuate Cubans wounded or killed in the fighting that followed the military intervention on the island of Grenada last week by a multinational force.

The plane, carrying 11 delegates, including medical personnel, flew from Geneva to the island of Barbados at the weekend, and as the “Bulletin” went to press the ICRC was working out the final details of the operation with the military authorities on Grenada.

The ICRC action follows the acceptance of an offer of service it made to all the parties involved in the events on Grenada.

ICRC delegates, already in the region, set up a logistics base in Barbados, to the North-East of Grenada, two days after the events began on October 25, but has had a permanent presence on the affected island since October 30, and delegates are also examining what other humanitarian services might be required, particularly by the civilian population.

The ICRC has reminded the governments concerned of their obligations under the Geneva Conventions, and has asked for permission to visit all prisoners taken as a result of the military intervention.

An ICRC nurse dispensing medicines to civilians in El Salvador.
Additional Protocols - positive step taken by China

CHINA has deposited its instruments of accession to the Protocols Additional to the Geneva Conventions, becoming the first permanent member of the United Nations Security Council to recognize the updated legal protection for war victims, drafted between 1974 and 1977.

The Chinese government took part in only the first of the four sessions of the diplomatic conference that drew up the Protocols, and although it had no say in the drafting of the final texts it has decided to be bound by them nevertheless.

The International Committee of the Red Cross, as guardian of the Geneva Conventions, sees China's move as beneficial in general to the standing of international humanitarian law.

The ICRC lawyer who oversees the promotion of Geneva Law, Hans-Peter Gasser, explained: "When a country like China, with a leading role to play in the world, takes such a step other countries can only feel reassured about the value of the Protocols, and will hopefully be influenced by the move."

The Additional Protocols, which take up issues not covered by the Conventions of 1949 and adjust the law to modern requirements, were adopted by more than 100 states in 1977. But so far, only 27 countries are parties to both Protocols and six others to Protocol I.

The reluctance of countries in, for example, the Nato and Warsaw Pact alliances, to ratify the Protocols can be put down to military and political reservations, although military considerations are widely taken into account in the texts of the Protocols. One other factor holding up ratification by many countries is, unfortunately, that adherence to treaties of international humanitarian law tends to have a low priority in governmental plans.

Peace Conference is finalised

A WORLD Red Cross and Red Crescent Conference on Peace is to be held in September 1984 on the Finnish island of Aland. It will be the movement's second such gathering to further the cause of peace, a first conference having taken place in Belgrade in 1975.

The decision approving the conference was made by the Council of Delegates of the International Red Cross during its two-day meeting in Geneva last month. The Council, made up of representatives of the ICRC, the League and National Societies, also passed two resolutions relating to the role of the Red Cross in the quest for peace.

A resolution on disarmament proposed by the Commission on the Red Cross and Peace was adopted by consensus and expressed a deep concern about the arms race and the existence of weapons of mass destruction. It said the Red Cross can contribute to the process of disarmament by helping to establish a climate of reduced tensions, in which the adoption of disarmament agreements would be more likely.

Numerous other propositions were put forward by National Societies relating to disarmament and the threat of nuclear war. A working group was formed to draw up a compromise resolution on what contribution the Red Cross and Red Crescent can make to the maintenance and consolidation of real peace.

Appeal to governments

The final text, also adopted by consensus, called on governments to pursue their negotiations to avoid a further build-up in arms, including nuclear weapons and other arms of mass destruction. The resolution stated that the Red Cross must work to prevent war, and study ways of improving mutual understanding and bringing about peace, within the guidelines of the movement's fundamental principles.

The subject of the Red Cross and human rights also appeared on the Council's agenda for the first time, with discussions centering on social and economic rights.

In brief...

ICRC delegates undertook a series of visits to prisons in Jordan last month and were able to see 66 detainees without witnesses.

***

The President of the ICRC, Mr Alexandre Hay, made a two-day visit to Spain last month, where he held talks with King Juan Carlos. He also held talks with the Minister of Justice and the Minister of Foreign Affairs, as well as officials of the Spanish Red Cross.

***

During the first two weeks of October two teams of ICRC delegates visited 16 places of detention in the Philippines. They saw 164 detainees, 160 of them termed "public order violators" by the authorities. Visits are continuing in other places of detention in the country.

Peace Conference is finalised

A WORLD Red Cross and Red Crescent Conference on Peace is to be held in September 1984 on the Finnish island of Aland. It will be the movement's second such gathering to further the cause of peace, a first conference having taken place in Belgrade in 1975.

The decision approving the conference was made by the Council of Delegates of the International Red Cross during its two-day meeting in Geneva last month. The Council, made up of representatives of the ICRC, the League and National Societies, also passed two resolutions relating to the role of the Red Cross in the quest for peace.

A resolution on disarmament proposed by the Commission on the Red Cross and Peace was adopted by consensus and expressed a deep concern about the arms race and the existence of weapons of mass destruction. It said the Red Cross can contribute to the process of disarmament by helping to establish a climate of reduced tensions, in which the adoption of disarmament agreements would be more likely.

Numerous other propositions were put forward by National Societies relating to disarmament and the threat of nuclear war. A working group was formed to draw up a compromise resolution on what contribution the Red Cross and Red Crescent can make to the maintenance and consolidation of real peace.

Appeal to governments

The final text, also adopted by consensus, called on governments to pursue their negotiations to avoid a further build-up in arms, including nuclear weapons and other arms of mass destruction. The resolution stated that the Red Cross must work to prevent war, and study ways of improving mutual understanding and bringing about peace, within the guidelines of the movement's fundamental principles.

The subject of the Red Cross and human rights also appeared on the Council's agenda for the first time, with discussions centering on social and economic rights.

In brief...

ICRC delegates undertook a series of visits to prisons in Jordan last month and were able to see 66 detainees without witnesses.

***

The President of the ICRC, Mr Alexandre Hay, made a two-day visit to Spain last month, where he had an audience with King Juan Carlos. He also held talks with the Minister of Justice and the Minister of Foreign Affairs, as well as officials of the Spanish Red Cross.

***

During the first two weeks of October two teams of ICRC delegates visited 16 places of detention in the Philippines. They saw 164 detainees, 160 of them termed "public order violators" by the authorities. Visits are continuing in other places of detention in the country.

Peace Conference is finalised

A WORLD Red Cross and Red Crescent Conference on Peace is to be held in September 1984 on the Finnish island of Aland. It will be the movement's second such gathering to further the cause of peace, a first conference having taken place in Belgrade in 1975.

The decision approving the conference was made by the Council of Delegates of the International Red Cross during its two-day meeting in Geneva last month. The Council, made up of representatives of the ICRC, the League and National Societies, also passed two resolutions relating to the role of the Red Cross in the quest for peace.

A resolution on disarmament proposed by the Commission on the Red Cross and Peace was adopted by consensus and expressed a deep concern about the arms race and the existence of weapons of mass destruction. It said the Red Cross can contribute to the process of disarmament by helping to establish a climate of reduced tensions, in which the adoption of disarmament agreements would be more likely.

Numerous other propositions were put forward by National Societies relating to disarmament and the threat of nuclear war. A working group was formed to draw up a compromise resolution on what contribution the Red Cross and Red Crescent can make to the maintenance and consolidation of real peace.

Appeal to governments

The final text, also adopted by consensus, called on governments to pursue their negotiations to avoid a further build-up in arms, including nuclear weapons and other arms of mass destruction. The resolution stated that the Red Cross must work to prevent war, and study ways of improving mutual understanding and bringing about peace, within the guidelines of the movement's fundamental principles.

The subject of the Red Cross and human rights also appeared on the Council's agenda for the first time, with discussions centering on social and economic rights.

In brief...

ICRC delegates undertook a series of visits to prisons in Jordan last month and were able to see 66 detainees without witnesses.

***

The President of the ICRC, Mr Alexandre Hay, made a two-day visit to Spain last month, where he had an audience with King Juan Carlos. He also held talks with the Minister of Justice and the Minister of Foreign Affairs, as well as officials of the Spanish Red Cross.

***

During the first two weeks of October two teams of ICRC delegates visited 16 places of detention in the Philippines. They saw 164 detainees, 160 of them termed "public order violators" by the authorities. Visits are continuing in other places of detention in the country.
National Societies discuss tracing

Vietnamese refugees have virtually nothing left when they arrive in their first country of asylum, and their tragic situation is often worsened by being separated from relatives. The Red Cross strives to re-establish family ties through its Tracing and Mailing Services.

THE FIFTH technical workshop on the Tracing and Mailing Service network set up by seven South-East Asian Red Cross and Red Crescent Societies was held recently in Kuala Lumpur, Malaysia.

The network, run by the National Societies of Thailand, Malaysia, Singapore, the Philippines, Indonesia and the Hong Kong branch of the British Red Cross and the Macao branch of the Portuguese Red Cross, was created in 1976 under the auspices of the ICRC Central Tracing Agency to help Vietnamese “boat people” find the members of their families.

For the first time, the workshop was also attended by the National Societies of countries of permanent asylum. Representatives of the American, British and West German Red Cross Societies participated.

Although the number of tracing requests and of messages transmitted continues to be high, a decrease in the number of new refugees has led the Services in the network to reduce their activities and thereby cut down on staff and budget.

The Kuala Lumpur workshop provided an opportunity for the participants to discuss the technical procedures used by the Services, to take stock of activities and to exchange experiences.

Also discussed was the Tracing and Mailing Services' future, for which a data-filing system was recognized to be of prime importance. Indeed, a request was made for each service to estimate the value and volume of the documents in its possession, so that a policy on this subject could be drawn up.

Before and after the meeting, some of the participants visited the camps of Panat Nikhom and Sikkim (Thailand), Ponta Bidong and Sungei Besi (Malaysia) and Galang (Indonesia).

All factions aided in Lebanon

DURING five weeks of the most recent conflict in Lebanon, up until October 15, the International Committee of the Red Cross managed during precarious ceasefires to distribute more than 700 tons of relief goods to the beleaguered civilian population.

Tens of thousands of people in the Shouf mountains alone benefited from these distributions, made by 15 ICRC convoys often under trying and dangerous conditions. Assistance was sent to the worst-hit areas of the Shouf mountains from the port city of Sidon and the Bekaa Valley. Relief was also provided for needy civilians in other regions of Lebanon, with food, blankets and various supplies being distributed in Beirut, Sidon, Tyre, Tripoli and the Bekaa Valley.

Throughout the emergency, ICRC activities such as protection and tracing continued unabated.

ICRC delegates regularly visited Palestinian refugee camps around Sidon and Tyre, where newly-arrived families fleeing the fighting in Northern Lebanon were registered.

Visits to prisoners

Security prisoners held by the Lebanese authorities in Beirut were visited by ICRC delegates during the same period, and received Red Cross messages and family parcels. At Insar camp in Southern Lebanon, the ICRC transferred more than 77,000 family messages from and to about 4,600 men still being detained there.

Six Israeli prisoners of war held by Palestinian forces also received visits under the same conditions.

As the present tension continues, ICRC medical personnel are making regular visits to hospitals and clinics all over Lebanon to make sure they are adequately stocked, with the Committee supplying where necessary medicines, dressing materials, x-ray equipment, blood bags and other materials.

Lebanese Red Cross

The Lebanese Red Cross reacted immediately to the double bomb attack against the multi-national peacekeeping force in Beirut on October 23.

After the attack against American troops, the National Society was on the spot with six ambulances and 25 relief workers who set up two tented hospitals, each with 10 beds.

On the French side, the Lebanese Red Cross helped in the transport of survivors to hospital.
An assessment of suffering in conflict zones of El Salvador

During a recent mission to El Salvador, an ICRC doctor, Dr. Pierre Perrin, assessed the medical and food situation in the country, torn by conflict for the past four years. This month’s, “Background” presents his main conclusions.

El Salvador, The health situation:

In Dr. Perrin’s view, the situation is not catastrophic but does give cause for worry: malnutrition is increasing, sanitation is neglected and medical services are disrupted. As always occurs in conflicts, the country’s resources have been depleted and the health of the population has deteriorated.

The conflict has affected in particular the rural population. Some of the peasants remained in the rural conflict zones and found themselves cut off when means of communication were destroyed or blocked during military operations. Others have migrated to the outskirts of towns where they live in desperate conditions.

Sanitation services (water supply, refuse collection) are no longer functioning smoothly, public health has also been affected. In addition, vaccination programmes have been cut back or, in most conflict zones, rendered impossible since the hostilities began. There is therefore an increased risk that infectious diseases will spread.

The medical services are other “victims”. In the conflict zones, dispensaries are often shut down, abandoned by the Ministry of Health medical personnel. In addition, affected by the fighting, treatment centres are still open, but many work with reduced staff and are lacking in medicaments and medical material.

The hospitals are overcrowded. The surgical unit of the San Miguel hospital is full because of the fighting, but for the same reason its resources have decreased, as public health authorities cut back funding.

ICRC Assistance

The ICRC supplies medical material to the El Salvador Red Cross Society’s outlying branches and, as the need arises, to its blood bank, and to the hospitals, penal centres and health stations. The ICRC-National Society medical teams constitute the mainstay of the assistance programme. They make every effort to meet the basic needs of the victims: displaced persons, civilians cut off by the fighting, the huge population whose already low living standard has been worsened by the hostilities.

The complex and changing situation brought about by military operations also makes food distribution by the ICRC and the National Society essential. In the conflict zones, the displaced population often lives in makeshift hamlets (or “cantones”) outside the main villages. Channeling relief supplies to them involves no little danger. Furthermore, the number of displaced persons constantly varies, so that any distribution plan is likely to be thrown out of gear. Some of the villages are inaccessible for short or long periods. Medical assistance will increase along with the number of sick persons.

The population in the villages receives assistance in the form of foodstuffs and health and medical services. Monthly distributions of corn, sugar, salt, rice, beans, butter or oil and milk are calculated on the basis of the needs of a family of five and are sufficient for three weeks.

It is estimated, however, that each family can subsist for one week more on the products it can procure locally. Undernourished children receive protein-rich foodstuffs as well.

When the water supply system is damaged, the ICRC uses tankers to provide drinking water to the villages.

Health education is another subject of concern to the ICRC, and a health officer, recruited locally, accompanies the medical team to the villages in order to promote hygiene and cleanliness. Each medical team comprises one Swiss doctor, 3 to 5 Salvadoran doctors, three or four Swiss nurses and an ICRC Red Cross relief worker and a dentist. From January to July, 25,525 patients were seen in 59 villages in the central zone and 26,425 in 98 villages in the eastern zone, taking the seriously ill to government hospitals.

Preparing for the future

At the end of Dr. Perrin’s mission to El Salvador, the assistance programme as a whole was examined by ICRC medical teams during working sessions held in September. The topics of food relief for the civilian population in the villages, water supplies and health care and education were discussed. The teams examined the methods used to monitor malnutrition and the types of food distributed. They stressed the importance of health education to enable the people to alleviate the difficulties they had to cope with. Some questions remain to be dealt with, in particular vaccination campaigns in the villages visited.

Dr. Perrin believes that two visits a month to the villages benefitting from Red Cross assistance would make the programme more effective.

Dr. Perrin concluded, however, that the joint ICRC-National Society assistance programme was hampered and its efficacy diminished for a number of reasons. The hostilities can render some of the villages inaccessible for short or long periods. Many of the villages needed assistance, but their needs were not always the same. In his view, there was no simple solution. He recommended treating each village as a patient it must be examined, its illness diagnosed and therapy suggested: improved nutrition, hygiene and public health programmes, medical care or training.

Programmes to improve nutrition and public health are the pillars of the ICRC’s medical assistance to El Salvador. If it cannot implement them, the need for medical assistance will increase along with the number of sick persons.

Relief gets through despite difficulties

Military operations in El Salvador, and the difficulties they pose to relief work, have forced the ICRC to significantly reduce its assistance programme in the departments of Morazan and La Union in the East of the country.

However, despite the situation the ICRC and the Salvadoran Red Cross managed to distribute more than 70 tons of relief to over 10,000 civilians in Eastern El Salvador during the month of September. At the same time, 16,500 displaced people grouped in 10 villages in the central zone also received food distributions.

The International Committee of the Red Cross (ICRC), together with the League of the Red Cross Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavors on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.
Delegate describes climax of operation that saw 4,416 freed

After delicate negotiations lasting several months in which the ICRC acted as intermediary between Israel and the Palestine Liberation Organisation, 4,416 prisoners were released in a spectacular operation supervised by the ICRC. A delegate who witnessed the final hours of the prisoner hand-over from an airport near Tel Aviv gives his personal impressions of the event:

ON A RUNWAY near Tel Aviv’s Ben Gourion airport the setting resembles a scene from some high budget film. As darkness falls and it becomes colder by the hour, a battery of flood-lights is trained on two white Jumbo jets, surrounded by dozens of slowly moving military vehicles, their headlights and flashing blue or orange lights reflecting on hundreds of troops moving around the tarmac.

It’s just after midnight local time and a convoy of buses arrives carrying the first batch of prisoners freed from Inasar camp in Southern Lebanon.

The buses turn and stop, then move again and disappear into the night, only to reappear on a runway some 500 metres away. Following the blue approach lights on the tarmac, they head towards a third aircraft just visible in the darkness, meanwhile more buses are arriving and park near the other two planes.

Vital stage

Then the events accelerate, flashlights explode in the distance between the buses and third plane — the press has arrived — and the prisoners have begun to leave the buses and walk to the furthest away plane. Nearer in the illuminated circle around the other two aircraft, more buses arrive but the doors are kept closed. On the tarmac, the ICRC delegates are anxiously holding walkie-talkies waiting for the message that will allow the first aircraft to receive take-off clearance.

Mission accomplished

This is the most delicate part of the operation. By radio and telephone, from Tripoli to Beirut, from Beirut to Geneva, then from Geneva to Tel Aviv, ICRC delegates are awaiting the message that the Israelis are at sea. Every message passes by the ICRC, from all sides, to ensure that every point agreed is followed.

Suddenly, the second plane receives clearance for take-off, and its jets roar into life. Months of discussions, and comings-and-goings to and from the Israelis and Palestinians by the ICRC, a thousand obstacles overcome, so that finally the operation could take place.

While the six Israeli prisoners are tasting freedom at sea, off Tripoli, 480 Palestinians are flying to Cairo, and others will be liberated in their turn, as 4,410 men are freed on one side and six on the other. The operation will make the front page in newspapers all over the world, and there will be a temptation to divide the numbers of those freed by both sides to arrive at an absurd exchange rate for human lives. The ICRC always viewed the operation in terms of addition 4,410 men plus six men have regained their freedom.

By Jean-Jacques Kurz

President’s visit to Iraq

THE PRESIDENT of the International Committee of the Red Cross, Mr Alexandre Hay, visited Baghdad last week for talks with the Iraqi government on the application of the Geneva Conventions in the war between Iraq and Iran.

Accompanied by the ICRC’s Director of Operational Activities, Mr Jean-Pierre Hocké, the President held two days of talks with leading members of the Iraqi government, including the Vice-President, Mr Izzat Ibrahim and the Foreign Minister, Mr Tareq Aziz.

Mr Hay brought up the question of the Iraqi bombardment of cities inside Iran, as well as the conditions of detention in Iraqi prisoner of war camps. The treatment of POW’s by both sides has been a point of major concern to the ICRC since its delegates began their protection visits to POW camps in October 1980, a month after the conflict began.

The discussions in Baghdad also covered the entitlement to protection under the Fourth Geneva Convention of displaced civilians on Iraqi territory, of the ethnic Kurd and Kuzistani populations.

The ICRC mission to the Iraqi capital follows a visit to Iran last September when talks centred on the conditions of detention of Iraqi POW’s held by the Iranians.

In May of this year, the ICRC issued an appeal to states parties to the Geneva Conventions to help put an end to violations of International Humanitarian Law by both sides.

ICRC gains release of French couple

A French couple held for more than a month by the Karen insurgents in Burma were handed over to ICRC delegates on November 25.

Following a request from the French government, the ICRC negotiated with the movement in the role of neutral intermediary, and secured their release for humanitarian reasons.
How some prisoners saw ICRC delegates

THE HAND-OVER, under the auspices of the ICRC, of six Israeli servicemen for 4,410 Palestinians and Lebanese held by the Israeli authorities was the culmination of action in their favour by the ICRC that had gone on since the events of June 1982.

All the prisoners released had received regular visits from ICRC delegates during their captivity — a service the ICRC renders to tens of thousands of prisoners the world over.

Demonstrations of hostility towards the delegates during these worldwide missions, from the prisoners or the authorities, are not uncommon. This hostile reaction, although unfortunate, must be met with comprehension by the ICRC in the higher interests of the humanitarian standards the institution strives to promote in any prison or detention centre it visits.

“Scapegoat”

While flying to Algiers after his liberation last month from Inasar camp, a Palestinian explained his own attitude and that of his fellow inmates towards ICRC delegates who visited them: “Many times we were unfair to the delegates because we made them the scapegoat for our situation, and sometimes we vented our pent-up rage against them.

“We even gave some of them derogatory code-names, which was unkind for deep in our hearts we appreciated what they were doing, in providing for our material needs and keeping us in touch with our relatives,” said the Palestinian.

This particular prisoner observed that the difficulties of the humanitarian function the ICRC is trying to exercise are not only in the Middle East but elsewhere, stem from the “weakness of human values in the modern age”.

“Because the application of humanitarian law and human rights in many circumstances is fictional, it is difficult for anyone to expect that the ICRC alone can make the fiction become reality, for sometimes they are attempting the impossible. But, we all appreciated what they did for us in Inasar Camp, and I hope we will always remember,” he concluded.

AICRC active during conflict between Palestinians in Lebanon

AFTER WEEKS of hectic activity to assist beleagured civilians in Lebanon’s Chouf mountains, the axis of the ICRC’s emergency action in the country shifted during November towards the Northern city of Tripoli — scene of repeated heavy artillery exchanges between Palestinian factions throughout most of last month.

In the Palestinian camps of Baddawi and Nahr-el-Bared, as well as in sectors of Tripoli itself, thousands of civilians were at the mercy of indiscriminate shelling, forcing the ICRC to appeal on November 4 for respect to be accorded to non-combatants and the wounded.

Simultaneously, the ICRC called on all sides to respect the neutrality of all hospitals and ambulances. Tripoli’s “Islamic Hospital”, along with an adjoining building, were “neutralised” by the ICRC, which coordinated the medical action.

In the first three weeks of November, more than 400 people were killed and over 2,000 wounded in the fighting. It was described by ICRC doctor, Daniel Dufour, as “excessively murderous”, and the ICRC medical personnel, including a surgical team from the West German Red Cross, worked for days on end in bomb shelters because of the intensity of the conflict.

Doctor Dufour, who was in Tripoli until November 10 to organise the ICRC’s medical operation, said that during the time he was there, he noted that the proportion of dead compared to wounded was very high, and that the civilian population was subjected to extreme suffering: “Because of the types of heavy weapons being used there was little we could do for the more seriously wounded, and the often indiscriminate nature of the bombardments left many civilian casualties.”

Lebanese Red Cross

Most of the medical work at the “Islamic Hospital” was carried out by a very able team of 10 to 12 Lebanese surgeons, with the ICRC’s medical personnel assisting.

The Lebanese Red Cross concentrated on transporting the wounded to hospitals and the ICRC delegates supplied provisions and medicines to other hospitals and clinics in the region. The National Society was active in the most difficult areas, and established a first aid and assistance centre in the village of Deir Ammar — situated between the two Palestinian camps — during the most intense fighting.

The ICRC was also present in the town of Halba, north of Tripoli, and delegates provided medical and food relief for the victims in that area.

Food distributions

Another concern of the delegation as the security situation deteriorated was the fate of tens of thousands of people who fled from outlying areas into Tripoli, where the restricted supplies of food, water and electricity posed further difficulties. More than 20,000 people in and around Tripoli benefited from Red Cross food distributions, which for four weeks up until mid-November totalled over 1,000 tons for the whole of Lebanon.

20 years of radio links

THE ICRC last month celebrated the 20th anniversary of its Red Cross radio communications service, HBC 88, by gathering together the various bodies that have lent their support to this vital element in the Committee’s worldwide operations.

In a speech marking the occasion, President Alexandre Hay referred to the significance of the ICRC radio network’s anniversary falling in World Communications Year, designated by the United Nations to promote the development of communications. He thanked the International Telecommunications Union for its benevolent approach to Red Cross needs, and the several Swiss organisations that have provided logistical and administrative back-up.
Over 700 Cubans flown home

NEARLY FIVE MONTHS after the opening of the ICRC hospital for Afghan war wounded in the Pakistani city of Quetta, in Baluchistan Province, the action is proceeding satisfactorily, with the number of admissions on the increase since the month of September.

More than 200 Afghan war wounded have been operated on by a surgical team from the Italian Red Cross, and over 700 others with less serious injuries have been treated as out-patients since the hospital was established in mid-July.

One of the biggest problems that faced the Quetta action, the transport of wounded from the border to the hospital itself, has now been overcome, with the setting up of two mobile first aid teams on the frontier. One of these is at the town of Chamran, from where there is a direct train link to Quetta, and since September 25 the Pakistan Red Crescent first aid workers have evacuated by train any wounded Afghans reaching this city. This mode of transporting the wounded is one the sub-delegation will seek to develop.

Cooperation

From the outset of the medical action, the intention of the ICRC has been to complement the hospital facilities already existing in the region, and in cooperation with the local authorities the ICRC hospital tries to keep its beds available for only the most serious cases, allowing the existing local clinics to assume greater responsibility for the lightly wounded.

Now that the initial difficulties facing the action have been overcome, ICRC delegates are concentrating more on the traditional task of disseminating international humanitarian law and Red Cross principles. Experience has already shown that the Red Cross, the Red Crescent and the ICRC are known by many, but their principles are understood by few, so that dissemination is an area of activity the delegates will be giving greater priority to. Contact has already been made with many Afghan organisations, in an attempt to bring protection and assistance to prisoners captured.

Tracing work in El Salvador

TRACING DELEGATES of the ICRC working in El Salvador received inquiries during the first 10 months of this year concerning 2,596 missing people. During the month of October inquiries on 227 people, presumably missing or detained, were made at the three ICRC Tracing offices in San Salvador, San Miguel and Santa Ana.

Of these, 71 were resolved, as were 56 pending cases from previous months.

In the activity closely related to tracing, protection, ICRC delegates during the same month visited 135 places of detention in the country.

On the relief side, difficulties persist for the ICRC in gaining access to victims living in combat zones of the departments of Morazan and La Union, but during October 25, 784 people in other areas received Red Cross food relief, distributed jointly by the ICRC and the Salvadoran Red Cross. In addition, the ICRC medical teams based in the capital and in San Miguel between them carried out more than 40 missions in October.

New accessions

The United Nations Council for Namibia has deposited for the territory its instruments of accession to the Geneva Conventions of 1949 and the Two Additional Protocols of 1977. The People's Republic of the Congo has also notified its accession to the Protocols.
Red Cross steps up emergency assistance operation in Uganda

FORCED TO FLEE their homes because of insecurity in three districts, north of the Ugandan capital Kampala — in Luwero, Mubende, Mpigi — an estimated 137,000 people are presently crowded together in some 37 camps scattered across a wide area.

They are living in make-shift shelters, sometimes around existing villages, where there is an almost complete lack of clean drinking water and basic sanitation.

Surveys put the general nutrition level as "very low" while evaluations north of the town of Nakaseke have come upon isolated groups of displaced people, with many of the children suffering from severe malnutrition.

An International Red Cross emergency programme, under the leadership of the International Committee of the Red Cross has been decided and began in October. It was gradually stepped up during November with food and medical help now reaching all the known camps.

More than 110,000 people received food assistance during last month consisting mainly of distributions of rice, maize meal, beans and other basics.

On the medical side, there is a deployment of six medical teams and plans to establish three more so that a wider area can be covered as frequently as possible.

During November, several thousands patients received medical attention and vaccinations were given where necessary. In the coming month emphasis will also be put on the setting up of health education programmes.

TWO MEMBERS of a Ugandan Red Cross medical relief team, a nurse and a driver, were killed and three others wounded when their vehicle was fired upon by unidentified gunmen north of the capital, Kampala.

The tragic incident, deplored by the Red Cross movement, occurred on November 24 on the road between the capital and the town of Nakasongola. The three wounded, two Ugandan Red Cross doctors and a nurse, were evacuated to a hospital at Mulago.

According to the Ugandan Red Cross, there were 10 people traveling in the vehicle — marked with the Red Cross emblem — at the time of the incident, eight of them URC personnel and two people being transported.

It has to be stressed that thanks to the URCS infrastructure and the motivation of its members the International Red Cross emergency operation has developed rapidly.

The League of Red Cross and Red Crescent Societies, which has supported the URCS since March 1983 has integrated its programme into the International Red Cross operation and will continue to support and advise the National Society during the emergency phase by financing its basic running costs.

The tragic incident, deplored by the Red Cross movement, occurred on November 24 on the road between the capital and the town of Nakasongola. The three wounded, two Ugandan Red Cross doctors and a nurse, were evacuated to a hospital at Mulago.

According to the Ugandan Red Cross, there were 10 people traveling in the vehicle — marked with the Red Cross emblem — at the time of the incident, eight of them URC personnel and two people being transported.

It has to be stressed that thanks to the URCS infrastructure and the motivation of its members the International Red Cross emergency operation has developed rapidly.

Delegation returns to N. Chad

ICRC DELEGATES have re-established a delegation in Northern Chad to care for victims, mainly prisoners of war, of the heavy fighting in the North a few months ago between the forces of Mr Goukouni Oueddei and the government in N’Djamena.

The delegation was set up on November 13 in the Tibesti area of North-Western Chad, in the town of Bardai, and consists of six delegates, including a doctor and a nurse. They have already begun a series of visits to POW’s being held in the region.

The previous ICRC presence in Northern Chad was in the oasis town of Faya Largeau, where ICRC medical personnel treated hundreds of sick and wounded from both sides during the events of last July and August.

The ICRC also has three delegates in the Chadian capital, N’Djamena.