The Khmer-Thailand frontier — evacuation of 7 refugee camps

After the events which took place at Nong Chan on 18 November, during which the whole camp population (about 20,000 people) was transferred to an evacuation area on Thai soil, other Khmer refugee camps on the frontier were the scenes of combats in December, or suffered from strong military tension.

Following various alarms, about 1,300 residents of Nam Yum camp, in the north sector, reached an evacuation site in Thailand on 9 December. On 11 December, 8,500 refugees from Sok Sann camp, in the south sector, who had been in an evacuation area since last spring, reached in their turn a new refuge on Thai soil. On 15 December, the population of Ban Charat camp took temporary refuge in Thailand.

The evacuation of Samet

Finally, the biggest camp on the frontier, Samet (about 62,000 people) was in its turn the scene of fighting on 24 December. Because of the strong tension that already existed around the camp, the inhabitants had been ready to evacuate it for several days. The whole population thus took refuge on Thai soil. The same day, similar events took place at O’Bok, while at Ampil camp (Ban Sa Gnae), the refugees, frightened by loud noises coming from Samet, moved off in the direction of the large ditch which Khmer refugees are only allowed to cross when their camps become the scenes of military operations.

By the end of December, about 120,000 Khmer refugees had to leave their camps, and most of them are still living in various evacuation areas in Thailand.

War wounded

Up until now, despite the growth in the number of wounded, the ICRC has not had to reinforce its medical dispositions. Three medical teams are present in the ICRC’s surgical hospital at Kao I Dang, and another at Kab Cherng hospital. Between 30 November and 31 December, 313 war-wounded were evacuated to Kao I Dang and 53 to Kab Cherng. The two hospitals, respectively, have treated 103 and 44 surgical cases. The majority of wounded were evacuated thanks to the ICRC ambulance system. Every time possible, dispensaries run by voluntary organisations have been installed in the evacuation areas, or near them, thus allowing an evaluation of the wounded and rapid treatment of minor cases.

During the whole time, the ICRC has recalled to its interlocutors the fundamental rules of international humanitarian rights, and also its readiness to evacuate all the wounded in a conflict situation, regardless of their nationality, or whether they are civilians or military.

During December, a local Swiss radio station, Radio 24, launched an appeal to its listeners in favour of Ethiopia. Radio 24 proposed to give the proceeds of the campaign to the ICRC, which submitted it 4 projects to be financed over 3 months. These are the feeding centres at Maychew, Axum and Adwa, for a total value of 1 million Swiss francs, and a paediatric hospital at Mekele. The appeal was broadcast by Radio 24 on 7 December; by 17 December, the total contributions neared 1 1/2 million francs. An aircraft, chartered by the ICRC in Switzerland, and loaded with materials for the new clinic in Mekele, arrived in Addis Ababa on 22 December. The material was loaded onto 2 Transalls which took it to Mekele the same day. In the meantime, other Swiss Radio stations, as well as a daily paper, the “Zuger Tagblatt”, joined in the campaign.
The ICRC and the fight against Torture

On 10 December 1984, the 36th anniversary of the Declaration of Human Rights, the General Assembly of the United Nations unanimously adopted the project of a convention against "Torture and other cruel, inhuman, or degrading treatment", which will be submitted to Member States for signature and ratification. It calls on all States party to it to take measures to prevent torture, and to declare torture a crime under national law. Other articles provide that torture may be extradited, and for compensation for victims. A system of control by an independent committee is being instituted.

The ICRC considers the convention as a step in the right direction. However, much more needs still to be done before torture, once the worst evils, will be completely eradicated.

Fighting against torture has been a permanent and a priority preoccupation throughout Red Cross history.

The Geneva Conventions — all four of them — contained several articles forbidding torture: among other articles, which prohibits: "violence to life and person, in particular murder of all kinds, mutilation, cruel treatment, and torture;" and later, "outrages upon personal dignity, in particular humiliating and degrading treatment."

The Additional Protocols maintain and reinforce this position. In a world where torture and degrading treatment, both physical and mental, are only too well known to happen, what practical steps does the ICRC take to prevent and discourage torture?

Prison visits by the ICRC are a strong practical safeguard. In international conflicts, the ICRC has a right to visit prisoners of war and civilian internees; in the case of civil wars or internal troubles, the ICRC may volunteer its services on the basis of its universally recognized humanitarian right of initiative. If these are accepted, the ICRC will visit detainees, and interview them without witnesses, as in international conflict situations. The ICRC, as a neutral organisation, normally refrains from making public denunciations of any nation, person or place; unless, of course, serious and repeated violations occur. After the visits the ICRC presents a report to all the authorities concerned on the conditions under which prisoners are detained and if necessary, recommends steps to be taken to improve the treatment and conditions of detention.

The ICRC and the fight against Torture

Visits in South Lebanon

When the visit to Insar, South Lebanon, took place on 11 December, the camp complement was 1,142 detainees, of whom 47 were new prisoners. Furthermore, ICRC delegates visited weakly the interrogation centres at Nabatieh, Tyr and Mar Elias. In all, only 26 detainees were registered in these centres, after 8 weekly visits during the months of October and November. By the beginning of December, there were only 3 persons to revisit, all the others having been transferred to Insar or released.

Prison visit: meeting between a delegate and a prisoner. (Photo: T. Gassmann)

Protection in Latin America

On 6 December, an ICRC doctor and delegate visited the Pisagua camp in Chile. They found 426 detainees, with whom the delegates were able to have interviews without witnesses. On 4 December, delegates visited 40 people at a post of the "Policía de Investigaciones" at Santiago.

In Peru, after a visit to Callao prison, delegates visited, on 12 December, the Dicorté centre, where they registered 8 new detainees. The 12 and 13 December, 269 detainees were visited at Frontón prison, and during a further visit to the Chorillos women's prison, on 14 December, 144 detainees were visited.

In Salvador, the FMLN freed on 11 December, under ICRC auspices, 43 soldiers of the Salvadorian army held since 1 December in the central zone, to the east of San Vicente.

Finally, in Nicaragua, ICRC delegates made a further visit to Tipitapa prison where they saw 2,391 detainees, while 1,874 medical consultations were given in the prison.
Philippines 1984/1985: Increased assistance to displaced persons

From 1980, the ICRC, together with the Philippine Red Cross, has been concerned with the fate of displaced people in certain areas of the archipelago, particularly in Mindanao (south of the country) and Samar (an island in the Visayas group); and has set up an emergency relief feeding programme for them.

The joint action by the ICRC and the National Society, modest at the start, took on a new impetus from the beginning of 1984. Many medico-nutritional surveys, made by ICRC experts, led to a reorganisation of the relief programme, which affected staff, the infrastructure and even the conduct of the operation. The object of the reorganisation was to offer better help to the victims. In order to increase their effect, the quantity of aid distributed, and its quality, have been improved, and specialists on the Philippine Red Cross staff increased. Further, a medical co-ordinator and a relief delegate, specially concerned with the relief programme for displaced persons, joined the ICRC delegation in Manila during the second quarter of 1984. New vehicles were bought, and depots hired. More drivers and warehouse staff have been engaged.

The relief programme comprises two parallel activities: — the distribution of emergency rations, for a period limited from a few days to three weeks at the maximum, to newly displaced people. Daily rations consist of 200 g of rice per person. Within this programme, 405 tons of rice, a gift of the EEC, have been distributed to 76,886 families, that is 364,230 people, including 154,819 children.

In 1985, the nutritional value of the rations will be augmented by a ration of vegetable oil, 30 g per person per day. — the setting up of nutritional centres for supplementary feeding for malnourished children, and, if necessary, to certain particularly vulnerable categories of people (pregnant women, nursing mothers, sick or elderly people). At the end of last year, 522 feeding centres were operational in Mindanao, in the ‘pilot’ provinces of Maguindanao and Davao del Norte; a total of 38,000 children received supplementary feeding consisting of milk, oat flakes, vegetable oil and sugar.

In 1985, elementary hygiene and public health lessons will be given to people at the feeding centres. During 1984, and always within the framework of the double aid programme, the ICRC gave to specialist Philippine Red Cross personnel 130 scales, 30 standard medical units (10 dispensary units, 10 paediatric units, 10 dressing units), as well as laboratory equipment to test for para-sitical diseases affecting the beneficiaries at the feeding centres, for a total value of 30,000 Swiss francs.

These medico-nutritional programmes will be continued this year, and, according to needs, extended to other regions in the Philippine islands. On the basis of the rations distributed in 1984, and allowing for a reserve, the distributions of emergency rations should, in 1985, reach 600,000 people; as for the feeding centres, it is planned that they will help 30,000 people throughout the year.

Ten people arrived in Portugal on 15 December from East Timor to rejoin their families. Another family of 9 people arrived in Lisbon on 16 December. Within the framework of the family reunion and repatriation to Portugal programme organised under the auspices of the ICRC, 342 people were able to leave East Timor between 1979 and 1984.

Philippines: beneficiaries often use water-buffaloes to transport their rations. (Photo: N. Sommer)

Some figures:

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantities distributed (food/kg)</th>
<th>Cost (Swiss francs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>800,000</td>
<td>2,325,660</td>
</tr>
<tr>
<td>1981</td>
<td>1,282,150</td>
<td>2,556,346</td>
</tr>
<tr>
<td>1982</td>
<td>1,853,725</td>
<td>3,067,708</td>
</tr>
<tr>
<td>1983</td>
<td>2,050,030</td>
<td>3,748,505</td>
</tr>
</tbody>
</table>

Finally, from 1 January to 31 October 1984, 1,442,330 kg of food were distributed, at a value of 2,350,370 Swiss francs.

Budget 1984 (from 1/6 to 31/12): 7,623,070 Swiss francs.

Budget planned for 1985: 8,120,500 Swiss francs.

New first aid post on the Pakistan frontier

In order to improve the quality of the aid given to war-wounded in the Afghan war, the ICRC opened last month at Alizai, about 28 miles south of Parachinar, a new first aid post, operational for the whole winter. At once the post was extremely busy: 20 wounded received first aid there, of which 9 were transferred by ambulance to Peshawar.

Alizai is now added to the three posts already existing in Parachinar, Miramshah and Wana, from which war-wounded are transferred to Peshawar, and the two at Chaman and Badini, which are in liaison with the ICRC hospital at Quetta, in Baluchistan. In all, 109 wounded were treated in these posts, run by medical personnel of the Pakistan Red Crescent; and 68 others were evacuated to Peshawar or Quetta.

Women and children

In general, the ICRC delegation in Pakistan has noted a growing number of women and children among the Afghan war-wounded during the course of this month; moreover, patients treated in the hospitals had all been recently wounded (2 to 3 days before). (Continued page 4)
From donor to beneficiary: Keeping track of goods in a relief operation

Among the questions most frequently asked when a large-scale relief operation is under way, such as in Ethiopia or Angola, is: can we be sure that the donations or supplies actually reach the affected people? This question can be answered at any time in detail by the ICRC, which keeps careful and detailed records of every item, from the moment it enters the pipeline on its way from donors, or the ICRC, to the moment it is actually seen put into the hands of beneficiaries. All documents are available to trace the donations from source to delivery.

The Relief Division in Geneva is the essential bridge between the donors of relief goods and the delegate in the field. If a donor government or organisation wants to supply goods for relief purposes, they are sent to the ICRC in Geneva for use in the field. These goods are under the supervision of delegates who are specially concerned with relief goods and the delegate in the field. The goods, their nature, packing and shipment are carefully accounted for at all times, from the moment it is offered to, or bought by, the ICRC until they are given to the victims after the situation has been clarified, and which create new needs, or those which are not naturally available to the victims selected by the ICRC.

The ICRC knows exactly where every item is going. Naturally, this presupposes an adequate infrastructure, which covers evaluations, stockage, transport and reporting systems, operated by conscientious specialists, using tried and true methods, both in Geneva and in the field. What really happens

Now for some concrete examples: The EEC donated 796,750 kilos, 15,935 bags, of wheat flour, which received the ICRC reference of ETH 0090, and was destined for Ethiopia. This flour was ordered by the Relief Division on 20 December 1983, and arrived in stock in Ethiopia via Massawa on 1 May 1984. The first 138 flour bags were distributed to 674 needy people in Warab, Tigré, on 12 June, and they continued to be drawn upon for displaced and needy people in Tigré and Eritrea until the last 67 bags were distributed to 491 people at Mekele on 31 August 1984. Two pages of computer print-out record in meticulous detail the places of distribution and the number of people assisted.

Another example: Two Volvo trucks were donated to the ICRC by the Swedish Red Cross, and earmarked for Ethiopia, no. ETH 0107. They were ordered on 1 May 1984, arrived at Massawa on 26 August, and were attached to the Asmara ICRC depot for service in the north zone of Ethiopia. Finally, 500,000 kilos of beans were bought in Ethiopia, 7143 sacks, on 1 May 1984. On 2 May, the first 10 sacks were distributed to 205 prisoners-of-war in Harar. Finally, on 11 October, 1 sack was given to 68 displaced persons in Libela, Wollo, and the remaining 8 sacks to prisoners-of-war in Harar on the same day.

Thus, throughout the whole of its passage through ICRC hands, an individual lot can be traced from the moment it is offered to, or bought by, the ICRC until the final distribution to the victims selected by the ICRC is made. The ICRC supervises all the logistical stages, and files written reports, which are held at the disposal of donors, who may thus be sure that relief goods really do reach the needy victims.

Ethiopia: flour distribution at Mekele. (Photo: F. Steinemann)
Action Ethiopia 1985: increase in programmes

The ICRC intends to devote more than 89 million Swiss francs to its relief programmes in Ethiopia in 1985. Such a sum is needed to give hope to some of the innumerable people who have reached the depths of poverty and suffering.

The joint relief operation launched in 1981 by the ICRC and the Ethiopian Red Cross in favour of the victims of drought and internal "troubles" was already increased in 1984. In April of that year, 844 tons of relief was distributed to 73,800 people; by the end of December, aid amounting to 3,406 tons was given to 268,000 beneficiaries in the provinces of Tigré, Eritrea, Gondar, North Wollo and Harrar.

The ICRC's aim in 1985 is to be able to assist half a million people in the same provinces in the north of the country.

Most of the food is taken by truck from the ICRC warehouses to the distribution points. However, regions inaccessible by road are supplied by air. The ICRC delegation now has 3 aircraft: 1 Hercules, 1 Twin Otter and 1 Pilatus Porter. Distributions are generally made of rations for 1 month, or half rations when other food sources exist. A full ration gives some 2,000 calories per person per day, and consists of 12 kg of wheatflour, 2 kg of horse beans/chick peas, and 1.2 kg of butteroil. In mid-January, there were 19 distribution points.

Medical aid

In parallel to food distributions, the ICRC gives medical aid to victims of the Ethiopian situation. Medicines and materials are given to existing hospitals, and also medico-nutritional programmes continue to give aid to the most vulnerable (infants and their mothers) with intensive feeding and medical care. At Mekele, capital of Tigré, a new feeding centre was opened on 14 January; it gives 4 meals a day to 1,000 children and their mothers. The old centre was able to feed 600 mothers and children. Two tents serve as a temporary clinic while the new 50-bed paediatric clinic is being built by the ICRC.

Another centre, at Axum, Tigré, together with a clinic-dispensary, opened on 7 January, and treats 100 people per day. An ICRC doctor is in charge, assisted by New Zealand Red Cross nurses. Two further feeding centres are being built, at Adwa and Maychew, and will be run by 2 doctors and 6 nurses.

At mid-January, the ICRC delegation in Ethiopia consisted of 50 delegates, including 3 doctors and 11 nurses, together with 300 Ethiopian employees.
Mr Alexandre Hay, President of the ICRC, gave his yearly conference to representatives of the international press on 10 January. More than 40 journalists were present. Mr Hay first of all gave a survey of the operations currently being undertaken.

In Latin America, the President mentioned the protection activities of the ICRC in El Salvador, the Argentine, Uruguay, Chile and Peru.

For Asia, he dwelt particularly on the situation, which he qualified as “intolerable”, on the Thai-Khmer frontier, which has lasted for more than four years, and where more than 250,000 refugees are constantly exposed to the fighting between the various warring factions. Mr Hay equally deplored the absence of the ICRC from Afghanistan, adding that ICRC surgical teams continue to treat war-wounded Afghans at Peshawar and Quetta, in Pakistan.

Speaking of the Middle East, the President recalled that the ICRC has been present in the Lebanon since 1967, and that its activities in the south of the country are particularly extensive. He evoked the three appeals made in 1983 and 1984 to the Community of States, requesting their intervention in order that humanitarian law should be respected in the conflict between Iran and Iraq, and also the number of attempts undertaken by the ICRC to encourage a better application of the fourth Geneva Convention in the territories occupied by Israel.

Mr Hay indicated that the ICRC had not encountered any major problems in Europe, announced the closing of the ICRC delegation in Poland, and mentioned visits to detainees in Spain and Ireland.

Africa, described by the President as “a Continent torn apart by conflict and natural catastrophes”, absorbs two-thirds of the ICRC’s operational budget. Mr Hay emphasised the large-scale aid programmes undertaken by the ICRC in Ethiopia and Angola for victims of “troubles” and famine.

Following his operational outline, the ICRC President expressed himself vigorously for a humanitarian general mobilisation. The ICRC is more and more concerned by the incessant violations of humanitarian principles, and by the obstructions made to its operations. “The world”, said he, “is on an extremely worrying slope”. Mr Hay deplored the tendency of governments, faced with current crises, to place humanity second in their order of priorities, and he appealed to the international community to help the ICRC in its struggle for the respect for the Geneva Conventions and International Humanitarian Law. The President reminded the conference that 161 States are now party to the Geneva Conventions — nearly all the countries of the world — and that, stemming from this, they each have the obligation, not only to respect the Conventions, but also to make them respected, failing which they become accessories to any violations committed.

“In the face of the immense humanitarian needs of the future, a considerable effort is necessary”, declared Mr Hay, who quoted some revealing figures to show the rising number of conflicts, and their implications for the ICRC:

In 1974, he said, the ICRC had 357 delegates and staff; at the end of 1984, it had 890, including 455 permanently in the field, plus 1,000 local employees. In 1974, there were 16 ICRC delegations. Ten years later, there are 36, and 16 sub-delegations. “In the face of the growing number of conflicts, their increasing diversity and length” continued Mr Hay, “in the face of inhumane treatment engendered by ideologic, not to mention religious and racial, intolerance; in the face of the lowering of respect paid to treaties and to laws generally; only a concerted action by all the vital forces of universal humanitarianism, only a mobilisation of States and peoples, will be capable of raising, in a definitive manner, the level of humanity in conflicts... failing the ability to suppress them altogether.”

Dongrek evacuated

17,000 Khmers refugees, together with 4,400 Vietnamese refugees, evacuated Dongrek camp during the night of 24 January after several shells fell on different sections of the camp. There was apparently no military presence there. The camp is situated in the central sector of the Thai-Kampuchean frontier.

The population found refuge some 3 kms (1.8 miles) from the camp on Thai soil. 26 wounded, among them 10 serious cases, were evacuated to the ICRC surgical hospital at Kao I Dang. This latest evacuation has brought the number of temporary refugees in Thailand since November 1984 to more than 180,000.

Of the 4,400 Vietnamese refugees collected at Dongrek, 54 have been accepted for resettlement by Canada, France, the German Federal Republic, Great Britain, Holland, New Zealand, the USA, Sweden and Switzerland, and were able to be transferred the following day to Panat Nikhom camp under the auspices of the ICRC.
The Standardisation of Medical Material

Nowadays, the standardisation of medical material embraces many domains, and for this reason, specialist organisations, both national and international, take care of it. The Red Cross constantly benefits from the progress now being made in this field; however, in the past, it was the Red Cross itself that for many years was a pioneer of standardisation.

1863-1925

Inspired by Henry Dunant's wish for first-aid societies for the wounded, the Geneva Society for Public Service organised, in 1863, an international conference to study ways to combat the insufficiency of military medical services. In a report on the conference, it is stated that "it would be useful, with a view to improving medical equipment, to have somewhere a collection of all the material in use (ambulances, vehicles, dressings, hospital furniture, etc.); a kind of permanent exhibition or museum where a comparative study may be made of the methods used by various armies."

During the first International Conference for the existing National Societies (Paris, 1867), an exhibition of medical material was organised in conjunction with "Exposition universelle". Visitors were able to see models of ambulances and field-hospitals, as well as the first individual dressing packs carried by Austrian soldiers, besides instruments, stretchers, and medical kits. During 30 sessions, spread over 3 months, experts sent by the National Societies evaluated the material exhibited.

Three resolutions on medical equipment were adopted by the second International Conference (Berlin, 1869). The first, in particular still holds good when all the difficulties encountered in accepting only necessary and usable equipment in emergency situations are experienced: "Gifts of material shall be submitted to a strict examination before dispatch to the theatre of war." The third International Conference met at Geneva in 1884. Societies and Associations to aid wounded, the first-aid societies for the wounded, the Geneva Society for Public Service or associations, were invited to make known the material in use (ambulances, vehicles, dressings, hospital furniture, etc.); a kind of permanent exhibition or museum where a comparative study may be made of the methods used by various armies."

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In brief...

In December 1984, ICRC delegates in El Salvador made 143 visits to places of detention. During that month, they distributed "Christmas presents" to all the country's detainees, irrespective of whether they were detained for reasons connected with conflict, or were common law offenders. Thus, 3,800 prisoners were given blankets, towels, mats, hygienic articles and cigarettes.

Between 18 and 22 December 1984, 3 places of detention in Paraguay were visited by the ICRC. These were the prison and the "Guardia de Seguridad" at Tacumbu, together with the Buen Pastor prison. ICRC delegates saw a total of 16 detainees in these 3 prisons.

In the Philippines, the series of standard visits to places of detention, which began on 9 July 1984, enabled ICRC delegates to see by mid-December 552 people detained in 59 places situated in 6 regions and Manila. The country consists of 12 regions, so half of them were visited last year. The series restarted in mid-January, and should finish in the first quarter of 1985.

On 17 January 1985 Kuwait deposed with the Swiss Government its instrument of adhesion to the first and second Protocols additional to the Geneva Conventions. The Protocols enter into effect for Kuwait on 17 July 1985. It should be noted that Kuwait is the 50th State to adhere to one and/or the other of the Protocols additional of 1977.
time, the term "standardisation". This paper was mainly concerned with stretchers: "It seems timely to consider the unification, not of different types of stretcher, but of certain of their dimensions, and of the methods for suspending them in any vehicle...". During the Conference (Geneva 1925), the idea of a commission to deal with a given definite shape, by the founding, in the same year, of an International Institute for Medical Equipment Studies, inaugurated on 19 November 1925, and which nominated a Standardisation Commission. Material was sent to the Institute by 30 nations; 3 years later, it had 150 different types of stretcher.

1925-1938
The thirteenth International Conference (the Hague 1928), again dealt with medical equipment standardisation, as well as the development of hospital aircraft. The First World War had shown that standardisation was essential.

At Tokyo, in 1934, the fifteenth International Conference recommended the universal use of a handbook published by the League entitled "Hygiene and Medicine on board". The Conference also expressed the wish that the League should study the standardisation of medical packs and first-aid kits for aircraft, and the possibility of publishing a handbook for airports, hospital planes, and general aviation. It charged the Standardisation Commission with answering requests for studies and information on specific points as well as performing its mandated tasks. From 1934, the International Standardisation Commission became the Permanent International Study Commission for Medical Material. Resolutions concerning the standardisation of 21 different articles were adopted at Tokyo.

As in 1912, on the eve of the First World War, the sixteenth International Conference, meeting in London in 1938, gave recommendations influenced by the then political situation, among them to have ready practical medical material, appropriate for different eventualities, and to organise a transport system adapted to all circumstances, by means, if needed, of aircraft, the uses of which had become more and more apparent. The conference also adopted further resolutions on the standardisation of materials.

Specialised Organisations
For 10 years, nothing further was heard of the Standardisation commission. In 1948 report, the ICRC pointed out that during the Second World War, standardisation of medical material was far from being achieved.

The eighteenth International Red Cross Conference (Stockholm) in 1948 expressed the wish that responsibility for unifying medical equipment, both for civil and for military use, should be taken by the World Health Organisation. The WHO, when consulted, refused the task. For its part, the Board of Governors of the League underlined the need for closer cooperation between the League and the ICRC concerning medical equipment studies.

Following the refusal of WHO, and taking notice of the League’s request, a League-ICRC commission, completed by 4 outside experts, met in January 1942. During that meeting, it was brought out that, in view of the conditions of modern warfare, medical material interested not only military medical services but also civilian services, and that numerous international organisations had come into being, specialising in the problems that the commission previously had been the only organisation to consider. The standardisation of stretchers and blood transfusion equipment, for example, had been considered by the International Standards Organisation (ISO), and the ICRC and the League made contact with it. The ISO declared itself ready to consider any subjects proposed by the commission.

During the Toronto International Conference (1952), the Commission was reorganised, changing its name once again. It took up its work in December 1952. But from that date, its importance in the Red Cross world diminished, owing to the existence of many other specialised organisations. Thus the nineteenth International Conference (New Delhi 1957), in cooperation with the advice of the League and the ICRC, dissolved the Commission.

After many tentative essays, and a fruitful period between 1925 and 1938 in the standardisation field, this Red Cross activity officially ceased in 1957.

Distribution Standardisation
The ICRC, and particularly its Medical Division, founded in 1977, nowadays pays particular attention to the standardisation of distributions of materials and medicines used in the field, and also to the standardisation of methods of treatment.

In fact, when large-scale operations (such as Kampuchea 1979, or in the Lebanon) are undertaken, it is impossible for the ICRC to furnish each hospital with equipment and products that each of them individually requires. It is therefore necessary to standardise distributions, while adapting them to the various hospital structures.

In order to react quickly in emergencies, equipment stocked in Geneva must be prepacked, and immediately ready for dispatch to new conflict areas. Thus a certain number of standard assortments have been made, each containing the necessary material to deal with a precise medical situation, and medicaments that, despite a limited choice, allow a maximum number of different treatments. These assortments, put together before the precise destinations are known, may sometimes contain too much or not enough of a given product. Once the first urgent phase has been dealt with, assortments that correspond more closely to local needs may be made up and distributed.

These methods are not only practised by the ICRC, the WHO, the League of Red Cross and Red Crescent Societies, and many other organisations also make up standard medical assortments adapted to their own fields of action.

The International Committee of the Red Cross (ICRC), together with the League of Red Cross and Red Crescent 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 orthopaedic centre in Peshawar produces its first artificial foot

This month the ICRC orthopaedic centre in Peshawar produced its first artificial rubber foot. Previously artificial feet for Afghan amputees were made at Jaipur, India, and imported into Pakistan. Now that the workshop is able to make artificial feet itself, the Peshawar orthopaedic centre will no longer need to import ready-made prostheses.

Since December 1981 the centre has supplied 1,446 patients with prostheses. Since February 1984, the date when the orthopaedic centre was opened, 246 patients have been admitted both for fittings and for re-education.

Forty prostheses and ten orthopaedic devices are manufactured monthly in this centre. The orthopaedic centre can now handle all the cases virtually without delay. The amputees who come for treatment are attended to the same day or the following day at the latest. Two nurses and an assistant make the bandages and see to the hygiene needs of the patients. An assistant psychotherapist, who had already worked in the ICRC surgical hospital in Peshawar and in the orthopaedic centre for more than one year, is in charge of re-educating the patients and collaborates closely with the orthopaedic technicians. No amputee who has been fitted with an artificial limb by the ICRC leaves the centre before he can walk properly.

Surgery

In 1984, the ICRC paraplegic centre, in the outskirts of Peshawar, admitted 186 patients, including 88 Afghans. This centre is open both to wounded Afghans and to Pakistani paraplegics, and at the end of January there were 77 patients receiving treatment. As at the orthopaedic centre, all the equipment for the paraplegics is manufactured on the spot: in January 13 wheel-chairs, 25 pairs of crutches and 20 pairs of splints were made.

During the month, 175 wounded were admitted for surgery to the hospital in Peshawar and the hospital in Quetta. The number of patients coming to the first-aid post at Parachinar was unusually high because of the particularly severe situation during the second half of January in the Afghan provinces bordering the frontier with Pakistan.

A first-aid course, organized on the same lines as the first-aid courses in Peshawar and lasting four weeks, started in Quetta at the end of January. Sixteen students out of a total of 144 candidates have been selected for this first session. In Peshawar fifteen students have passed the examination completing the 27th first-aid course run by the ICRC.

El Salvador: Vaccinations

On February in El Salvador the ICRC started a vaccination programme for children under three in the conflict zones. By mid-February, some 850 children had been vaccinated by the ICRC in Jucuaran in the eastern part of the country.

The project was set up by the Minister for Public Health in El Salvador and is sponsored, technically and financially, by UNICEF with the aid of other organizations. Its purpose is to vaccinate, throughout the entire country, all Salvadoran children under three years of age (about 400,000) against polio, measles, diphtheria, tetanus and whooping-cough. As a neutral humanitarian institution accepted by all the parties, the ICRC is helping to implement this programme in the conflict areas; on the one hand, the FMLN opposition movement (Farabundo Martí National Liberation Front) has agreed to this and, on the other hand, the army has given its assurance that the ICRC will have free access to the areas concerned and that there will be no military intervention while this operation is taking place. The ICRC considers this vaccination campaign as part and parcel of routine medical consultations for the civilian population in conflict areas.
Eye-witness accounts from Ethiopia
Related by Friederich Steinemann, ICRC information delegate

Friedrich “Fritz” Steinemann spent 45 days in Ethiopia from 15 December 1984 to 1 February 1985.

...After 13 years with the ICRC I thought I knew just about everything there was to know about human misery. Yet, when I entered the feeding centre in Mekele for the first time and beheld the heart-rending sight of all those youngsters — some ten-year-old children scarcely 7.5 kilos in weight — I was so shocked that I had to leave straightaway. Once outside I started to cry.

This abrupt encounter with such a terrible reality brought home to me just how enormous the task was going to be to save those who could still be saved. During my mission I felt an unbounded admiration for the relief workers, doctors, nurses and delegates who are struggling unrelentingly every day to improve the lot of the starving people in Ethiopia.

The people affected are recipients of the general ICRC relief supplies: monthly basic rations enabling them to survive in harsh conditions and providing them with 2,200 calories per day. However some of them, mostly children, can be saved only by special intensive feeding. For this reason feeding centres were set up in Mekele, Axum, Maychew and Mehoni in the Tigre region to supply highly nutritious food to the youngsters most affected. The nurses and relief workers running these centres share a sense of untiring dedication and patience. Four times a day they have to take all these children in their arms and feed them practically by force: they are so famished that they immediately bring up all their food. Their stomachs are so contracted that in no way can they absorb solid food. This is why they are fed a kind of porridge, made up of powdered milk, sugar and butter oil — a small quantity of very highly nutritious food which, in their condition, is the most they can assimilate.

After one or two weeks, sometimes more, the children are once again capable of eating on their own and with a highly nutritious diet put on about 200 g. per day. There is another difficulty in nursing the most serious cases: practically all the calories consumed during the day are burnt up by the body in its struggle against the chilly nights. As a result, children are dying despite efforts to save them. To partially overcome this problem the people in charge of the centres heat the rooms with small braziers.

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A description of three cases

I decided to follow the progress of three new little patients in the Mekele food centre.

The first arrived with her mother, who was divorced. Both mother and daughter were haggard and emaciated. Despite all the efforts made to save her, the child died the next day.

The second had but her father, a widower, and what a wonderful father he was! One felt that his whole life was centred on his little girl, so near to death like all the new arrivals at the centre. He radiated tenderness and touching affection. Not only did he spoonfeed her as attentively as a mother would, but also broke off little pieces of the flatbread he himself was eating and every time slipped them gently between his daughter’s lips...

The third baby was entirely being looked after by her “big” nine-year-old sister; the two children were probably orphans. The elder one was a bit solemn, through harsh experience older than her years, and she took care of her younger sister in the way an adult would.

When I left Ethiopia these two children were judged to be off the danger list.

One day we found this little two-year-old girl all alone in front of the feeding centre. To this day no one knows how she got there. She was like a little skeleton as is the case, alas, with many of the children in Mekele. We fed her and when evening fell she did not want to leave. The guard allowed her to sleep in the centre itself. She has stayed, put on weight and has become a kind of mascot for all the delegates and volunteer workers in the centre. The delegates call her “Miss ICRC” and the volunteer workers have given her a name which means “the unexpected one”. When she first came she did not speak. Now, all day long, she coaxes the other children to eat. She is an adorable little girl. What will happen to “Miss ICRC”, a waif with no one in the world, the day the centre packs up and leaves. A host of other more pressing problems prevents us from thinking about it too much for the moment...

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reached 80 per cent of normal weight they are included in the general distributions and they can then leave the centres. With luck they will not need to come back.

It is very frustrating to realize just how limited one’s means are when faced with so many people in need of help. For example, when I first went to Mekele the feeding centre could look after only 500 children; at seven o’clock every morning several hundred mothers and children were in front of the mission awaiting admission but we could do nothing for them. All these people would leave three hours later when they realized that no aid was forthcoming and would return the following day. To deal with this situation the ICRC decided to allocate extra funds to build a second centre. It was completed in December, opened at the beginning of January and, a notable improvement, was able to take care of 1,000 children.

Drought and hygiene

The most serious problem is the scarcity of water and there is no way of remedying this on a long-term basis. In Mekele each person has to make do with only two litres of water a day and that is all he has for drinking, cooking, personal hygiene and washing his clothes. An utterly impossible situation. Moreover, all these people are unused to living in crowded camps: in the past, each family had its own house completely surrounded by bushland. Indeed the 20,000 displaced people at Mekele are living in conditions where the hygiene is deplorable. One nurse, lent to the ICRC by the Australian Red Cross, spends her days teaching them the rudiments of hygiene; she shows children how to clean their noses and how to prevent infections and skin diseases by keeping themselves clean. Many people suffer from scabies and intestinal infections: not far from the feeding centre the ICRC has opened a clinic to give medical treatment to the displaced people.

Famine and drought combine against these people. The purpose of the ICRC emergency work is to try to deal day after day with the problems that arise. The severest problem, that of water, is always there however. The city water supply is tapped for use in the Mekele camps and the people living in the city itself are now themselves without water too. And what is more, the slight amount of rainfall in February is not going to change anything. Dig wells? Certainly, except that there are layers of salt in the ground and if one drills too deeply the water obtained is salty. Then one tries again somewhere else, and so on.

Large loaves of flatbread are baked in the centres’ kitchens. (Photo: F. Steinemann)

Silent grief

A scene one sees too often in camps for displaced people. A woman, staring blankly at a wall. When she raises her head two large tears roll down her cheeks. By her side, a little girl. Behind them, men are attending to the skeletal body of a little dead child laid out on a makeshift stretcher. One of them cuts off wide strips of material from what the woman is wearing. He wraps the tiny body in it. Men and stretcher quietly disappear. The little girl then turns round and carefully sweeps the ground, brushing away all trace of the scene. Tears continue to spring to the woman’s eyes. Without a sound.

News in brief

Two ICRC delegates, including a doctor, carried out a mission to the Yemen Arab Republic at the end of January. They visited the central prison in Sana’a on 26 and 27 January, where some 1,400 people, including 72 security detainees, were imprisoned, and then went on to visit provincial places of detention (Dhamar, Ibb, Taez, Hodeidah and Saadah) where a total of 3,500 detainees were being held.

The entire civilian population in the camps along the border between Thailand and Kampuchea, about 240,000 people, have at present taken refuge in Thailand because of the fighting which has been going on practically non-stop since November 1984.

Between 12 and 15 February the ICRC carried out 39 medical evacuations from camps in the south of Aranyaprathet to the hospital in Khao-I-Dang following the fighting that took place in that region during the month.

Between 21 January and 1 February ICRC delegates in Uganda visited the Luzira Prison in Kampala containing 1,535 people; on 4 February they started a series of visits to police stations in the Kampala region, including the Central Police Station where they saw 131 prisoners on 6 February.

Presidential visit to Lebanon

The President of the ICRC, Mr. Alexandre Hay, accompanied by Mr. Jean Hoefliger, delegate-general for the Middle East, went to Lebanon from 12 to 16 February.

In Beirut Mr. Hay had discussions with the President of the Republic, Mr. Amin Gemayel, and with Mr. Rachid Karami, President of the Council of Ministers and Minister for Foreign Affairs, and Dr. Selim Hoss, Minister for Labour and Education. He also took the opportunity while in Beirut to visit the Lebanese Red Cross, where he was received by the president, Mrs. Issa-el-Khoury, together with members of the Central Committee. He visited all the Sections of the National Society and saw for himself the work they have accomplished. While on mission the President of the ICRC also went to Saida.

In the field
Occupation: prison-visiting delegate

When the ICRC was still a small organization, new delegates arriving in a foreign country with little more than a suitcase and the best of intentions would immediately be taken under the wing of “old-timers”: they were able to get further training on the job, under the supervision of seasoned delegates. During their apprenticeship, they could rely on the advice and guidance of their seniors. But things have changed.

Owing to the increasing number of conflicts, the ICRC has had to increase the number of its delegations and of its delegates abroad. Nowadays, newcomers are expected to be operational almost immediately. On-the-job training is no longer expedient. The answer, therefore, is to select future prison-visiting delegates more carefully and to have them serve a real “apprenticeship” in Geneva. Training courses have already been set up at the ICRC for Central Tracing Agency delegates and for relief specialists. It is essential that the men and women who wish to devote themselves to visiting detainees be specially selected for their specific task and receive in-depth training.

New prison-visiting delegates will obviously get their real know-how in the field, but during their apprenticeship in Geneva, they will acquire a certain command of the main aspects of their future “profession”. If they have thoroughly taken in their preliminary training, they will be better geared, on arrival abroad, to the realities of their assignment.

Prison-visiting delegates will constantly be confronted with the hostile world of prisons and will be required to talk to people deprived of freedom, to gaolers, to military and civilian officials not too well disposed towards the ICRC and its tasks. They should consequently be endowed from the start with one fundamental quality: maturity. Interest in people and respect for human beings are also of paramount importance. As they will have to work in an environment and cultural context that are usually very different from their own, they should be extremely broad-minded and able to adapt easily to any kind of situation; they should be good psychologists and have a marked capacity for concentration, observation and attention to detail; in addition, they must have lots of patience and staying power — both physically and mentally.

Does this mean that prison-visiting delegates should be supermen? No, of course not. They should simply be outgoing human beings, capable and desirous of understanding others — whoever they are — and of listening to them. But they should never lapse into either extreme of emotionalism or cynicism. An experienced delegate, who over the years has known and helped many novices, thinks that excessively sensitive candidates should be turned down as a matter of course; the same applies to inveterate individualists unsuited to team-work. For a delegate rarely carries out a visit to places of detention on his own and the success or failure of a visit depends, to a very large extent, on the cohesion of the prison-visiting team.

Only very seldom have young delegates had any insight into the prison world prior to their first ICRC mission. The first contact will give them a shock. Appropriate training should prepare them for that experience and prevent it from being too traumatic.

Future prison-visiting delegates must be given fair warning of the difficulties they will encounter: sometimes, they will be ill received by the authorities, they will often have to wait, and they will always have to explain to their interlocutors the reason for their visit, what they hope to achieve by it, and what the ICRC is. They will not necessarily be taken seriously, and it will be difficult for them to overcome the authorities’ and the prisoners’ initial distrust; the latter live in another world, with different cultural values, and are not always willing to open their hearts to representatives of the ICRC — about which they have little or no knowledge — and, what is more, to foreigners whose presence in their place of detention has been authorized by those very authorities whom they regard as their “adversary”.

Reality also means disappointment and sadness when the requested improve-

In brief...

During their weekly visit to Ansar Camp in southern Lebanon, on 12 February, the ICRC delegates saw 1,490 detainees.

On 29 January, the prisoners who had formerly been held at Ansar and who had not been released during the exchange of prisoners on 23 and 24 November 1983 were again visited at Atlit by the ICRC delegates. A week later another visit was paid to the three Israeli POWs held by the FPLP-CG in Damascus.
The United Nations Conference on the Emergency Situation in Africa: extracts from President Hay’s address

The President of the ICRC, Mr Alexandre Hay, gave a speech at the United Nations Conference on the Emergency situation in Africa, which took place in Geneva on 11 and 12 March 1985. Although not a pledging conference, governments the world over expressed concrete support for the starving population of Africa.

Alexandre Hay, President of the ICRC. (Photo: Béatrice Plantier)

Mr Hay said:

"The first aspect or characteristic of the tragedy of starvation in Africa is that very often — and it is happening at this very moment — natural calamities like drought are aggravated by man-made disasters.

"In southern Africa, in the Horn of Africa and elsewhere, the ICRC, which was there because of internal and external conflicts... had to expand its activities greatly to cope with recent developments brought about by war as well as by nature.

"That is a very serious matter because often, as a result of military operations, the ICRC, as a neutral intermediary accepted by all parties, is the only one that can do anything, including relieving the suffering brought about by natural phenomena...

"The second aspect, alas, is quite simply that all the reports we receive from our people in the field confirm that in the next few months the worst is yet to come in the food situation and that there are not any indications which would warrant a hope of a let-up in military operations..."

President Hay concluded with an expression of gratitude to all donors who make the work of the ICRC possible, and urged governments not to overlook the possibilities which development should create in the long term.

News in brief

Release of persons detained by UNITA in Angola

On 16 March, UNITA handed over to the ICRC 27 people previously held by them. There were 17 Filipinos, 3 Britons and 2 Americans, who were captured during a UNITA attack on the Kafunfo mines, and 5 Portuguese. The ICRC, acting as neutral intermediary, chartered an aircraft to take them to Johannesburg, where they were handed over to representatives of their respective governments, or in the case of the Filipinos, of their employers, for repatriation.

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The series of visits to Iranian prisoners-of-war held in Iraq, that started on 11 February, finished on 7 March. ICRC delegates were able to visit, according to ICRC criteria, Ramadi I camp (1,326 prisoners of war), Ramadi II (949), Anbar (1,328), Mossul I (1,428), Mossul II (1,585), Mossul III (1,720), Mossul IV (663) and Salaheddine (273); delegates were also able to visit prisoners-of-war detained in the military hospitals of Al Rashed (2), Tamuz (11), and Salaheddine (14).

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The ICRC has recognised the Red Cross Society of Cape Verde. This recognition, which took effect on 14 March 1985, brings to 136 the number of National Societies which are members of the International Red Cross.
In the field

Thailand: Displaced people on the Thai-Kampuchean frontier. (Photo: Jean-Louis Conne)

Thailand: with a little help from Pakistan

The ICRC in Pakistan found a simple yet effective way to pass on a basic humanitarian message to the participants in the Afghan conflict: a first-aid kit which apart from bandages and dressings, contained a message enjoining respect and protection towards the wounded, civilians, prisoners-of-war and the Red Cross emblem.

Now the same method is being used on the Thai/Kampuchean border. First-aid kits contain a bandage and dressing, together with a message in Khmer which says: "You must respect and protect wounded and civilian friends and enemies; prisoners-of-war; vehicles, installations, and people marked or carrying the Red Cross."

Ethiopia: the story continues

On 7 March 1985, the Executive Council of the ICRC approved an increase of 168 million Swiss francs for the Ethiopian budget, bringing the total to 206,579,000 Swiss francs. It is the intention of the ICRC to increase the monthly distributions from 6,000 to 10,000 tons per month, beginning in April/May. Thus, the basic food rations and supplementary feeding aid will reach between 800,000 and 1 million people each month in the "man-made disaster" areas in which the ICRC works. The necessary infrastructure for this unprecedented operation is now in place, and only needs expansion in order to cope with these increases. Likewise, more trucks have been requested to add to the Red Cross fleet, and another Hercules aircraft will be chartered to help with the airlift to ICRC feeding and distribution centres that are difficult to reach by road.

On 7 March, the ICRC issued an appeal for material urgently needed to implement its augmented programmes in 1985. Among the food items requested are wheat flour, beans, and oil; while soap, blankets and prefabricated warehouses to store the relief supplies were also on the list, together with 26 trucks and trailers, plus 14 cross-country trucks to transport the additional supplies.

Meanwhile, relief operations in Ethiopia continue pending the build-up of the new programme. In February, 5,905 tons of relief were distributed to 408,756 beneficiaries. In Tigré, 2,083 tons were supplied, 1,938 tons in Eritrea, 1,557 tons in North Wollo, and the balance in Gondar and Harrarghe.

Ethiopia: The ICRC also helps Ethiopian victims — mostly from the Tigré — from its delegation in the Sudan. In February, 860 tons of relief were provided.

The ICRC has appealed for 15,000 tons of food per month from April to June, and 10,000 tons thereafter.

A scene repeated all over Africa: people from drought-stricken areas waiting for water.

Ethiopia: Relief goods arriving by chartered aircraft in the Tigré. (Photos: Thierry Gassmann)

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Aid in El Salvador: Ways and Means

ICRC non-medical aid in El Salvador reaches a maximum of 100,000 people each month, and is given in some 50 villages in the central and eastern zones of the country. Most of the beneficiaries have had to leave their homes because of the lack of security brought about by conflict, and have had to install themselves in less troubled areas.

The inhabitants of villages cut off from the rest of the country by conflict, as well as a certain number of poor people whose plight has been made worse by the troubles, are also aided by the ICRC.

Survey, registration, distribution

When the arrival of displaced people in the conflict zone is brought to the ICRC's notice, it sends in a team to make a survey of the food situation, the population and the geographic details. Next, the ICRC takes a census of potential beneficiaries. One or more delegates, accompanied by Salvadoran Red Cross field-officers, return to the village. Each house is visited, and a series of questions is asked to the inhabitants: Since when have you lived here? Where did you come from? Why did you leave your previous dwelling-place? How many adults, how many children live in the house? Have you a job? Land? Domestic animals? Does this house belong to you?

An alphabetic list of beneficiaries is drawn up from the registration questionnaires. In turn, this is used to issue ration cards, bearing the name of the head of the family, which are given to their owners when the first distribution takes place in the village.

Distributions are made in the form of family rations, made up of maize, beans, rice, oil, sugar and salt. In order to keep procedures simple, there are only two types of rations: for families of 1 to 5 members (A ration), and for families of 6 or more, calculated on a 5.5 people basis (B ration). Statistically, a Salvadorean family consists of 5.5 people.

Distributions take place every 4 weeks in the same village; but the rations are calculated for 21 days, in order to encourage the beneficiaries to make efforts to find food for themselves. The distributions are made by members of the Salvadoran Red Cross, supervised by an ICRC delegate. Each registered family deputes one of its members to go to the distribution site, with the ration card and an identity card. After the two documents are checked, the card is stamped with the distribution date; and after the rations are drawn, the card is ticked to avoid the beneficiaries coming back a second time.

Monthly needs

In order to aid some 100,000 people, the ICRC needs each month 420 tons of maize, 210 tons of rice, 210 tons of beans, 42 tons of sugar, and 21 tons of salt — 945 tons in all. Maize, beans, sugar and salt are bought locally, and make up about 75% of the necessary food. The remaining 25% — oil and rice — is given by the EEC, and is shipped from Europe. Occasionally, the ICRC receives donations of maize and oil from the local representatives of the World Food Programme (WFP).

During the period 4-15 March 1985, 146,000 kg of food were distributed to 15,700 people in the central zone of El Salvador; at the same time, 39,200 people received 348,000 kg of food in the eastern zone.

The Red Cross in Comic Strips

Some 1,600 classes of grade 5 and 6 (young people from 10-14) in 7 provinces in the Philippines recently took part in a pilot experiment: learning about the Red Cross from comic strips. The aim of this project, of course, is to increase the awareness of young readers — and through them, their circles — of the mission, the activities and the fundamental principles of the Red Cross in peacetime and war.

From 1976, the ICRC and the Philippine Red Cross have undertaken a joint relief operation for people, displaced by the troubles in various areas in the Island of Mindanao, in the south of the country. In 1980, this operation was extended to the north of the Island of Samar, in the Visayas group. It was later decided that the pilot operation of the “comic-strip project”, dreamed-up by the ICRC and the leaders of the Philippine Red Cross in 1982, should be launched in the 7 provinces where the joint ICRC/Philippine Red Cross relief operation was most strongly represented (Davao Oriental, Davao del Norte, Davao City, Davao del Sur, Cotabato City, Lanao del Sur and North Samar).

Why comic strips?

The use of them is so widespread nowadays, both for leisure reading and for publicity, that many — individuals or institutions — use them as the media for transmitting information or a message to young readers hungry for pictures. Thus the comic strip is an obvious means whereby to familiarise school children with the Red Cross world and its operations in the field.

Moreover, it is not the first time that the ICRC has used comic strips for its messages: in 1979, during the height of the Rhodesian conflict, it published a series of 14 stories in comic strips, which,
describes them, and informs readers that they too may help, in giving blood, for example. Relief to people displaced by the troubles, and ICRC visits to detainees are the subjects of the 4th and 5th stories. Finally, it is important that young readers understand that the Red Cross is not just for adults, and that it is open to them, that they can become members, and thus help the suffering of people around them. Thus the last story is concerned with the Junior Red Cross and their activities.

As children like to identify with the heroes of comic strips, and because a plausible reason is needed for them to play a leading rôle in each of the stories, the main characters, Laarni and Arnel, are members of the Junior Red Cross. Unlike the African examples, the Philippine comic strip project is not meant to cross frontiers. It is thus possible, even essential, that Filipinos recognise themselves in the characters and situations contained in the series. The joint production group has gone further, in creating regional comic strips; everything happens in Mindanao and Samar. If the project is extended to other, very different regions of the Philippines — the mountains in the north of Luzon, for example — certain passages and drawings will have to be modified considerably.

The editorial phase extended over 8 months, during which the 6 stories were thoroughly discussed, written, and “polished” by the production group; the editing of the scripts was confided to an ex-Secretary-General of the Philippine Red Cross, who volunteered for the job, and the illustrations to a local comic-strip specialist.

Once the comics were printed, thought needed to be given to the way in which they should be read; it was not certain that all the teachers giving “Red Cross” lessons knew much more about it than their pupils. Thus, not only eventual gaps needed plugging, but also teachers needed to be given the means to reply to children’s questions, and suggestions on how to complete the information given by the comic strips. By May 1984, the ICRC/Philippine Red Cross had put together a complete as possible guide for the use of teachers.

Information meetings were held in the target provinces, with the support of the Philippine Ministry of Education, Culture and Sport, at the beginning of the school year, for headteachers and district inspectors. These were held to inform them of the aims of the comic strip project, and to canvass their support for the pilot experiment. At the time, they were told of a drawing competition to be held after the classes had studied the comic strips, the results of which would enable an evaluation to be made of the knowledge of the Red Cross acquired by the pupils. Local Red Cross chapters would be responsible for distributing the stories to the schools.

In September 1984, the ICRC and the Philippine Red Cross made a first evaluation of the comic strip project, in a sample of 17 schools in the 7 target provinces. Discussions with local representatives of the Ministry of Education, as well as with teachers and pupils, enabled an idea of the interest aroused by the experience to be gained, and to take account of its weaknesses. The evaluation, limited to a tiny percentage of the 1,600 classes involved in the project, was completed by a questionnaire sent to all teachers, drawn up in collaboration with the Ministry of Education.

On 25 January 1985, the 3 finalists in the drawing competition were invited to Manila to receive their prizes. On that occasion, the Director of the Elementary Education Office of the Ministry of Education congratulated the ICRC and the Philippine Red Cross on their initiative, which not only enabled school children to know the Red Cross movement better, but also gave an educational character to comic strips. She also expressed the wish that the experiment should be continued, so that young people in other regions of the country could benefit from it.

This wish will shortly be met, because a second edition of the comic strips has just come off the presses. English was chosen for the first edition, while the second, according to the request of most of the teachers, is in Tagalog, the official language of the country. Modifications have also been made to portions of the texts and illustrations, following suggestions made during project evaluation. The teacher’s guide is also being revised.

The second phase of the comic strip experiment will be launched in June 1985 in several provinces of Mindanao, the Visayas islands, and the Isle of Luzon.

The International Committee of the Red Cross (ICRC), together with the League of Red Cross and Red Crescent Societies and the recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross. As an independent humanitarian institution, the ICRC is the founding body of the Red Cross. It is 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.
Exchange of prisoners between Israel and PFLP - GC

On Monday, 20 May 1985, 1,150 Palestinian and Lebanese prisoners held by Israel were exchanged against 3 Israeli soldiers, captured in Lebanon in 1982, and held by the Palestinian Front for the Liberation of Palestine — General Command (PFLP — GC).

The exchange took place in three different phases: 605 Palestinian prisoners were released at Ashkelon and Nablus, 394 at Geneva, and 151 at Kuneitra, on the Golan heights. The 3 Israeli soldiers were brought by air from Damascus to Geneva for exchange.

These are the bare bones of a story that seemed for all of the participants to last through one of the longest days in their lives. The agreement for the exchange was negotiated between the 2 parties, Israel and PFLP - GC, by Austrian diplomats. When agreement was reached, both parties called upon the ICRC to oversee the technical details of the exchange, and to give its guarantee that each part of the complex operation had been fully carried out. More than 80 ICRC staff were involved.

Early in the morning, 3 aircraft left Damascus, each carrying 1 Israeli soldier. Meanwhile, a further 3 aircraft, carrying 394 Palestinian and other prisoners, left Israel for Geneva.

The operation was to take place in 3 phases, each of which was carefully monitored and guaranteed by the ICRC, which manned direct links in Damascus, Tel Aviv and Geneva to report progress, while other ICRC delegates exhaustively checked the names on the lists.

The operation began in Geneva in the afternoon, and lasted late into the night. At 3 pm, the 1st Israeli prisoner was exchanged, while 230 Palestinian prisoners descended from the Israeli plane. Simultaneously, news had come that Israeli buses had taken 238 prisoners from jail in Israel and driven them to the West Bank to join their families and friends.

The 2nd phase began at 8.20 pm, when the 2nd Israeli prisoner left the aircraft upon receipt of the information that 367 prisoners had left an Israeli jail and been driven to the Gaza Strip and the West Bank.

Finally, the last group of 164 Palestinians was released at Geneva, and joined the rest for their flight to Tripoli, Libya. The 3rd Israeli soldier was exchanged, while 151 Israeli-held prisoners were taken to Kuneitra, near the Syrian border. The whole operation, while long and complicated, worked smoothly, despite the atmosphere of tension that inevitably dominated the proceedings.

On Wednesday, 29 May, the Israelis freed 249 Shia and Palestinian detainees, formerly held in Ansar camp, and "provisionally" taken to the north of Israel after the camp was closed. The ex-prisoners were taken by Israeli buses to South Lebanon to Nakoura, where, under the auspices of the ICRC, they were transferred to Lebanese buses.

A solemn appeal
On 28 May 1985, President Hay issued a solemn appeal following the breaking of the de facto truce on bombardments by Iraq. The President stated that such bombardments were one of the very gravest violations of international humanitarian law, causing intolerable suffering to innocent civilians, and called upon the opposing forces to end them.

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Ethiopia: Rain, a help and a hindrance

Rains have fallen all over the country, bringing long-term hope to the starving population. But although the rains are desperately needed by the drought-stricken country, they hamper relief distributions by rendering roads nearly impassible, and making the provision of shelters for people and goods the top priority. While ICRC relief goods are well-protected, both at the ports and in the warehouses and distribution points, some difficulties and delays have been experienced in obtaining the necessary transport to carry goods away from the ports.

The ICRC/Ethiopian Red Cross Joint Relief Operation (JRO) operates 16 22-ton trucks and trailers, 2 11-ton trucks, and 15 4-wheel drive trucks of 7 tons capacity. These 33 trucks enable one-third of operational needs to be met independently of the national transport system. The ICRC/JRO leases a further 28 trucks direct from the national transport company, which brings its directly-controlled carrying capacity up to nearly half its needs.

A further 12 trucks are now being cleared through customs, and 27 truck-trailer units, together with 14 4-wheel drive trucks, are in the pipeline. When these all arrive, the ICRC/JRO will have the means to help nearly 800,000 victims.

The ICRC has also expanded its aircraft fleet: 2 large-capacity Hercules aircraft, provided by Belgium and Sweden, have been operating a successful airlift. The ICRC has chartered another Hercules, which has now been joined by a fourth. The intention is to build up stocks of food and seeds for the rainy season in Tigre.

Four large plastic warehouses, able to contain 600 tons each, were given by the Norwegian Red Cross, and are being sited in Lalibela, Maychew, Axum and Adigrat. The ICRC has requested further similar warehouses, and large tarpaulins to protect its relief stocks.

The JRO gave rations to 518,445 beneficiaries in April, an increase of 20 per cent over previous figures. But the nutritional status of newly-arrived people in the north of Ethiopia is deteriorating, and the death rate of newly-admitted infants in the feeding centres has risen alarmingly. The ICRC is working hard to reverse this trend.

With an eye to the future, supplies of maize and wheat seed have been obtained, together with 60,000 hoes, which will enable victims to make a start in replanting their land, and a first step towards becoming self-sufficient again.

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Ethiopia: food arriving by heavy aircraft. (Photo: T. Gassmann, ICRC)
The ICRC is responding by educating the people in proper sanitary practices, and causes of their illnesses are constantly providing medical and food aid to the affected population. Malnutrition, and from health problems related to poor water and sanitary conditions. The victims cured will only relapse while the acceptable hygienic conditions, medical supports are nutrition and sanitation programmes. In July 1984, the ICRC Bulletin explained the new approach to assistance in emergency situations. The Lebanon: The ICRC and the battles for the camps

The Palestinian camps of Sabra, Chatila and Bourj el-Barajneh in Beirut have been the scenes of bloody clashes between militias since 19 May. Despite pressing appeals to all the parties, the ICRC has not been able to bring protection and help to all the combat victims. ICRC delegates and Lebanese Red Cross first-aid workers have been able to enter Bourj el-Barajneh camp only 3 times: on 20 May, 5 wounded were evacuated to Haifa hospital; on 22 May an operation, during which 13 wounded and 1 other person were evacuated, had to be stopped because of shooting inside the camp; on 26 May, despite long negotiations for establishing a cease-fire conducted the previous days between the ICRC and the parties, a convoy of ICRC and LRC ambulances had to turn back at the entrance to the camp. The following day, only 14 wounded could be evacuated during a brief lull. During this operation, ICRC delegates were able to see that there was a large number of wounded without medical attention inside Bourj el-Barajneh camp. On 1 June, 36 wounded were evacuated to Choueifat hospital, and a further 29 wounded the next day.

Up to the present, ICRC delegates have had no access to Sabra and Chatila camps, including Gaza hospital, since the beginning of the clashes.

During this time, the ICRC has made distributions of blankets, family parcels, and kitchen utensils to some 4,500 people who have fled the camps. Medicines and medical material material to the value of 310,000 Swiss francs have been given to hospitals and dispensaries caring for the wounded.

The Lebanon: A child takes shelter. (Photo: ICRC)

Background

SALVADOR — LECTURES AND LATRINES

The ICRC, with the active assistance of the Salvadoran Red Cross (SRC) is undertaking a large-scale medico-nutritional programme in conflict-torn El Salvador. Mixed teams from the ICRC and the SRC make regular tours of the villages and towns affected by the situation, and bring medical, sanitary and relief help to displaced people, or to those whose lives have been disrupted by the conflict. The ICRC has been present in El Salvador since 1979, and has adapted its programmes to all the changes in the situation in that country.

The conflict has a profound effect on the population, on the economy, and on the sanitary/public health services of the country. As a result, the population suffers from malnutrition, and from health problems related to poor water and sanitary conditions. The ICRC is responding by educating the people in proper sanitary practices, and providing medical and food aid to the affected population.

Before examining some aspects of the operation, it is useful to mention the basis upon which the ICRC builds its medico-nutritional programmes. In July 1984, the ICRC Bulletin explained the new approach to assistance in emergency situations. Diagrammatically, the ICRC programmes is represented thus: The twin supports are nutrition and sanitation (without a reasonably healthy diet, and acceptable hygienic conditions, medical help will only have temporary effect, and victims cured will only relapse while the causes of their illnesses are constantly present), capped by public health, which in the ICRC context consists of protecting water supplies and eliminating waste products hygienically, together with education concerning the various disease vectors, such as mosquitoes, vermin, etc. Once these conditions are improved, curative medicine can have a proper effect; without improvement, medical aid has a very limited impact on the health status of the affected population. With these facts in mind, the ICRC operations in El Salvador can be better understood.

ICRC Doctor Pierre Perrin said, in his Salvador mission report in 1983: Each village should be treated as a patient to be examined — demographically, on its nutritional state, sanitary conditions, public health, and main medical problems. Evaluations from these standpoints indicate, which, or which combination, of the following programmes are needed: nutrition, sanitation/public health, curative medicine, or sanitary education.

The ICRC has divided El Salvador into two zones for operational purposes: the Central Zone, which is covered from the delegation in San Salvador, and the Eastern Zone, covered from the sub-delegation in San Miguel. The Central Zone includes the provinces of Chalatenango, Cabanas, Cuscatlán, San Vincente, La Paz and La Libertad; the Eastern, Morazán, La Union and Usulután.

In each zone, medico-nutritional teams, consisting, typically, of 4 Salvadoran doctors, 1 dentist, 1 ICRC doctor, 4 ICRC nurses, 3 public health inspectors, 1 nutritionalist, and 2 SRC first-aid workers (Central Zone) visit villages which have been the scenes of conflict, which contain displaced people, or which are isolated by the situation, and evaluate the medico-nutritional conditions. Relief teams are also active, making distributions of food to needy victims.

Once the medico-nutritional needs are identified, a well-established programme comes into action. People come into a village where a medical consultation or food distribution is to be held, sometimes after difficult and dangerous journeys. What happens when they are assembled?

“Charlas”

The “charla” — the local word for a chat or talk — is the key element in the programme. Before the people see the doctor, a general “charla” explains what is to happen, and points out that many illnesses are caused by lack of sanitation, or incorrect diet, etc. These may not justify a medical consultation, but rather an education on how to remove or improve these first causes. Following the general “charla”, a Salvadoran doctor makes a triage, or first selection, dividing those present into two categories: those showing pathological symptoms; and those needing education because their problem is basically a hygienic one. According to the problem revealed, the latter category are passed on to one of four specific “charlas”: the “charla” on skin infections; the “charla” on stomach problems; the “charla” on nutrition; and the “charla” on water and household waste. Each area where the specific “charlas” are to take place is indicated by a different colour, to avoid confusion.

Meanwhile, those who have had a medical examination also go, before collecting their medicine from the pharmacy, to one of the specific “charlas” that corresponds to their condition. Finally,
those who need to, fetch their medicine from the pharmacy, while those who have just listened to the "charlas" are given soap.

ICRC Dr Andree Tiefenbach, who helped to develop the system in the Central Zone of El Salvador, said that the method was well-accepted, wastage of medicaments is avoided, yet everybody goes away with something. But above all, she says, the education conveyed by the lectures has a beneficial effect, which can be and is handed on to others when the patients return home. Dr Tiefenbach also stresses the increase in effectiveness made by the "charla" system, which considerably reduces the number of patients given a medical consultation, and she mentions that in the village of San Isidro, of the 400 people arriving for medical treatment, 250 only needed a medical consultation. Altogether, the "charla" programme is resulting in increased efficiency, a reduction in the quantity of medicaments distributed, and what is perhaps the most important and encouraging aspect for the ICRC, the increasing development of active participation in the reduction of the conditions that produce disease by the people directly affected — a priceless legacy for the Salvadoran people.

Latrines and Water-works

In order to help the victims of conflict in El Salvador effectively, the ICRC and SRC is increasingly involved in helping people improve the sanitary and public health aspects of their environment. The size of the problem can be seen from the statistics reported by Dr Perrin: In 1980, before the conflict reached today's proportions, only 6 per cent of the rural population, and 28 per cent of the whole population, had access to running water. As for drainage, the figure is 0 per cent for the rural population, and 20 per cent for the whole country. Given the concentration of displaced people around villages, and the damage to, and lack of maintenance of, water supply systems, the health hazards posed by the situation are patently obvious.

In March 1985, an ICRC nurse, Marlise Jucker, sent a description of the progress being made by the ICRC/SRC in the Eastern Zone. The team consists of two Salvadoran health inspector, a helper and an ICRC nurse. Two SRC helpers have been trained to give specific "charlas" during the medical tours. The health inspector attached to the relief team is aided by three SRC helpers taught to give "charlas" during food distributions.

In most of the villages visited, Marlise Jucker reports, there are no longer any local government structures, and it is necessary to constitute a supervising committee to oversee activities between Red Cross visits, and to help evaluate the problems and priorities of the village, while trying to find a solution to them, bearing in mind that the ICRC is limited to helping only the vital needs in sanitation and public health.

Household visits, developed by the medical teams, are also an essential part in forming an accurate idea of the local needs, and an elementary talk on hygiene is given at the same time, which frequently leads to visible improvement on the following visit. "Charlas", as described above, are given each time the medical or relief teams give consultations or distributions.

Prefabricated latrine seat.

Latrine pit cover.

(Photos: Medical division, ICRC)

"Saneamiento Ambiental" - elementary public health/hygiene

Household rubbish — householders are informed of the importance of collecting garbage, burying it and burning it, thus obtaining a clean house and avoiding sickness. Later, it is hoped that the idea will spread to keeping the whole village as clean as the house.

Food hygiene — villagers are taught to keep utensils clean, and to cover food from flies and other pests.

Disease vectors — limited to getting rid of stagnant water in the garden, teaching people to clean fountains at least every three days, and to cover water containers, in order that mosquito larvae and eggs cannot develop. Fish that eat larvae can be kept in drinking water, and oil can be put into non-drinking water to stop larvae breathing.

Drinking water — more and more requests for help are received to repair water supplies. If an efficient local government is in place, the problem is simplified. ICRC teams assess the problems, and supply the necessary materials. A timeline is given to the work to be done — until the next medical visit, for instance — and a close check is kept on the proper use of the materials. But all too often, reservoir and water supply systems have been destroyed by conflict, or have fallen into disrepair, and there the services of a qualified engineer are needed.

Sanitary evaluations — a file is kept on each place visited, giving the population and the number of houses. Is there a town hall? Do the post and electricity work? What resources, and what job possibilities exist...? From these details, the programme can be adapted to the needs and the priorities revealed, and a check can be kept on progress. All these programmes were inspired and developed by the ICRC Medical Division, Geneva.
The ICRC and the TWA hijack

On Sunday, 16 June, ICRC delegates visited the hostages on board the hijacked aircraft at Algiers airport. The delegates and an ICRC doctor were able to speak to the hostages and to the hijackers, and were able to obtain the release of 3 hostages.

As one of the American hostages held in Beirut needed a rare medicine for his survival — he had only a 10-days supply with him when the aircraft was hijacked — the TWA company asked the ICRC to forward a quantity of the medicine from Geneva to Beirut. The ICRC delegation in Beirut requested the AMAL militia to transmit the medicine to the hostage.

During the night of 25/26 June, ICRC delegates were able to visit all the hostages. An ICRC delegate and a doctor saw 37 hostages in Beirut and 3 TWA crew members in the aircraft. The delegates were able to have interviews without witnesses.

Finally, following a request by Mr Nabih Berri, and with the agreement of all parties concerned, the ICRC organised the transfer of all the passengers and crew from Beirut to Damascus on 30 June. A convoy of 12 ICRC vehicles left at 14.47 GMT, and the American citizens were handed over to the Syrian authorities in Damascus later that day, for repatriation to their homes.

Beirut: The Battle for the Camps — Evacuation of Wounded

As was reported in last month’s issue of the ICRC Bulletin, delegates from the ICRC and the Lebanese Red Cross (LRC) have been anxiously trying to bring succour to the wounded in the Palestinian camps of Bourj el-Barajneh and Chatila. The cease-fire, negotiated between the various factions, finally permitted the ICRC and the LRC to evacuate the wounded and bring medical supplies to the camps on 19 June.

At Bourj el-Barajneh, a first convoy, consisting of 2 ICRC vehicles, 2 ICRC ambulances, and 4 LRC ambulances, took 22 seriously wounded people to Beirut Hospital. The convoy also delivered 24 medical assortments, dressings, and other medicaments to Haifa Hospital. A second convoy of 2 ICRC vehicles and 4 LRC ambulances evacuated 22 wounded and a child to the same hospital.

Following the Bourj el-Barajneh operation, the ICRC and LRC took 2 convoys of ICRC vehicles, ambulances and LRC ambulances to Chatila camp, the first convoy evacuating 22 gravely wounded people, and the second convoy taking 36 wounded to Beirut Hospital. The second convoy also delivered 14 medical assortments and various medicaments to the camp.

In all, 102 wounded — 78 men, 20 women, 4 children and 1 baby were evacuated from the camps by the ICRC/LRC. The operations were coordinated with the various factions.

One of the inevitable tasks of ICRC delegates in the Lebanon (Photo: Serge Caccia)
Logistics in Ethiopia

Mr Andreas Lendorff, head of ICRC Relief Division, returned in June from an extensive survey tour of the ICRC/Ethiopian Red Cross (ERC) joint relief operations. With the coming of the rainy season, and the increased needs becoming more and more apparent, it is vital for the satisfactory continuation of the joint relief operation that adequate stocks of food and other relief goods are maintained in the distribution centres. In view of the difficulties that the rains bring — cutting roads, and making airfields difficult if not impossible for aircraft to use, stocks have to be built up while unhampered logistic movements are practicable.

Logistics: ICRC trucks loading in Ethiopia (Photo: ICRC)

There is an element of the unknown in the estimates of the effects that the rains will have on logistics, since there has been no proper rainy season in large parts of Ethiopia for several years. However, it is thought that about 40 per cent of the areas where the ICRC/ERC operate will be affected to a greater or lesser extent. The places most at risk are Lalibela, Mehoñi - Maichew, Axum - Adwa, and Mekele. June is thus the key month for building reserves of stocks in these areas. It is hoped to move 10,000 to 12,000 tons of relief supplies during the month, creating a surplus against roads or airports being temporarily out of use. As a comparison, the ICRC relief delivery record in Thailand was 8,000 tons per month.

Furthermore, during the rainy season, one method to overcome transport difficulties is to airdrop supplies, and a Belgian Hercules is being presently fitted for this work. One of the dropping zones will be the Mehoñi plain where there is a small airstrip that can only be used by STOL aircraft (Twin Otter, Pilatus Porter). Food will be loaded on pallets taking 4 tons each, the bags carefully padded to resist the shock of airdropping. The aircraft makes slow, low-flying circuits over the dropping zone, while 1 palette each circuit is pushed out of the rear doors. Obviously, with such a large and heavy aircraft, the dropping zone has to be as clear as possible of obstacles such as mountains, etc., since the aircraft is only 15 metres above the ground when the pallets are dropped. And it calls for great skill on the part of the aircrew to undertake this type of operation. If the method proves satisfactory, possibly needs for the smaller STOL aircraft will be reduced. At present, the ICRC joint relief operation air fleet consists of 5 Hercules, 1 Twin Otter and 2 Pilatus Porter aircraft.

The ICRC, conscious of the transport needs to sustain such a large operation, has likewise reinforced its logistical means for the transport by road. At the end of June, it will have 54 truck-trailer units (22 t each) and 29 four-wheel drive lorries (8-ton capacity) operational. These ICRC-owned vehicles are complemented by additional hired trucks which are shifting the relief goods from the harbours to the logistical bases in Asmara, Addis Ababa and Dessie.

Portrait of a mechanic

Name: Alem Beyene
Age: 20
Nationality: Ethiopian
Education: Despite her family, who wanted to see her become a nurse or a teacher, she undertook a 3-year course for motor mechanics, and was the only woman to finish the course.
Employment: Has worked for 5 months with the ICRC mechanics' team at Addis Ababa, and has done the same main maintenance and repair jobs on the delegation's 92 vehicles (cars and trucks) as her colleagues — with one exception, taking out truck engines.
Professional ambition: Would like to return to her studies in a few years' time in order to qualify as an aircraft mechanic.
Hobbies: Often passes her weekends repairing the cars of her family and friends.
Remarks: Owns that she is proud to be the only woman to work in a team of mechanics, professes to be surprised at being completely accepted by her colleagues, holds a driving licence!

The President of the ICRC in the United States

Mr Alexandre Hay, President of the ICRC, accompanied by Mr Hocké, Operations Director, Mr Moreillon, General Affairs Director, Mr Veuthey and Mr Gasser visited New York and Washington between 17 and 21 June. The mission, prepared well in advance, was concerned with 3 main points: the ratification of the Additional Protocols by the United States; the 5-year financial plan of the ICRC; and a presentation of the principal operations undertaken by the ICRC. Meetings took place with President Reagan, Secretary of State Schultz, and other Government members, together with members of Congress and the Senate. A meeting was also held with Mr Perez de Cuel- lar, Secretary-General of the United Nations.
Prime Minister of India visits the ICRC

On Monday, 17 June, Mr Rajiv Gandhi, Prime Minister of India, together with Mrs Gandhi, the Foreign Secretary, Mr Romesh Bandhari, Mr Arun Singh and Mr C.R. Gharekhan, Prime Minister's Office, and the Ambassadors in Geneva and Bern paid a visit to ICRC headquarters in Geneva. After being welcomed by Mr Alexandre Hay, President of the ICRC, Prime Minister Gandhi said that there is very little difference in view-points among the nations when it comes to basic principles and humanitarian values, and that international and multinational organisations must use their influence to bring people together, and overcome differences. He went on to say that the ICRC has a very good record in just such matters, and that "Our cooperation is always there for you and we too try to help in such issues, and we congratulate you on the work you have been doing. Thank you". President Hay later had a private conversation with Mr Gandhi.

South Lebanon: A report from the Jezzine office

Two ICRC delegates, who have returned from South Lebanon, described their experiences during the massive exodus of Christians from the coastal towns and villages after the Israeli withdrawals from Tyre and Sidon.

Jezzine is a small mountain town, the administrative centre for the area, and in happier times, a mountain resort with 8,000-10,000 inhabitants. But with the crowds of refugees on the move, seeking safety away from the coast, and a protected route away from the fighting, the population was temporarily swollen by an estimated 50,000 people. These people found refuge in public buildings, churches and schools, or scattered around in private houses, garages, and the surrounding villages, before moving on further away from the combat zones.

The ICRC had opened an office in Jezzine on 6 April, foreseeing the possibility of such an exodus. Following the Israeli withdrawals, a power vacuum was left, and clashes took place between various factions. Christians began to move out of Sidon and the villages around by bus, car and truck. The ICRC/Lebanese Red Cross (LRC) teams were on the spot to give medico-nutritional relief. People had abandoned their homes, and had left with just the minimum they could take with them. Nights in the mountains were cold, and their needs were shelter and food, in that order.

The ICRC had collected stocks of blankets and food in Jezzine, replaced periodically by convoys coming up from the sub-delegation in Sidon. Blankets (1 per person) and family parcels, containing food for 5-6 persons for 2 weeks, together with kitchen sets where necessary, were distributed to the needy. The ICRC/LRC concentrated on helping those gathered in the town, while other organisations aided people scattered around the outlying villages. A medical team, staffed by Nordic National Society Red Cross personnel, gave first aid and evacuated the wounded to hospital.

The main wave of refugees started to arrive on 25/26 April, and the situation was stabilised by 1 May. By that time, many Christians had either continued north, or fled towards Marjayoun and the Israeli frontier. But the ICRC maintains a stock of 8,000-9,000 family parcels in Sidon and Jezzine, just in case. And once again, the ICRC/LRC has been able to respond rapidly to the fluid situation in South Lebanon.

Release by Israel of 31 prisoners

On Monday, 24 June, Israel released 31 prisoners from Atlit camp. This release of 5 Palestinians and 26 Lebanese took place under ICRC supervision. The ICRC drove them to their homes in Lebanon in chartered buses.

News in brief

Spain: ICRC visits to prisoners detained under the anti-terrorist laws took place last month. The ICRC teams, consisting of 4 delegates, one of whom is a doctor, visited between April 29 and May 25 the following places of detention: Herrera de la Mancha, Alcala Meco, Jeserias (the Madrid women's prison), Carabanchel, Soria, Zamora as well as 2 prison hospitals in Madrid. Thus a total of 429 detainees have been seen under ICRC standard conditions.

The ICRC expects to have detailed discussions about these visits with the Spanish authorities in mid-June.

Generous gift by Malaysia: On 25 June, the Malaysian Red Crescent Society handed over to the ICRC and the League of Red Cross Societies 1 million Swiss francs for the benefit of victims of drought or conflict situations in 4 African countries (Ethiopia, Mali, Angola, Sudan). It is hailed as a most generous gift by the Malaysian people.

Kampuchea: The ICRC has started a new assistance programme for orphans. A delegate visited the orphanages at Kompong Speu on 3 June, and Kompong Cham on 10-11 June; medical assistance was given to Kompong Speu hospital, which also received a visit from an ICRC nurse on 11 June. A delegate was able to visit the orphanage of Prek Pheu, in Kandal province, in June for the first time, on the invitation of the Minister for Social Action.

Visits to prisoners in Iraq: A new complete series of visits to Iranian prisoners-of-war began on 4 June. Delegates were able to have access to 1,251 prisoners-of-war at Ramadi 1, 736 at Ramadi 2, 391 (of whom 39 were new prisoners) at Basra 1, 1,251 at Ramadi 3, and 1,297 at Anbar. Also, 3 prisoners-of-war were visited at the Tamouz military hospital. Visits continue to the camps of Salaheddine and Mosul.
Fighting the good fight — ICRC delegates to the armed forces

The moral quantities must not be excluded in war: Clausewitz

It is the duty of countries adhering to the Geneva Conventions and Protocols to disseminate the knowledge of them to their armed forces. But while the study of the Conventions and the Additional Protocols is often undertaken by military legal departments, it is not always the case that a practical knowledge is handed down to the people who actually do the fighting, and who are liable to have to put into effect the Conventions on the battlefield.

The ICRC stresses that the responsibility for observing the Conventions is carried by every rank in the forces. To this end, the ICRC has produced, in many languages, a simple illustrated booklet that explains the rules for behaviour in combat, and which covers the behaviour expected from combatants themselves, what to do with enemies who surrender, wounded enemies, civilians; and explains the distinctive signs that indicate medical and religious personnel, civil defence, cultural objects etc., dangerous objects, such as nuclear power stations, and flags of truce. Basic information, in fact, for troops in combat conditions.

The ICRC has a duty to disseminate its humanitarian message to all levels of military rank, from the highest to the lowest, specialists, non-specialists, combatants and support echelons. At Geneva, the delegates to the armed forces have made a special study of the way to put its message over to the military mind. The delegates themselves all have military experience in the Swiss army.

Clear, precise orders

Captain Bruno Doppler, one of the delegates, explains that it is of no use to take a legalistic approach to training troops in their humanitarian duties. Soldiers are used to clear, precise orders and directives, containing no ambiguities or subtle shades of meaning. “The Regiment will advance. It will capture the hill.” But “Wouldn’t it be a good idea if we took the hill...” Thus, the provisions of the Geneva Conventions and the laws of war have to be translated into universal rules that can be taught, remembered and obeyed, even in the heat, fury and uncertainty of battle.

More than this, officers have to be taught in their turn to teach these rules to their men, and to drill them in their application, in the same way that the other military duties are taught, by practice until they become instinctive reactions. Colonel Frédéric de Mulinen, head of the section at the ICRC, and his colleagues have elaborated various scenarios which can be worked out first on a sandtable model (tactical exercises without troops — TEWTs), and later performed as exercises in the field. Examples of these are contained in Colonel de Mulinen’s booklet, THE LAW OF WAR AND THE ARMED FORCES, published by the Henry Dunant Institute, Geneva.

Apart from its publications in this field, of which more later, the ICRC delegates to the armed forces are able to reach the military through courses and seminars, both organised by the ICRC itself, or by such bodies as the International Committee of Military Medicine and Pharmacy, or the International Institute of Humanitarian Law. The latter institute organises international courses on the Laws of War for officers, held at San Remo, Italy. The ICRC delegate to the armed forces acts as Course Director, and is aided by officers from different countries seconded for the courses. The courses are given in English, and in French/Spanish, and seek, above all, to reach officers in the combatant arms, as well as specialists in military law. Invitations to attend the courses are sent to Ministries of Defence all over the world, and ICRC regional delegates also apply their parts in publicising these courses. The courses last for 10 days, and the curriculum is taken from the ICRC publication THE LAWS OF WAR, and from a compendium of the Hague and Geneva Conventions. Practical problems are set to be solved by syndicates, and each participant is allotted a rôle — whether as a soldier, sailor, or airman — and asked to react to various situations that give rise to the application of the laws of war.

Other central courses, to which participants come from all over the world, are given at the Henry Dunant Institute in Geneva, under the auspices of the International Committee of Military Medicine and Pharmacy for military medical services. Again, ICRC delegates and medical delegates help to run the courses.

Regional courses are also held, usually after ICRC delegates in the field have been approached, or have made approaches themselves, to Ministries of Defence, military training schools, etc., in the countries in which they are based. For example, in February 1986 the ICRC has been asked to participate in a course at Panama for officers from Central and South America.

Publications

The delegates to the armed forces section has produced the project for a manual for the armed forces on the laws of war. The manual is organised on the basis of the experience of the delegates who have taught or taken part in military seminars on the laws of war, and each of the chapters serves as the basic material for each part of a course, whether it is a central course, such as San Remo, or a regional course. There are 10 principal themes — a general introduction to the laws of war; categories of people and objects covered by them; the duties of the command; the conduct of warfare; behaviour in battle; supplies and evacuations; behind the lines (PoWs, etc); civil affairs; neutrality and war; applications. As can be seen, a considerable work has been done to organise the laws of war into categories that group them according to their applications in all the different circumstances of war on land, sea and in the air — thus making the laws of war available to the forces in a "user-friendly" form.

But, as ICRC delegate to the armed forces Bruno Doppler insists, this large corpus of laws must be taught to be comprehensible to the forces who are to apply it, must be shown to be to the advantage to all of those taking part in war and combats, and must permeate from the top to the bottom of forces until it reaches the man behind the gun in the forefront of the battle.
ICRC in Pakistan: the first 6 months

ICRC hospitals at Peshawar and Quetta, near the Afghan frontier, admitted some 1,300 wounded Afghans in the first 6 months of the year. All these wounded had crossed the Afghan frontier in search of treatment. More than 7,500 outpatients were also treated at the 2 hospitals.

ICRC finances 5 mobile Pakistani Red Crescent teams who work along the Afghan frontier, giving first aid treatment, and evacuating wounded to ICRC hospitals by ambulance. In early June, a survey made by a PRC ICRC team in the regions north of Peshawar, along the Afghan border, showed that a large number of wounded Afghans were crossing the border in these areas, thus rending necessary a sixth Pakistani Red Crescent mobile team, which was operational by end of June.

The programme implemented in ICRC hospitals to reach self-sufficiency in blood collection is running well, as since January no blood had to be brought from abroad. Blood is collected among the wounded's relatives, and from the expatriate community in Peshawar and Quetta, if necessary.

Due to the very high level of activity in ICRC hospitals, ICRC orthopaedic and paraplegic centres had to face a very busy first 6 months. The paraplegic centre is now able to produce enough rubber feet for artificial limbs to meet its needs at Peshawar.

Mozambique: Surveys and evacuations

The ICRC is steadily increasing its aid to victims of conflict in Mozambique. For the moment, this assistance consists of the delivery of medical supplies to health centres and hospitals in the province of Zambesia, in the north-east of Mozambique, a province particularly affected by the conflict. The ICRC delivers the medical supplies by air, for security reasons, and as an essential part of its programme, evacuates wounded and sick to the provincial hospitals at Mocuba and Quelimane.

A typical month's activities consisted of returning 40 former patients to their home districts, the transport of 19 health workers, 5,657 kg of medical supplies, 346 kg of Mozambique Red Cross medicaments, 213 kg of ICRC medical material, and 1,680 kg of materials (blankets, clothes, soap, biscuits) destined for remote areas and needy people, received from Caritas. Medical evacuations from the interior to the provincial hospitals concerned 31 patients, of whom 6 were war-wounded.

A standardised form of request for evacuation has now been elaborated, easing the communications problems between the delegation and the health centres, etc., and the ICRC delegation has now been installed in Quelimane, and is opening telephone and radio communications.

Surveys

A survey was made in the province of Nampula (north of Zambesia) at the beginning of June. Needs were not seen to be as grave as those in Zambesia, and the ICRC, therefore, is not required to come to the assistance of the province with medical aid and evacuations. Surveys are being made in the provinces of Niassa-Manica, Tete and Sofala, to establish if ICRC action is needed.

A visit was also made to Morrua, Zambesia province, on 26 June, where there are more than 10,000 displaced people, who fled when their villages were attacked and burnt, and who have lost all their possessions. The ICRC is helping these conflict victims with blankets and used clothes.
Thailand
and Kampuchea — the first six months

The Thai/Kampuchea border

The dry season at the beginning of the year saw very heavy fighting along the border, breaking out around Nong Chan camp, in the central sector, and rapidly spreading out on both sides of the camp, greatly affecting Khmer border population. Some 230,000 people had to be evacuated to sites on Thai soil by the end of April, many thousands being displaced several times. The ICRC, in cooperation with UNBRO, and together with other humanitarian organisations present on the border, did its utmost to help the displaced population before the beginning of the rainy season.

At the end of June, the border population, which before the dry season military offensive had been living in more than 20 camps, had been accommodated, with difficulty, on 11 evacuation sites; some 200,000 were gathered on just 5 sites: 32,700 at Khao Yai; 53,250 at Bang Poo; 66,000 at Site 2 (Buriram province) including 3,637 Vietnamese Land Refugees; 36,000 at Site B, Green Hill; and 10,800 at Sam Pee Ka.

The ICRC remained concerned with the fate of the Vietnamese Land Refugees (VNLR). They were evacuated from Dongrek Platform at the end of January, moved to a separate part of the temporary evacuation sites, and were taken finally to Site 2, where they have been since 5 March. The ICRC has provided them with materials to construct shelters holding about 50 people. The ICRC held several meetings with those responsible for resettlement screening and with diplomatic representatives of possible host countries, in order to discuss the future of this vulnerable group of refugees. By the end of June, 1,478 VNLR, or 40 per cent of the cases submitted, had been accepted for resettlement, leaving 3,637 — 60 per cent — at Site 2. Efforts are continuing to be made to find a long-term solution to their predicament. Some 800 newly-arrived VNLR were transferred by ICRC delegates from the border to Dongrek Platform, or later to Site 2.

ICRC delegates organised the repatriation of 191 Vietnamese of Chinese origin on 18 April, flying them from Ho Chi Minh City to Taiwan. The total number of people repatriated since 1979 under this programme is now 5,394 people.

Medical assistance

The two ICRC hospitals in Khao-I-Dang and Kap Cherng continued to treat war-wounded and emergency cases. Surgical teams, made available by the National Red Cross Societies of Finland, Federal Republic of Germany, Japan, the Netherlands, Norway and the United Kingdom, ensured that 4 teams were constantly available to deal with casualties. An exceptionally high number were admitted: from 1 January to 30 June, Khao-I-Dang hospital treated 945 war-wounded, 697 other emergencies, 105 hospital patients, and 1,623 evacuations from the border. At the peak of the emergency, the Thai Red Cross put a surgical team at the disposal of ICRC at Khao-I-Dang. Kap Cherng, over the same period, admitted 255 war-wounded, 265 other emergencies, 47 hospital patients, and 223 evacuations from the border. Due to the decrease in workload, surgical activities stopped at Kap Cherng hospital on 22 June, and the hospital became a first-aid post. The hospital can, however, be reactivated as a surgical hospital at 6 hours notice.

The National Societies of Australia, Japan and New Zealand (in emergency) provided consignments to the ICRC Blood Bank at Khao-I-Dang, which covered the needs of the 2 surgical hospitals, and was also able to come to the aid of voluntary agencies in emergency.

ICRC ambulances and medical personnel continued to operate along the border, evacuating war-wounded and emergency cases. Whenever heavy fighting occurred, first-aid and triage posts were set up, so that the seriously wounded could be quickly evacuated to the ICRC surgical hospitals, while minor wounds were treated elsewhere.

An ICRC doctor and nurse gave consultations to the VNLR at Dongrek Platform, and subsequently at Site 2. Drugs and medical materials to the value of SFR 514,100 were used along the border and in the hospitals. Five Thai Red Cross medical teams, reinforced by emergency teams when necessary, were active in helping the Thai population.
Kampuchea: Medical activities

ICRC delegates undertook surveys in the provinces of Kompong Speu, Kompong Cham, Kompong Chnang, Kampot, Kandal, Battambang and Takeo in order to assess needs in those areas, all affected by events, and to discuss the ICRC’s aid programme with the local authorities. They met local officials, visited provincial hospitals, and provided medicines and medical material to 4 hospitals and a blood bank in Phnom Penh. An agreement was reached with the Kampuchean authorities to provide a medical team for the province of Kampot, and the practical details are now being negotiated.

The ICRC obtained the agreement of the authorities in April to a programme of first-aid kit distributions in areas affected. Some 10,000 first-aid kits, which contain basic first-aid material and a card summarising the fundamental rules of international humanitarian law, were handed over to the local Red Cross for distribution. The ICRC also provided administrative and logistical assistance to teams from French, Swedish and Swiss National Societies working in Kampuchea.

At the beginning of the year, ICRC delegates made final distributions of basic equipment to 5 orphanages in the provinces of Kompong Speu, Kompong Cham, Kompong Chnang, Kampot and Battambang, which consisted of hygiene, leisure and housing materials, financed by the Japanese Red Cross. New surveys of the orphanages were later carried out by ICRC delegates, and a new programme for improving housing and sanitary conditions was approved by the Kampuchean authorities. Permission was obtained for an ICRC delegate to visit the orphanage at Prek Phneu, Kandal province, for the first time.

30,000 copies of a manual, describing the origins, principles, history and activities of the Red Cross, written in Khmer, were produced and given to the National Red Cross Society for distribution in secondary schools. At the same time, 2,000 teacher’s manuals were also given.

News in brief

Uganda — Prison visits: The ICRC has been unable to obtain access to military barracks where people are detained for interrogation. However, ICRC delegates were able to visit 270 detainees previously held in military barracks and police stations (Bombo Barracks and Lowero Police Station). From 15 July, a number of interviews without witnesses was held with these prisoners, who had recently been transferred to Luzira prison, which is visited by the ICRC.

The Sixth Conference of Red Cross and Red Crescent Societies from ASEAN countries was held at Singapore at the end of June, organised by the Singapore Red Cross. All the National Societies of ASEAN countries were present; the ICRC attended the Conference as an observer, as did the Chinese, Japanese, North Korean, South Korean and Australian Red Cross Societies. The Conference dealt particularly with the problem of refugees, and adopted a resolution by consensus which called on the Red Cross movement and the international community to continue efforts to, firstly, allow the national societies of countries of first asylum to pursue their humanitarian work in favour of refugees and secondly, permit the rapid resettlement of refugees.

Lebanon: On 15 July a car bomb exploded in the buffer zone between Israel and South Lebanon, killing 14 people, of whom 12 were civilians. According to eyewitnesses, the vehicle used appeared to have been one of the ICRC vehicles stolen in Beirut, and which had carried the Red Cross emblem and flag.

East Timor: ICRC Survey in the interior of the main island

Two ICRC delegates, a doctor and a nurse, have visited 25 villages in the centre and the East of the main island of East Timor during a medico-nutritional evaluation made last June. Before this, the ICRC had been unable to make any survey on the main island after July 1983, when it had to suspend its relief activities in the region. The ICRC has frequently expressed its willingness to restart its relief activities providing that it can act according to its own criteria.

On the whole, the medico-nutritional situation of the inhabitants of the villages visited did not show any serious problems. No assistance was thought necessary, except for 3 villages.

The food and medical programme, run jointly by the ICRC and the Indonesian Red Cross, for displaced people on Atauro Island, off Dili, continues to operate.

Further, ICRC delegates visited the region of Ainaro/Dare, in the western centre of the main island, in April 1985 in order to assess the medico-nutritional state of a group of some 600 people, gathered in the region after being displaced from Atauro.

Protection

In April 1985, 228 people detained because of the events in East Timor were visited in 4 places of detention, at Dili and Jakarta, as well as 1,271 displaced people on Atauro. These visits were made by 3 ICRC delegates, a doctor and a nurse. In 1984, 336 detained people were visited.

50 Years of the Ethiopian Red Cross

The Ethiopian Red Cross (ERC) celebrated 50 years of existence at the beginning of July. Founded in 1935, it had a difficult beginning, being called upon to undertake all the manifold tasks engendered by the Italian invasion of Ethiopia. Mussolini’s soldiers, despite the Geneva Conventions, spared neither Red Cross workers nor Red Cross buildings, and the ERC suffered a long eclipse until it was re-founded in 1948. Today, it contains 16 sections, and offers a large range of service to the country — a free ambulance service, 3 blood banks, a clinic where health care and health instruction is given, etc. The ERC also places emphasis on youth training and service, and there are now 268 Red Cross Youth Clubs throughout the country.

In 1981, in view of the gravity of the situation in Ethiopia, the ERC signed an agreement with the ICRC for a Joint Relief Operation in favour of the victims of drought and “man-made disaster”. During the Jubilee festivities, a Red Cross exhibition was held at the City Hall in Addis Ababa, which welcomed more than 7,000 visitors.

Atlit: On 24 July, the Israelis liberated a further 100 Lebanese and Palestinian prisoners held in the camp, transferring them by bus to the buffer zone with Lebanon, where they were handed over to ICRC delegates for transfer to their homes. Over the last three months, 908 prisoners have been released, leaving 335 still in the camp.
Ethiopia: Water and wood

Ethiopia, in common with many other African countries suffering from drought, has enormous problems in obtaining or storing sufficient water for its needs. Yet, and this is the apparent contradiction, there are ample supplies of water available. The ICRC is, of course, concerned by the problem, both in finding sufficient water of good enough quality for the feeding centres it operates, and in the longer term, in its efforts to encourage people to return to their villages. It is obvious that without a reliable water supply, villages will continue to empty, and more and more drought-displaced people will arrive looking for the essentials to sustain life — food, water and shelter.

For these reasons, then, the ICRC Medical Division sent a staff water expert, Mr Yves Etienne, to conduct a survey of the water resources in the regions of Ethiopia where the ICRC works — Eritrea, Tigré, Wollo and Gondar. Mr Etienne recently returned to Geneva, and his report has been drawn upon for this article. First, in order to give a detailed picture, it may help to concentrate on one area, where the ICRC is very much present — Mekele, the capital of Tigré.

As is known to regular readers of the ICRC BULLETIN, the ICRC maintains feeding centres, shelters and a clinic for the victims of drought and “man-made disaster” in this small dusty town lying between the mountain ridges. In Mekele, the ICRC feeds some 67,000 people, and part from a deep bore hole, shared with another camp, sunk about 1 km from the centre. The deep bore hole, in principle, provides safe water, but has no protection from surface drainage and seepage. As can be imagined, the large influx of people, and their sanitary needs, renders this problem acute. The town water supply comes from a network of open wells — those able to be seen had no protection — and the water entering the system is contaminated, particularly by amoebic contamination.

Therefore, the ICRC had to render the water safe to use in the feeding centre — no point in giving contaminated water to the over 600 malnourished and weak children and mothers who use it; and the time and firewood needed to boil all the water necessary add to the centre’s workload, and squander firewood resources in short supply. A simple filtration system was set up — which has the advantage that it can be copied anywhere, using local labour and materials.

Water, from both the deep bore hole and the town supply, enters the large settlement tank, which contains 100 cubic meters of water. There, many of the organisms contained in the water die off after about 8 hours, and suspended sediment settles to the bottom of the tank. Water is then drawn off above the settled deposit, and runs, via a ballcock, by gravity into the sand filter-tank. This tank is partly filled with clean, washed gravel and sand, filtering the water both physically and bacteriologically — an environment is formed after about 15 days in the upper 10-15 cm of the sand/gravel filter, in which bacteria attack the viruses in the water. Mr Etienne notes that as no gravel was available in Mekele, people had to be employed chipping rocks and washing the result in tubs before using it in the filter.

The filter water is drawn off from the bottom of the filter tank by a network of perforated pipes, and is then taken, by gravity and ballcock valve, to the reservoir tank, which holds 38 cubic meters. This reserve of water is almost safe to drink, but to make 100 per cent sure, slow-dissolving chlorine tablets are added in a floating cage, as used in swimming pools, and the amount of free chlorine, 0.3-0.6 mg per litre, is tested regularly with a simple test kit. The reservoir tank is covered, to stop the formation of algae and to protect the clean water from environmental pollution. The water can be drawn off for normal use in the ICRC clinic and feeding centre. The supply is 55 cubic meters per day, ample for present needs.

A serious shortage of firewood is one of the difficulties of everyday life in Mekele, as in many other parts of Ethiopia. Wood is bought by the donkey-load, and the price is rising rapidly. Thus, any economies in the use of firewood for heating water and preparing milk for the malnourished children in the centre are particularly welcome.

The ICRC, with the help of the University of Geneva, has designed a solar thermosiphon which heats the filtered water to a temperature of 60° C, for use in the feeding centre kitchens. The system itself is simple enough to be made by local carpenters and plumbers, using only local materials. It consists of 10 square meters of solar panels, which contain galvanised metal water pipes that absorb the sun’s heat. Hot water rises through the siphon, and is stored in a small tank ready for use. Once the prototype has been made and used, the simple technology can be used by the Ethiopian people themselves to economise firewood for heating water in countless applications.
Uganda — the ICRC is still there

The ICRC delegation in Kampala, capital of Uganda, continues to function after the fall of the Obote government, and the events associated with it, particularly the wave of pillage and rioting that swept through Kampala on 27/28 July.

Members of the armed forces and armed elements of the civil population looted and pillaged for at least 48 hours, breaking into ICRC warehouses and garages, stealing relief goods and marked ICRC vehicles. Only 89 tons of maize was spared in an isolated warehouse — all the rest of the ICRC’s relief stocks were taken, together with 22 Red Cross vehicles, some of which were later seen being driven by members of the armed forces. Various vehicles have since been recovered, and a list of those still missing sent to the military authorities. The delegation, and the delegates’ houses were not looted. As soon as it was possible to circulate again, the emblem was respected, allowing freedom of movement for the delegates.

Contacts have been established with the new authorities, and the ICRC has been able to resume its various tasks in Uganda. Medical supplies, to replace those looted, have been rushed to Kampala from Geneva via Nairobi. The ICRC doctor was able to visit Mulago and other hospitals, where some 40 wounded were admitted.

ICRC delegate detained in South Lebanon

On 19 August, an ICRC delegate, Mr Stephane Jaquemet, who was travelling between Sidon and Tyre in a marked ICRC vehicle, was stopped and detained by armed men, for unknown reasons. Following contacts made by the ICRC delegation in Lebanon with all factions, Mr Jaquemet was released after 36 hours, thanks to the co-operation of AMAL.

El Salvador: the missing mayors

In the course of its protection activities in the province of Morazan, the ICRC has been able to visit 7 of the 10 mayors captured by the FMLN. This is the second visit the ICRC has been able to make to them, and on this occasion, the ICRC was able to put the families of the captured mayors in touch with them. The other 3 mayors, held in a different province, will be visited shortly.


**Airlift in Angola**

The whole of the ICRC airfleet in Angola — 2 Hercules heavy aircraft, and 4 smaller aircraft — is now being used to transport 800 tons of maize seed to distribution points on the Planalto.

This operation, which started in mid-August, should finish towards mid-September, at which time ICRC delegates based in the provinces of Huambo, Bié (Kuito) and Benguela should be able to start seed distributions in the villages.

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The seed distribution stage will be followed closely by food distribution; the ICRC stocks in the 3 provinces have to be built up again in order to help the civil population carry over the difficult period from the time they have exhausted their own supplies until the coming of the next harvest.

The ICRC has every hope of being able to organise road convoys on certain routes, and to extend the use of rail transport, at present limited to the Huambo — Kuito line. In fact, sending goods by air is extremely onerous, and besides, the time-scale available demands that every possible means of transport be used in order to ensure the success of the relief programme, on which nearly 150,000 people, affected by the conflict situation in the south of Angola, depend.

**In brief...**

Benin — dissemination: A dissemination mission to the armed forces was undertaken by the ICRC and the National Society from 28 July to 3 August. The ICRC delegate, 3 members of the National Society, and 4 officers from the armed forces made a tour of military garrisons — Parakou, Ouassa, Widah, Porto Novo and Cotonou — addressing some 460 officers and senior NCOs, together with the chiefs of the General Staff at Cotonou. Their lectures on international humanitarian law, and the rôle of the ICRC aroused great interest, and gave rise to many questions. A film was also shown.

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Angola: Three South African sailors, arrested in Angolan territorial waters some 2 months ago, were handed over to the ICRC on 22 August by the Angolan authorities for repatriation to South Africa. An ICRC delegate accompanied them to Kinshasa, from where they flew to Johannesburg.

Atlit: further liberations

On 13 August, the Israeli authorities freed 101 people detained at Atlit. The ICRC was responsible for the repatriation and convoyed them, according to their choice, to Tyre, Nabatyeh, Sidon, Beirut, or the Bekaa.

There are still 232 civilian internees at Atlit.
Ethiopia: water, water everywhere...

Although the rains have come, and in certain regions of Ethiopia, they have flooded out villages, farms, and have made roads impassible, yet still, water supply and storage remain a general problem in the country. In the zones affected by “man-made disaster”, the old systems have been destroyed; the influx of starving people to small towns and villages has overstrained the existing water supplies, and, as well, posed a sanitation problem — all these factors combined have only increased the problems of supplying clean water to the inhabitants.

In many rural and semi-rural areas, wells are open and unprotected, or people take their water from rapidly-drying streams, while a short distance above, others are washing their clothes or watering their animals in the already polluted water. Wells are open and unprotected, also at grave risk to contamination, or are simple holes dug in what appears to be dried-up river beds, which are again used indiscriminately by human beings and stock.

Water surveys have been conducted in Eritrea and Tigré, and in the short term, various filtration and protection measures have been, and are being, undertaken in order to supply clean, safe water to the feeding centres and shelters run by the ICRC. Simple chlorination programmes are also being set up where other methods, such as filtration, are unnecessary.

Over the longer term, protection and improvement of existing water supplies is being actively undertaken. The idea that water sources are resources, and need to be controlled like any other stock, is being propagated. ICRC delegates are teaching the Ethiopian people how they can improve and protect their water supplies, either by paying attention to the possible sources of pollution around a spring or water channel, or by digging and properly protecting wells themselves, which, once the simple techniques of hand-dug wells are learned, can be constructed with a minimum of technology by the local people, for use in town or village.

The Thai/Kampuchea border: Medical activities

Despite the fact that July has been a relatively calm month along the border, as is usual during the rainy season, the numbers of war-wounded admitted to ICRC Khao-I-Dang hospital averaged 60 in July-August, a higher number than the comparable situation in the same period the previous year.

Kab Cherng hospital in the northern part of the border has been converted into a first-aid post. The system of evacuation for patients requiring hospitalisation at Khao-I-Dang has worked well, and no serious problems have been revealed. Kab Cherng can be reactivated as a hospital in 6-12 hours should the need arise.

The statistics for Khao-I-Dang hospital for July are: 57 war-wounded treated; 203 admissions; 605 operations performed; average in-patients 94; and 219 patients discharged. Total admissions from the beginning of the year: 1,679, total operations performed: 6,765.

There are presently 3 surgical teams at the hospital, provided by National Societies of Austria, Finland, Great Britain, Denmark, German Federal Republic, and Ireland.

Medical evaluations in Nicaragua

2 medical evaluations, each lasting 2 weeks, were made to the regions of Laguna de Perlas (Bluefields), Rio Grande (Matagalpa), and Aranjuez (Ocotal).

At Laguna de Perlas, where the ICRC has been distributing food to displaced people for a year, an evaluation was made of the medical-nutritional situation. Henceforth ICRC will carry out regular medical visits combined with a sanitation and hygiene programme.

Concerning the Rio Grande region, the ICRC will continue its regular visits to the isolated villages, providing medical aid every 2 to 3 months. Complete food rations will be distributed to one specially vulnerable village.

In Aranjuez, 750 displaced people had arrived 2 months earlier from the north of Ocotal. 45 per cent of the children suffered from moderate or serious malnutrition. In view of the urgency of the situation, the ICRC will undertake a relief operation for several months.
The Risks of the Job — Security and dissemination

One thing should be clearly stated at the outset: The ICRC works, for the most part, in situations where conflict, or a combination of conflict and other disasters, is taking place. Thus, from the beginning, an ICRC delegate must know that he is exposed to certain risks that his mere presence in such situations brings with it. But risks can be divided into normal risks, or abnormal risks. Normal risks include car accidents especially. Why car accidents, which have cost ICRC more lives than conflict? Because the countries in which the ICRC works frequently have bad roads and little vehicle maintance. And all these factors make the simple action of sitting down to drive to work much more risky than at home. Delegates are warned of their responsibilities, both towards themselves and the institution — but accidents can and do happen.

What might be called abnormal risks are those arising from conflict. The ICRC, with its continuously evolving experience of all types of warfare, from the official, declared international war to the smallest-scale guerrilla action, tries to limit the risks to delegates as far as is possible, but they are impossible to rule out altogether when the ICRC's main task is to aid the victims of combat situations. The fact that the delegates of the ICRC have a duty to seek out victims where they are to be found necessarily exposes them to the accidents of war.

How should delegates cope with what — especially for Swiss — are extreme conditions? Such are involved with the huge actions the ICRC is undertaking in El Salvador, Angola, Ethiopia, and the Thai/Kampuchean border? Fear is normal reaction, but the way in which each delegate handles his own fears, linked to the situations in which he finds himself, is of the greatest importance. It is no good to bury these natural feelings — or the risk is run of making a wrong decision, because subjectivity is lost. Better to share these feelings with colleagues, and in that way, tension is released, and a more balanced view can be taken of the conditions and problems posed by work in conflict areas. The delegate has to learn that normal is to be frightened in certain circumstances, whether they be the results of fighting or a "coup d'Etat".

Other risks — but which are comparatively minor — are the risks of being kidnapped or made prisoner. It has happened — in the Lebanon recently, or elsewhere. But in fact, it is totally non-productive to kidnap an ICRC delegate. The ICRC is there to help everybody, impartially. It is neutral. Therefore, what use is there — political, military — to hold an ICRC delegate, nurse or doctor? At best, it holds up help to any side in a conflict; at worst, it costs lives that could have been saved. As it happens, most of these cases are sheer accident. An ambush is sprung, only to find Red Cross personel caught in it — a town is taken, only to find Red Cross hospital staff working there. Sometimes, in the short term, ignorant combatants think they can make a deal with the ICRC — then run up against the fact that the ICRC cannot help them — it can open no prison doors, deliver no political advantages, or pay over no ransoms.

If detained, Red Cross personnel will naturally explain what are the aims of the ICRC — protection, aid, neutrality, help for all the victims of conflict. It works for both sides, so why hinder it? It may be your turn next to be brought in wounded, or to be visited in prison. Thus it is clear that no useful purpose is served by holding on to Red Cross people. And, what is more, the ICRC will certainly not let the occasion pass to call attention to a breach of elementary humanitarian laws.

Bigger scale, bigger problems

Are problems for the ICRC on the increase? Or is it because of the mere fact of anything happening to the ICRC is news — because of rarity value. In proportion to the scale of ICRC activities — the number of delegations has doubled, the number of delegates quadrupled — it is certain that the risks, by reason of exposure to them, have increased. That incidents are so few and far between is the measure of the hard-won experience that has been gained over the past decade. Of course, security risks are greater. The example of the Lebanon is just one case where blind death stalks the country. Innocent victims are blown up by car bombs, or are hit by shells, and it may be only a matter of time before a delegate is in the wrong place at the wrong time. The greater the indiscriminate violence, the greater the risk, if the ICRC is to do its duty.

Mines used to be the greatest risk. In the Rhodesia/Zimbabwe conflict (1978), Red Cross vehicles were armoured against anti-personnel mines. But little by little, as the deadly technology of explosive engines advanced, it was seen as useless to try to protect ICRC vehicles against sophisticated weapons — remote control mines, mines that count the number of axles, etcetera — and the use of military armoured vehicles is out of the question. So, what to do? Aircraft are one answer — but at a high cost. The other answer is to notify all parties as to the routes that the Red Cross will use, and then to hope and trust that the information has filtered down to the last soldier in the remotest outpost.

But here again, luck or hazard plays its part. Headquarters in Geneva lays down many rules for basic security, and calls upon each delegation at risk to amplify them with their own additional to meet the peculiar circumstances of the countries they are working in. The points are checked, and systematically, security measures are codified. But again, risks must be calculated, especially in function of the needs to supply aid to the victims. It must be stressed that most incidents are accidents. Mines are blind. It is rare that anybody deliberately sets out to ambush an ambulance or a relief convoy. But nervous, semi-trained combatants will press the trigger when a Red Cross aircraft tries to land after they have been strafed all day. Or the situation becomes out of all control, Red Cross vehicles are stolen and relief stocks pillaged when marauding troops abandon all discipline to terrorize a town.

Dissemination helps

In general, it is lack of communications or an accident that lands delegates in a trap. A delegate has gone too far to help victims, or been caught in an ambush. Once the wrong has been done, it is natural, if reprehensible, that the wrong-doers try to turn the situation to their advantage. But in these cases, the ICRC plays its eternal card — it is not present for any advantage, political, material or military — and to stop its work causes hardship and loss to all parties.

Dissemination plays a cardinal rôle in minimising these risks. All parties must be informed as to what the Red Cross is doing, where it is going, and the reasons for its mission. The message is the Red Cross is not dangerous, its carries no over no ransoms. Its only a matter of time before a delegate is in the wrong place at the wrong time. And, what is more, the ICRC will certainly not let the occasion pass to call attention to a breach of elementary humanitarian laws.

The International Committee of the Red Cross (ICRC), together with the League of Red Cross and Red Crescent 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.
The ICRC and South Africa

The ICRC has been active in South Africa since 1963. For more than 22 years, it has regularly visited security prisoners, once these have been convicted. Its aim being to visit all persons detained for security reasons, including those held for interrogation and for administrative reasons in particular under emergency laws, the ICRC is doing its best to obtain permission from the government to do so.

In the meantime, a new series of visits to sentenced security prisoners and a small number of administrative detainees started in September.

The ICRC intends to establish cooperation with the South African National Society to help victims and injured in clashes within the “townships”. Although of course ICRC delegates are white, there is a reasonable level of acceptation and communication, particularly where the Red Cross principles are understood. Both government organisations and leaders of black movements are becoming more informed about Red Cross principles. There is much good will, and the ICRC has often been asked to help trace missing people, and to afford protection and assistance to victims and “township” families. To continue this work, the ICRC is increasing the number of expatriates present in South Africa.

Refugees from Mozambique

In the north-eastern part of South Africa, an ICRC delegate and a nurse have seen some 10,000 refugees who have crossed the border from Mozambique to seek refuge from the troubles. Most of them find a welcome in Gazankulu, where there is much solidarity among the people there who often belong to the same families and tribes. Since the refugees have had to leave everything, the ICRC is helping by distributing blankets and medical aid. So far, food needs are taken care of by the local inhabitants or voluntary agencies, and the ICRC is providing limited assistance.

Angola and Ethiopia: Seeds to the Rescue

The seed airlift from Lusaka to Huambo and Kuito, on the Planalto in Angola, started on 11 September: some 120 tons will be delivered, in addition to the 680 tons already in store, allowing stocks for distribution to be built up. The ICRC has made use of the time available before distributions begin to make a further survey of needs, and to set up a more efficient system of control. The feeding centres on the Planalto will be reopened in mid-October, to help victims carry over from seedtime to harvest.

In Ethiopia, the seeds already distributed by the ICRC within the framework of the Joint Relief Operation with the Ethiopian Red Cross are beginning to grow, and hopefully, promise a good harvest, thanks to the frequently abundant rainfall. The ICRC plans, if all goes well, to reduce its action by some 20 per cent, and while the infrastructure set up will remain in place, expatriate personnel will be reduced to: 9 nurses instead of 15, for example; 2 doctors instead of 3, and 1 sanitary engineer. The airfleet is also going to be reduced by 1 Hercules and 1 Pilatus Porter.

Ethiopia: tending young plants near an ICRC shelter. (Photo: D. Gignoux, ICRC)
Hospital scenes in Peshawar

By ICRC special correspondent Victor Kocher

Mirzaman, a 3-year old Afghan boy, has now been confined to his bed on the verandah of the ICRC hospital in Peshawar for 6 whole days. His small legs held by ropes are stretched upwards in a “V” which may well proclaim the victory of humanity over death, but is, at the same time, a grim reminder of the horror of warfare. The boy’s father reports that during an attack on his native village in the Province of Paktia in the eastern part of Afghanistan, a shell-splinter pierced both Mirzaman’s thighs. It is a miracle that he is still alive, for he was also hit at the back of his head by a bullet crossing through close under the skull bone. Had its trajectory been only fractionally different, the little boy could never again have gazed at his visitors with such wide, intrigued eyes.

In the hospital garden, whole families sit under the trees, the men distinguishable by their wide trousers, turbans and round hats as Afghan Pathans. They have brought wounded friends or relatives for treatment, and now they wait patiently, cooking, eating and sleeping in a corner, and look after their patients for weeks until they can be discharged from hospital. One of the men rocks a baby in a hammock slung between a tree and a pillar; then he squats down, takes out a small mirror, a pair of tweezers and plucks a grey hair from his moustache.

At present, the ICRC surgical hospital in Peshawar, in the north-western part of Pakistan, is housed in a 2-storey building. Since it began its activities in June 1981, it has twice had to be transferred, each time to larger premises. The only patients it admits are Afghan war wounded, whom it provides with good medical care free of charge. 2 Afghan and 3 European doctors carry out the operations, while 120 local employees tend the patients and deal with the day-to-day practicalities of running the hospital under the supervision of a head-nurse from the Swedish Red Cross.

The hospital can accommodate 100 patients, which usually covers the needs observed so far. Last year, an average of 150 wounded crossed the border every month to come to the ICRC hospital. In Quetta — 600 km away to the south-west — the ICRC runs a similar hospital (capacity: 60 beds) for Afghan war wounded.

Just now, the corrugated iron entrance gate opens to admit a Pakistan Red Crescent ambulance which comes to a halt in front of the emergency section. A man about 30 years of age is carried in, the stump of his left knee swathed in a blood-soaked dressing. His companions confirm: “This is typical of injuries caused by mines. One leg has been blown off below the knee, and the other is covered with large shrapnel wounds. In many cases, one of the hands is affected as well, and the whole body is pitted with wounds caused by metal splinters, stones and bits of dirt impacted deep into the tissues by the blast.”

The young Afghan surgeon is making his daily rounds to see how his patients are doing. He does not need to point out that the hospital staff is overworked: the wards, the verandahs and even 3 tents put up in the garden are so overcrowded that the doctor can barely manage to squeeze through between the beds. All of a sudden, in August and early September, the wounded were no longer arriving in ones and twos, but in groups — as many as a dozen at a time. Their companions regularly reported that in Paktia many casualties were still waiting for transfer to Peshawar; violent fighting was taking a heavy toll. Thus very rapidly, the hospital was faced with an influx of some 200 casualties and sometimes the surgeons had to operate round the clock.

The International Committee of the Red Cross in Geneva realised that it had to step up its medical activities. On 30 August, it appealed to the National Red Cross Societies for support, and by 2 September, an additional Danish medical team was already on the spot in Peshawar. Four days later, a complete field hospital provided by the Norwegian Red Cross and the Oslo government was flown in. In Hayatabad, near Peshawar, work immediately went ahead to put up the tents intended to house 50 patients, together with an operating theatre, just 2 days later. Here, at the existing ICRC hospital, the head-nurse is already selecting an initial group of 35 patients who need only post-operative care and can be transferred the next afternoon to the tent hospital. 5 nurses from New Zealand are doing. He does not need to point out that the hospital staff is overworked: the wards, the verandahs and even 3 tents put up in the garden are so overcrowded that the doctor can barely manage to squeeze through between the beds. All of a sudden, in August and early September, the wounded were no longer arriving in ones and twos, but in groups — as many as a dozen at a time. Their companions regularly reported that in Paktia many casualties were still waiting for transfer to Peshawar; violent fighting was taking a heavy toll. Thus very rapidly, the hospital was faced with an influx of some 200 casualties and sometimes the surgeons had to operate round the clock.

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The Afghan surgeon carefully removes the dressing on the chest of a white-bearded man of over 60, hit in the chest by a grenade fragment which lodged in his
In the field

They alone survived being carried on ties, many lives could be saved. Posts and rapid evacuation of the casual wounded must have died on the way. If central Afghanistan to Peshawar. Many Afghan opposition fighters could only treated patients with arm and leg were injured. Despite serious injuries, they all came from the border area and side, leaving a gaping wound near his breastbone, and the doctor had patched up his chest in a major operation only up his chest in a major operation only that morning. Amazingly, the man had survived a journey of several hours to hospital although he could hardly breathe. Unfortunately, he had died of complications that evening. The Swiss doctor points out that over the past weeks, many patients had been brought in with head, chest and stomach wounds; they all came from the border area and could be operated on the same day they were injured. Despite serious injuries, they recovered rapidly. “Earlier on, we only treated patients with arm and leg wounds, and gangrene had often set in. They alone survived being carried on horse-back, a journey often lasting several days, from the remote villages of central Afghanistan to Peshawar. Many wounded must have died on the way. If the Afghan opposition fighters could count on a network of closer first-aid posts and rapid evacuation of the casualties, many lives could be saved.”

Is the ICRC relief operation in Peshawar really more than just a mere drop in the ocean? This is the question crossing the visitor’s mind while in the hospital garden the Afghans are saying their collective evening prayers. The fighting in Afghanistan goes on unhindered and for more than 5 years now the civilian population has been paying a high and bitter price. During its 4 years of existence, the ICRC hospital in Peshawar has, after all, admitted almost 7,000 patients, and its surgical teams have performed more than 12,000 operations. Yet the work of the Red Cross has an objective beyond these material results. The delegates regularly give first-aid courses to Afghans wishing to go back to their country, which include lectures on the humanitarian rights of captured and wounded enemies, to be given protection and care. If they thereby learn to save lives themselves and to act humanely even in the heat of battle, then far more will have been achieved than a hundred Red Cross hospitals could ever do.

Round Table on Present Problems in International Humanitarian Law:Record Participation and Controversial Subjects

By Françoise Bory

There was a record participation this year at the Xth Round Table on present problems in International Humanitarian Law, which took place between 9-14 September at San Remo, Italy. Some 160 experts from all over the world, diplomats, military personnel, lawyers, as well as members of the Red Cross and Red Crescent movement, accepted the invitation of the International Institute of Humanitarian Law.

The principal theme of the meeting was certainly interesting, but also very controversial: “Guerrilla warfare, terrorism and international humanitarian law”. Apart from 2 introductory speeches, putting forward opposite views, 10 other themes were brilliantly presented by humanitarian law specialists. Unfortunately, the mass of material, and the timetable, only allowed very brief exchanges of views among the participants. It should be mentioned, however, that despite the very diverse political and geographical backgrounds of the participants, the discussions were always courteous.

Distinguishing between guerrillas and terrorists

How can a guerrilla act be distinguished from an act of terrorism in armed conflict? What status should be accorded to a captured terrorist? Those were the two basic questions posed by the Round Table. It was shown by many experts that guerrilla warfare is a very old method of fighting, and that it nonetheless respects certain rules, and because of this, is covered by international humanitarian law. Thus a guerrilla fighter, if he complies with the provisions, benefits from
the status of prisoner-of-war in case of capture. Terrorism, an extreme form of violence, arouses strong feelings. The means used constitute, according to many experts, violations of international humanitarian law, which forbids terrorism, and lays down basic guarantees for all victims of armed conflict. It is thus essential that governments ratify international humanitarian law, in order to reinforce its application and to make it as universal as possible.

A pressing problem: Refugees

The Round Table discussed 2 other subjects during the 6 days it met. The first, under the auspices of the High Commission for Refugees (HCR) dealt with “new dimensions in refugee movements and protection problems.”

If today there are sufficient international legal instruments to assure the protection of refugees, nevertheless, the problem has assumed a new dimension due to the present state of the world: no longer is it just a question of a movement of displaced people or refugees from a country or a region, but of exoduses of entire populations to different parts of the world simultaneously. The emphasis was put on the preventive aspects in resolving these questions, and the roles of governmental humanitarian organisations (such as the HCR) and non-governmental (the Red Cross, for example) were underlined. The idea of creating a consultancy commission drawn from the country of origin of the refugees, their host country, and organisations such as the HCR was well-received by the delegates. Such a commission could play an important part in the setting up of permanent solutions, particularly concerning reinstallation or voluntary repatriation of refugees.

The Red Cross and the protection of children

One day was devoted to a symposium on the protection of children, and the part that the Red Cross/Red Crescent movement can play in this field. Generally, it was shown that legal instruments protecting children exist. The problem lies in the application of these laws, and an increased effort is needed, for which humanitarian organisations — and notably the Red Cross/Red Crescent movement — could do much.

The group debated the subject of unaccompanied children and refugees who stand the more in need of protection as they are cut off both from the family unit and their country of origin.

The child’s right to health seems obvious in developed countries; but that right has yet to be acquired in the larger part of the world, where the birth-rate is highest. The National Red Cross/Red Crescent Societies, supported by the League, are called upon to develop vast programmes for the prevention of disease and for primary health care, in coordination with the World Health Organisation (WHO), as was recounted by Dr S.W.A. Gunn, of the League of Red Cross/Red Crescent Societies. Mr O. Zuluaga spoke of the successful action of the Colombian Red Cross in saving “street children” from crime linked with extreme poverty or family abandon. Above all, Mrs J. Abu Nasr, of Beirut University, touched her hearers with an account of the effects of war on Lebanese children. The consequences are tragic and sometimes irreversible. They affect the child both physically (wounds, sickness, lack of medical care leading to diseases and epidemics, etcetera) and psychologically (behavioural troubles, the breakup of the family unit, the breakdown of the socio-cultural environment, the destruction of moral values, etcetera).

In these dramatic situations, humanitarian organisations — such as the Lebanese Red Cross — do splendid work which should be supported more effectively and efficiently.

Towards a humanitarian mobilisation

At the end of these days of study, Mr Jacques Moreillon, director of the General Affairs department of the ICRC, gave an exposé devoted to the necessity for an international “humanitarian mobilisation”, particularly in the perspective of the XXXVth International Red Cross Conference to be held in Geneva in October 1986.

He said: “In the face of the growing number of conflicts, their increasing diversity and length; in the face of inhumane treatment engendered by ideologic, not to mention religious and racial, intolerance; in the face of the lowering of respect paid to treaties and laws in general; only a concerted action by all the vital forces of universal humanitarianism, only a mobilisation by States and peoples, will be capable of raising, in a definitive manner, the level of humanity in conflicts... failing the ability to suppress them altogether... This gigantic effort cannot be made by the ICRC alone; it needs to be able to count on the support of governments, of National Societies, of the League, and of public opinion to make more respected humanitarian law and principles.”

With this in mind, Mr Moreillon placed emphasis on the collective responsibility of the community of nations towards the repeated and unpunished violations of international humanitarian law. He requested governments “to give the ICRC the political and material means to carry out a real humanitarian strategy, conforming to the mandate confided to it by the Geneva Conventions”, and called upon the international community to actively participate by making concrete proposals for the work of the next International Red Cross Conference.
Lebanon: Tripoli Round-up

A truce was declared early in the morning of October 4, 1985, after a week of almost continuous fighting in the port city of Tripoli. During that week, ICRC delegates negotiated under difficult conditions, trying to organize a Red Cross convoy to evacuate the wounded and to have the Islami hospital inside Tripoli declared neutral.

On the 5th, the convoy finally entered the city. Two ICRC trucks packed with medical supplies, six other ICRC vehicles and ten more from the Lebanese Red Cross carried 50 people in all, including a surgical team sent by the Danish and Finnish Red Cross. 39 of the wounded were immediately evacuated to the ICRC field hospital in Kalmoun. Most of the patients remaining inside Tripoli in the Islami hospital needed surgery, having only received first aid during the fighting. The surgical team began to operate on the day it arrived.

All week long ICRC nurses were providing medical assistance to the region. As those who had fled the fighting began to return, ICRC delegates continued to distribute blankets, food and basic necessities to families in and around Tripoli, as well as in the Palestinian camp at Beddaoui.

On October 8, the Scandinavian surgical team was relieved by Lebanese medical personnel. The Islami hospital returned to normal operations on the 9th, when its neutrality was declared ended. On the same day, the field hospital in Kalmoun was dismantled. Some of its patients were transferred to the Islami and Makassed hospitals, but many were able to return home.

It's possible to see, in Tripoli, the profile of a classic ICRC intervention: rapid response to set up a medical emergency operation, urgently needed assistance given to 60,000 victims of an armed conflict, and withdrawal as soon as the state of emergency was over.

Protection of journalists on dangerous professional assignment: ICRC “hot line” operational

On October 21, a “hot line” was put into service at the ICRC. Editors and professional organizations concerned can now rapidly contact the ICRC and request its aid if necessary, should a journalist disappear, be arrested or detained.

On this occasion, the ICRC published a brochure to set forth practical measures the organization could consider to help journalists who fall victim to situations of armed conflict. This document explains not only the possibilities of ICRC action, but also the limits and obstacles that can slow down or even prevent its active intervention. Primarily intended for editors and media organizations, this brochure has also been sent to government officials, for their information.

The “hot line” was set up in response to a request made at a round table meeting on “the safety of journalists on dangerous professional missions”, which was held last April at Mont-Pélerin, in Switzerland, under the auspices of the ICRC. This meeting was attended by the representatives of 16 international media organizations from all over the world.

The Mont-Pélerin round table also led to the organization, by the ICRC and the “Union of African Journalists” (UAJ), of a seminar on the theme: “the journalist and international humanitarian law”. Some 30 representatives of the African media attended this seminar, held in Nairobi (Kenya) from September 16 to 20.

That same week, in Kuala Lumpur (Malaysia), a representative of the ICRC’s information department addressed the General Assembly of the “Confederation of ASEAN Journalists” on the problems of “the protection of journalists on dangerous assignments”, problems which are painfully evident today in that part of the world.
ETHIOPIA: AFTER THE RAINS

The long-awaited miracle has finally happened: this year rainfall will reach nearly normal levels in Ethiopia. The rainy season has now ended and harvesting has begun. Already, ICRC delegates who have conducted evaluations report better nutrition in some of the communities receiving help. This encouraging sign is due in part to the rainfall (pastures are green again, vegetables and wild fruit are growing), but is also to a significant extent attributable to food aid.

Does this mean that the long drought and its after-effects are completely beaten? Unfortunately, no. Although the high plateaus received enough rainfall, the season of irregular showers was too short in certain regions of Tigre, North Wollo and the low-lying areas of the north east. It’s still difficult to make predictions, but it seems that the harvests in certain regions will be insufficient for the needs of the population.

Consequently, the ICRC and the Ethiopian Red Cross are re-evaluating their joint assistance program. Certain of the ICRC delegates in Ethiopia who are also agricultural experts are currently trying to localize the regions still in trouble and to define future needs. Although it’s not yet possible to evaluate the results of the seed distribution program of the last few months, the ICRC and the Ethiopian Red Cross have decided to repeat this operation before the moderate rains expected at the beginning of next year. The program is already deemed a success, since it has encouraged families to leave camps such as those at Ibnat or Mekele and to return to their fields.

The latest feeding center opened in Tigre is at Wukro, north-east of Mekele. The ICRC is studying the possibility of closing some others, and hopes to become more flexible during the next few months, so that centers can be opened and closed as circumstances change. It’s clear, for example, that the need for food will decrease with the harvest. However, six or eight months later, it may increase again, and with it the number of children who will need intensive feeding and appropriate care.

Food is still being distributed. In September, more than 10,000 tons of food were handed out to some 730,000 people. Increasing the number of distribution points has meant that villagers don’t have to travel as far to receive their weekly rations: it’s now rare for anyone to walk for more than half a day.

A general improvement in nutrition also means fewer admissions to feeding centers. In September, the nine ICRC feeding centers took in 1,632 malnourished children; 1,514 others were back up to normal weight and able to return to their families. At the end of the month, these centers were treating a total of 3,418 children.

The sixth seminar of the “TMS” (Tracing and Mailing Services) network, held this year in Bangkok from September 17 to 19, was attended by representatives of the ICRC’s Central Tracing Agency. Created in 1979 at the instigation of the ICRC, the network was originally composed of 7 National Red Cross and Red Crescent Societies from countries of first asylum for boat people. Today it has only five members (Thailand, Malaysia, Indonesia, Philippines and Hong Kong). Although Vietnamese refugees are leaving their country by sea at a rate six times less than that of 1979, 1985 is the first year in which more refugees arrived in the countries of first asylum than left for host countries, which meant that the population in the camps increased. This is one of the major concerns of all the “TMS”, they fear that the process of resettlement may be coming to a halt.

The increasing efficiency of the TMS is worthy of note: in 1984, 33.7% of the requests to trace someone were solved, compared to only 8.5% in 1979. While now technically self-sufficient the TMS still unanimously wished to continue to have regular meetings between the different members of the network and the ICRC Central Tracing Agency. The next seminar will be held in 1986 in Jakarta.

Moreover, for the first time, the TMS seminar took an interest in something unrelated to the business of tracing: the participants went to the Khmer-Thai border, where they were able to observe first-hand what is meant by dissemination in the field. The visit was arranged in response to a suggestion made during the conference of the Asian Red Cross and Red Crescent Societies, held in Melbourne in January, 1985 by some of the National Societies of Asia and the Pacific.

News in brief

Six Taiwanese deep-sea fishermen returned to Taipei from Beijing via Hong Kong on October 14 under ICRC auspices.

The six fishermen, whose boat had foundered off the Chinese coast on August 31 after colliding with a German freighter, had been rescued by the freighter and brought to Dalian in northeast China, where they were hospitalized.

In Beijing, the six were handed over by the Chinese Red Cross to an ICRC delegate who accompanied them to Taipei. The ICRC acted as an intermediary at the request of all the parties concerned.

In Chile, from October 7 to 13, ICRC delegates visited the prison of Santiago Sur, where they saw 13 union leaders, and four places of detention in the provinces (2 in Concepcion, 1 in Talcahuano and 1 in Coronel), where they saw 28 security detainees.
El Salvador: simultaneous liberations, evacuations

In El Salvador, the president’s daughter, Ines Guadalupe Duarte Duran, and one of her friends, Ana Cecilia Villeda Sosa, were taken on September 10, 1985, and held captive by the Farabundo Marti National Liberation Front (FMLN). After the government and the FMLN reached an agreement through the mediation of the Salvadoran Church, the two women were released on October 24 under the auspices of the ICRC.

On the one hand, this agreement provided for the simultaneous liberation of President Duarte’s daughter and members of the FMLN detained by the government; on the other hand, it stipulated that mayors and municipal officials in FMLN hands would be freed, and a number of guerrilla wounded evacuated abroad. At the request of both parties, the ICRC was entrusted with the execution of the terms of this agreement.

And so, as Ines Guadalupe Duarte Duran and her friend were set free, 18 people held by the government were released and transferred by the ICRC to Tenancingo (north-east of San Salvador), and four others were taken to the embassies of Panama and Costa Rica in San Salvador. The wounded, 101 in all, were picked up at twelve different sites and transferred to the airport in San Salvador, where they split into two groups and boarded planes to Panama and Mexico. Finally, 23 mayors and municipal officials were freed, again with the ICRC serving as intermediary.

Border Theatre

Dissemination has taken a new form on the Khmer-Thai border: the message is being put across on the stage. Since August, refugees from Site 2 have been invited to attend several showings of “Red Cross Drama”, a play in three acts depicting an armed conflict situation and its consequences for civilian and military victims, before and after the application of the rules of international humanitarian law. The actors in this educational drama were recruited by the ICRC dissemination delegate from among the Khmer refugees.

The ICRC regrets to announce the untimely death of Mr. Arif Gul, an Afghani chauffeur for the ICRC/Pakistani Red Crescent first aid team based in Parachinar, on the border between Pakistan and Afghanistan. Mr. Arif Gul died when the ambulance he was driving was hit by a truck, on the road between Parachinar and Peshawar. He had given nearly four years of devoted service to the first aid post at Parachinar and will be sorely missed.

In brief...

In Nicaragua, on the 17th of September, ICRC delegates visited 11 people detained for security reasons in the Chinandega prison, and on the 23rd and 24th they were able to see 12 more at the Matagalpa prison, also detained for reasons of security.

The Red Cross meets in Geneva

Representatives from 129 of the 137 National Societies took part in the statutory meetings of the Red Cross and Red Crescent, from October 14 to 26. During those two weeks, they also attended the General Assembly of the League and the Council of Delegates of the International Red Cross, all held on the premises of the International Labor Organization in Geneva.

One of the main items on the agenda of the General Assembly was the election of a new League president: Mr. Enrique de la Mata Gorostizaga, outgoing president, was re-elected.

For the ICRC and its president, Mr. Alexandre Hay, these meetings presented an excellent opportunity to maintain and develop relations with many of the leaders of National Societies. In addition, all the participants were invited to ICRC headquarters on the afternoon of October 17. At this meeting, intended to inform and stimulate discussion, participants were given an overview of the institution’s operational activities.
Doctors and surgeons in the field: flexible and versatile above all

What makes a doctor want to work for the ICRC?

According to Dr. Rémi Russbach, head of the ICRC’s Medical Division, there are many possible motives: the desire to see and to experience another way of life, to practice certain medical techniques hardly used in western countries, to work in regions of the world and under conditions where the individual doctor has a vital role to play and where he is not easy to replace. This last point is important: in modern industrialized nations, doctors often feel dispensable. A surgeon can’t or won’t operate? One of his colleagues can easily take his place. But where the ICRC is engaged, medical needs are usually enormous and every individual doctor’s contribution is vital.

Although ICRC delegates are of Swiss nationality, more than half of some 170 doctors and nurses currently in the field for the ICRC are “on loan” from various National Red Cross Societies. If Swiss doctors work mainly in the area of protection (prison visits), their non-Swiss colleagues are assigned to assistance programs (war surgery, nutrition, community health, organization of health services for displaced populations).

Is there a standard profile of the ICRC doctor? For Rémi Russbach, it’s a multifaceted image. Candidates must of course be professionally qualified, but they must also be able to appreciate and solve problems that go beyond standard medical practice, to stay calm and adapt quickly in many widely differing circumstances. The ICRC doctor has to be sensitive to the situation and able to adopt the correct attitude. These qualities are not easy to find.

More and more the ICRC is facing an important problem, too: western universities are not turning out the kind of practitioner required. Early specialization is still the rule in the west; young doctors become experts in narrow fields, not generalists. But for most of its assistance programs the ICRC needs good generalists rather than specialists.

The surgeon

The ICRC surgeon, for example, will need to know how to operate anywhere on the body: chest, abdomen, legs, knees, hands and all. And in the field his practice won’t be limited to surgery. In the operating rooms of industrialized countries, the surgeon takes for granted that medical instruments handed to him are sterile and that, once the operation is over, his patient will be transferred to a ward or room and given the best of care. But under conditions imposed by war, nothing can be taken for granted; the surgeon has to supervise every phase. He must worry about basic problems; is the hospital supplied with drinking water? Can he count on fundamental hygiene here? After all, it would be ludicrous to operate on a patient only to have him succumb to an infectious disease contracted in the hospital. Consequently, the surgeon must have the kind of long view and wide angle that goes beyond the narrow vision of a specialist: this, he will not have learned at university. To his technical skills, he must add a dose of common sense.

Does the ICRC train the surgeons it needs for conditions of war? No, says Rémi Russbach; to become a good generalist takes years of practical experience. The ICRC’s Medical Division hires surgeons with a good general background, then discusses with them the attitudes and specific techniques required in emergency situations.

One of the most difficult problems for the ICRC doctor in the field is the need for “triage”. In industrialized countries, the goal of medicine is to do everything for each and every patient, as fast as possible. The modern hospital is well equipped, in working order, and rarely faced with a real catastrophe. But when one surgeon must suddenly care for hundreds of wounded patients, he must make hard choices. Theoretically, one can accept the need to “sort” patients, but triage is always difficult to put into practice. Decisions must be made according to technical criteria: a six-hour operation is needed to save this patient, but during those six hours several others, less badly wounded, could be saved. “Triage” means selection to save the greatest number. Not only is making this selection morally and psychologically trying, the technical criteria are difficult to apply. That’s why nurses and young doctors should never be assigned to triage, but only the most experienced surgeon. And yet the very worst surgeon will find it tooEmphasis: hard enough to learn, but in the field accidents of this kind still happen all too often.

Supplementary training

In most cases, doctors and surgeons recruited by the ICRC don’t have much time for extra training. That’s why the Medical Division uses a series of documents and slides covering all the medical and surgical activities likely to be encountered in the field. During a few days of intensive instruction, candidates are shown some of the basic techniques and attitudes to apply in emergency situations, so that they will not commit serious errors.

This kind of last minute preparation is still standard practice, but now efforts are being made by National Red Cross Societies and certain universities to allow doctors to become “specialized in catastrophe”. The ICRC’s Medical Division has planned a course to be given in Geneva in May, 1986, organized jointly with WHO and the University of Geneva’s Department of Medicine. This 3-week course will allow experienced doctors who have already gone on several missions to perfect their technique in certain areas — nutrition, for example, sanitation problems, or epidemiological studies. The goal of the course is to create medical “executives” capable of reacting rapidly under stress and of choosing among conflicting priorities. As always, this training will have to be rounded out with practical experience.

The International Committee of the Red Cross (ICRC), together with the League of Red Cross and Red Crescent 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.
In Uganda the situation continues to be tense despite negotiations which took place in Nairobi between the Ugandan Government and the National Resistance Army (NRA).

The ICRC has stockpiled food and medicaments in the capital so as to be able to handle any eventuality. In addition, delegates continued their visits to the main places of detention in Kampala and in the region as well as giving assistance to displaced people staying in Yellow House (a transit camp in Kampala).

North of Kampala the ICRC conducts weekly missions to the Luwero region where the civilian population is still exposed to very hazardous security conditions. Several thousand displaced people are scattered about to the east of the Bombo-Luwero axis.

In this zone the ICRC is distributing ad-hoc relief supplies, blankets and soap. However, the medical and nutritional state of the population does not justify a large-scale assistance operation by the ICRC. During the delegates' previous visit supplies were distributed to 1,000 people.

**Region controlled by the NRA**

After discussions with all the parties concerned, on 5 November the ICRC began a survey in the south west of the country. An ICRC delegate has been based since 28 October last in Kasese. He was joined by a medical delegate and a convoy sent by road from Kampala via Zaire reached Kasese on 2 November. Two ICRC delegates and two UNICEF representatives were on board this convoy. Emergency medicaments were also sent on two flights from Kampala to Kasese.

The purpose of the mission is to assess medical requirements in the regions of Mbarara, Masaka, and Mityana and to visit prisoners in the hands of the NRA.

To date the ICRC team has gone to Mbarara, Masaka, and Fort Portal and the delegates visited approximately 300 prisoners held near Kasese.

Other surveys will be held in the rest of the country, depending on how the internal situation develops.

**Africa:**

**New urgent appeal**

Between now and the end of 1985 the ICRC's financial requirements for its assistance operations in Africa will be as much as some 45 million Swiss francs. To obtain this amount as soon as possible the ICRC has launched a fund-raising campaign aimed at donor governments. Africa is the ICRC's main area of activity. In 1985, the ICRC's major activities took place in the Horn, Ethiopia and Sudan, and southern Africa, in Angola.

In the Horn, the ICRC is assisting more than 800,000 victims of the internal conflict and the drought. In Angola 130,000 to 150,000 people displaced because of the internal conflicts have been assisted by the ICRC. In 1985, the ICRC's appeal for funds for Africa raised 235 million Swiss francs.

**Airplane diverted to Kasese:**

ICRC intervention

ICRC delegates based in Kasese, in the region controlled by the NRA, were allowed to see the 42 passengers and the five crew members of an Ugandan Airways airplane flying between Kampala and Arua and diverted to Kasese on 10 November. The passengers filled out Red Cross messages for their families. These messages have already been delivered in Kampala and the province of West Nile.

Among the passengers were five German nationals, whose circumstances were reported by the ICRC to the German Red Cross in the Federal Republic of Germany. On 18 November these five people reached Kigali in Rwanda, where their Embassy took charge of them.
Central Tracing Agency: the publication of a Guide for National Red Cross and Red Crescent Societies

Called for by representatives of the National Red Cross and Red Crescent Societies meeting in Geneva in November 1982 at the first technical seminar organized by the ICRC’s Central Tracing Agency (CTA), this Guide is the outcome of three years of work in standardizing the CTA’s methods and principles. Its aim is to enable any National Society that wishes to do so to develop its “Agency” activities in line with common principles and methods.

The Geneva Conventions and the Additional Protocols have provided a legal basis for the CTA’s activities by establishing the principle of family unity, the right to correspond with one’s family and the right of families to know the fate of their relatives. In times of international armed conflict the CTA works closely with the National Information Bureaux (NIBs), the setting up of which by parties to the conflict is provided for in the Conventions. Whatever the absence of NIBs or as auxiliaries to them, the National Societies have an important role to play.

In other types of situation the CTA may be called upon, in a given country, temporarily to take over the above-mentioned activities, which can be accomplished quickly and efficiently only by means of the network created by the National Red Cross and Red Crescent Societies. This is why each National Society should have on its staff at least one specialist in matters concerning dispersed families. On the national level this staff member should also keep in contact with the various sources of information and with the public and, on the international level, with the other National Societies and the CTA.

The Guide deals with methods of exchanging news (Red Cross mail), receiving and dealing with tracing requests, reuniting families and handling the bulk of information connected with these activities; it should therefore enable the working methods of National Societies in this sphere to be harmonized and standardized.

In addition, a pamphlet providing information on the CTA’s past and present activities, its principles and how it works has also just been published by the ICRC.

In the field

Orthopaedic centres in Zimbabwe and Mozambique

Amputees in Huambo, Angola, where the ICRC runs an orthopaedic centre.

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News in brief

After the attempted coup d’état in Liberia on 12 November last, the ICRC sent a delegate to Monrovia on 21 November. He was joined there by a second delegate on 23 November and three days later by an ICRC nurse. One tonne of medicaments was also dispatched to Liberia by the ICRC. After the 26th the delegates conducted a survey mission in the hospitals in Monrovia and in the surrounding areas.

In Angola 1,317 tonnes of relief supplies were distributed to approximately 160,000 people in the provinces of Huambo, Kuito and Benguela during the month of October.

The ICRC also has an orthopaedic centre in Maputo, the capital of Mozambique. Mozambican technicians are presently responsible for manufacturing orthopaedic components and prostheses. Most of the patients come to the centre in Maputo from the provinces (mainly from Zambezia, Sofala and Nampula) and have to travel by air for treatment in Maputo. Servicing and replacing prostheses also involve quite a lot of travel, and the delegation, with the consent of the Ministry of Health, decided to open a repair shop at the hospital in Beira. This workshop is now in operation and a technician (originally from Beira and trained in Maputo) is responsible for servicing the prostheses of patients who come from the province of Sofala and who were fitted in Maputo. Moreover, it is important that in future this workshop is able to fit amputees directly on the spot.
In the field

Peshawar: more than 400 operations performed at the field hospital in two months

The ICRC hospital in Peshawar as drawn by an Afghan artist. This illustration has been taken from an ICRC pamphlet presenting the ICRC and the basic principles of humanitarian law. The pamphlet has been published by the ICRC in Farsi and Pashtu and is issued to all Afghans who take the first-aid courses organized by the delegation in Peshawar and Quetta.

The field hospital set up by the ICRC in Peshawar on 8 September this year was dismantled on 10 November because of the decrease in the number of wounded coming from Afghanistan. In two months more than 400 operations were carried out in this hospital.

Established under canvas in Hayatabad in the outskirts of Peshawar, at the side of the ICRC paraplegic centre, this hospital was opened because of the extremely high number of Afghan wounded reaching Peshawar from the end of August as a result of the fierce skirmishes which took place at that time in the southern provinces of Afghanistan. The fact that the fighting occurred in areas so close to the Pakistan border explains the unusually high number of war casualties registered by the ICRC delegation in Peshawar.

Despite the decrease in the number of wounded (which led to the field hospital being closed) the main ICRC hospital in Peshawar is still full to capacity and two tents have been erected in the hospital yard to deal with the new arrivals. By 10 November there were as many as 145 patients even though the hospital’s average capacity is 100.

Visit by the President

During the month, the President of the ICRC, Mr. Alexandre Hay, accompanied by the deputy-delegate general for Asia, went on mission to the Peshawar delegation. Mr. Hay also visited the Quetta sub-delegation in Baluchistan. During this visit to Pakistan, the ICRC President met the Prime Minister of the Pakistan Government, Mr. Mohammad Khan Junejo, the Chief Commissioner for Afghan Refugees, and the governors of the North West Frontier Province and of Baluchistan.

Discussions also took place with various officials of the Pakistan Red Crescent, amongst whom were Dr. Mir Rifat Mahmood, Secretary-General, Lieutenant Colonel Shah, First Secretary of the NWFP branch, and Mr. Tajamoul, Secretary-General of the Baluchistan branch.

West Beirut: more clashes

In West Beirut clashes broke out afresh between rival militias on 21 November. Street fighting intensified until the evening of the 24th, when a precarious cease-fire was proclaimed. Over this period the ICRC was able to continue its work during lulls in the fighting. The needs of six hospitals and eight dispensaries were assessed and distributions were made to them.

The Lebanese Red Cross was the only neutral and independent body which evacuated the wounded at the height of the fighting.

Two ICRC delegates were kidnapped on 20 November by unidentified armed men when they were driving between Tyre and Sidon on board a vehicle bearing the Red Cross emblem. They were released a few hours later.
The laying of the foundation stone of the International Red Cross Museum during the Reagan-Gorbachov summit

Mrs. Nancy Reagan and Mrs. Raisa Gorbachov holding the texts of a proclamation which they have just signed — a proclamation emphasizing the aims of the Red Cross and the future Museum. The texts were placed inside a steel cylinder inserted in the Museum's foundation stone. (Photo P.-Y. Dhinaut)

The ceremony of laying the foundation stone of the International Red Cross Museum took place in Geneva on 20 November in the presence of Mrs. Nancy Reagan, Mrs. Raisa Gorbachov and Mrs. Kurt Furgler, wife of the President of the Swiss Confederation.

The purpose of the Museum (to be completed in 1988) is to portray the history of the Red Cross and the Red Crescent in the light of events which occurred during the twentieth century, while encouraging donations for aid to the victims of disasters and helping to recruit delegates by motivating young people. The Museum will cover 3,000 square metres at the foot of the hill on which stand the headquarters of the ICRC. Consisting of several rooms, the International Red Cross Museum will have on display many documents tracing the development of the Red Cross Movement.

Subscriptions...
It is being financed by public and private subscriptions; no funds whatever from Red Cross institutions or normally intended for them are being used in this project. The cost is estimated at some 18.5 million Swiss francs, of which the Foundation for the Museum has collected 14.5 million to date.

In a speech during the ceremony Mrs. Reagan pointed out that, thanks to this Museum, "the world will be reminded of its hidden strength — humanitarianism".

... and moral support

Mrs. Gorbachov stated that: "The whole work of the Red Cross convincingly shows the fruitful results that can be obtained through the joint efforts of many States for the sake of good and mercy and in the interests of peaceful co-operation among nations."

Mrs. Reagan and Mrs. Gorbachov announced that their respective countries had decided to provide the Museum with moral and material support.

In brief...

After a sizeable influx of Mozambican refugees to Zambia a survey mission was carried out by the ICRC and the Zambia Red Cross in the districts of Ruangwa, Katete, Petauke and Chadiza. As a result of this mission the ICRC undertook to send 14 tonnes of food supplies for some 4,000 people. This contribution was sufficient to cover the refugees' initial requirements, since other bodies are going to be responsible for assisting these people. Tents and blankets were also distributed by the ICRC.

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In Chile ICRC delegates recently carried out several visits to the CRS Santiago Sur and to the Cárcel Pública (CRS Santiago Norte) to which 46 detainees had been transferred from the prison in Santiago Sur after the events which occurred there on 18 October.

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In Nicaragua the visit to the Zona Franca prison (Managua) was completed on 6 November. During this visit, which lasted three and a half weeks, the ICRC was allowed to see 771 security detainees. A visit was then made to the Granja prison in Zapotal, where the ICRC visited 55 security detainees.

New repatriation of Iranian prisoners

Seventeen Iranian prisoners of war were released by Iraq and were repatriated through the intermediary of the ICRC. The prisoners, accompanied by ICRC delegates, were flown aboard an Iraqi aircraft to Ankara where they were handed over to representatives of the Iranian authorities who had travelled from Tehran. This operation was carried out in close cooperation with the Turkish Red Crescent. To date, 613 Iranian prisoners have been repatriated with the help of the ICRC in the course of 12 operations. In addition, a complete series of visits to nine camps and four hospitals were carried out during the month of October in Iraq. During these visits the delegates saw 9,832 Iranian prisoners.

The International Committee of the Red Cross (ICRC), together with the League of Red Cross and Red Crescent 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.