Intensification of assistance activities in the Philippines

In the Philippines, 1985 was marked by a substantial increase in the ICRC’s protection and assistance activities. Increasing violence and the deteriorating situation mainly on the southern island of Mindanao, prompted the ICRC not only to continue, but also to intensify the relief operation it is carrying out jointly with the Philippines National Red Cross (PNRC) on behalf of people displaced as a result of the prevailing insecurity.

The operation may be extended to other regions in the Philippines should medico-nutritional surveys show a need for it.

In the course of 1985, the ICRC had already strengthened its logistic set-up substantially by opening four regional warehouses in Mindanao and by providing the PNRC with trucks and vans to improve the transportation of relief supplies to local chapters.

ICRC delegates systematically visited these PNRC local chapters, to give them support in all phases of the operation, identifying victims, supervising relief distributions, and so on. A total of 1,500 tons of food, valued at 2,900,000 Swiss francs (daily rations of 200 g of rice and 30 g of oil) was distributed between January 1 and October 31, 1985. Feeding centers provided supplementary food (milk, oat flakes, vegetable oil and sugar) for vulnerable groups including undernourished children, pregnant women, nursing mothers, elderly and sick people.

In 1986, the number of people receiving general distributions is expected to increase to approximately 700,000. The number to be cared for in the feeding centers will probably average 30,000 per month throughout the year.

The sanitation and primary health education program for people attending the feeding centers will be continued. In addition, displaced people will be given basic medical care.

In 1986, all medico-nutritional activities will be carried out by mobile teams of ICRC/PNRC nutritionists assisted by the ICRC medical coordinator and two nurses. For the implementation of this assistance program, the ICRC will have a sub-delegation in Mindanao where the two nurses and four ICRC delegates will be based.

The number of local nurses recruited through the intermediary of the PNRC will increase from 15 to 22. The budget for the ICRC assistance operation in the Philippines will also increase, from some 8 million Swiss francs in 1985 to 13 million Swiss francs in 1986.

Visits to prisoners of war in Burkina Faso and Mali

After hostilities broke out between Burkina Faso and Mali, the ICRC, in accordance with the Third Geneva Convention, was able to visit the prisoners of war held by both parties.

On December 30, 1985, an ICRC delegate saw 16 Burkina Faso prisoners of war in Bamako.

The next day, in Ouagadougou, another ICRC delegate visited two Malian prisoners of war and two Malian civilians.

The authorities and National Red Cross Societies of both countries supported this humanitarian operation. In addition, the League made available to the ICRC its administrative facilities and its medical staff based in Mali and Burkina Faso in connection with the assistance programme it carries out in the Sahel.

Airdropping in Ethiopia: See page 4
Uganda: an ICRC delegate’s report on the evacuation of civilians from Mpigi to Kampala

In the Mpigi area of Uganda, the ICRC was asked for help in transferring 600 people to Kampala, most of them women and children, because their lives were in danger. In two days they were all moved to the capital.

Tuesday, December 10, 1985

Morning departure for a convoy composed of two ICRC trucks, one truck from the “Save the Children Fund” (SCF) and one belonging to the Catholic Church, to carry out a relief and medical mission in the parish of Kkonge, 5 kilometres to the north of Mpigi.

The team: Martin and Andrew (relief delegates), Véronique and Michael (Tracing Agency), Esther (nurse), Marcel (League delegate), with two SCF staff members and a priest from Rubaga parish.

Kkonge had been for some weeks on the firing line between the NRA (National Resistance Army) and government troops, and the parish adjoined an uncontrolled zone several kilometres wide.

When the convoy arrived, there was no one in sight anywhere, suspicious in itself. As they entered the Church, the delegates met the parish priest, who gave them a rapid account of events that had occurred the previous night and early that morning: armed men had attacked the settlement, carrying off girls and women, raping and beating, looting everything they could lay their hands on.

Inside the church, nuns, women and children were in tears, there was total confusion and complete disorder. Before they went into the church, delegates had observed soldiers running away, loaded with stolen property.

The priest begged the delegates to evacuate at least the most vulnerable people: the children, the women (including the nuns) and a few men who had been beaten up. He said that he himself did not intend to spend another night in the parish.

Martin reported to Kampala by radio, then went to notify the military author-

ies in Mpigi of these incidents and to discuss the possibility of evacuation. It was 11 a.m.

Martin proposed to transfer the most vulnerable to Kampala, including the few injured men.

The major representing the military authorities promised to discipline the soldiers, but explained that any evacuation would require instructions from command headquarters in Kampala.

The ICRC Bulletin is published in four languages on the first Wednesday of each month by the Press Division of the ICRC.

17 Avenue de la Paix
1202 Geneva
Tel. 34 60 01 - Telex 22269

The texts of the Bulletin have no official character and may be freely reproduced.

A family reunited through the ICRC. (Photo: L. de Toledo)

After some argument among the officers and repeated requests from Martin, the military authorities agreed that the ICRC should evacuate the children, the nuns, the women (especially those who were pregnant) and any sick or injured people. The men would not be allowed to go, and trucks would be searched on their way out.

At this point in the discussion, the authorities suddenly urged the ICRC to take all the people out of this dangerous combat zone. The population living around the church at that time was about 550.

In Kampala

The situation reported by radio was considered serious, the prevailing insecurity being a real danger to the lives of the people concerned. We at once got in touch with Monsignor Ssekamania, auxiliary bishop of Kampala, through whom we maintain contact with the Catholic Church. It was decided to evacuate everyone from Kkonge.

The “green light” having been given by the military authorities in Kampala, a convoy of 3 ICRC trucks and a car left Rubaga Cathedral at 2.30 p.m., accompanied by the bishop in his car.

It arrived at Kkonge at 4 p.m. after a stop in Mpigi to inform the commander there of the “green light” from the office of the Chief of Defence Forces. The inhabitants of Kkonge greeted the convoy with cheers and obvious signs of relief. The list drawn up that morning (with the aim of taking out about 150 people) rapidly proved very difficult to follow, for in spite of the appeals from bishop and delegates, it was impossible to prevent people from storming the trucks. Finally, about 5 p.m., the convoy drove away from Kkonge with about 300 people aboard, leaving behind roughly the same number, who were assured that they would not be forgotten.

At Mpigi we stopped while the soldiers checked our passengers. On arrival at Rubaga it took an hour for everyone to leave the trucks. Some people were met by relatives who had heard the news; most remained for the time being in the Cathedral.

Martin and Esther had left Mpigi two hours before the convoy, in an emergency dash to Rubaga Hospital with a woman on the point of giving birth. They took with them also another woman suffering from high fever and acute diarrhea.

Wednesday, December 11, 1985

In the morning, Monsignor Ssekamania and Mr Zziwa of the Prime Minister’s office contacted the military authorities in Kampala and obtained a pass from the
In brief...

On 13 September, Uruguay deposited the instrument of accession to the two Protocols Additional to the Geneva Conventions. Thus, the Protocols will enter into force for Uruguay on 13 June 1986. To date, 54 States are party to Protocol I and 47 to Protocol II.

***

Forty-one of the passengers from the Ugandan Airlines plane hijacked last month to Kasese, west of Kampala, have been picked up by the ICRC in a DC 3 chartered in Nairobi. The operation was carried out at the request of the Ugandan Government and of the NRA (National Resistance Army).

Shuttle flights were organized between Kasese and Entebbe Airport on December 17. Among the passengers were two babies born after the hijack.

The flights to Kasese made it possible to transport 2 tons of medicines for 9 hospitals in the area and 3,000 blankets to be distributed to displaced people in Mbarara.

major commanding the operations of the 40th Brigade, who assigned a liaison officer to go with the ICRC convoy and radioed notification to the various road blocks and the military command in Mpiigi.

This convoy consisted of 3 ICRC trucks and 1 Landcruiser, carrying Martin, Veronique, Christian, Andrew, the bishop and the Kkonge parish priest.

Roadblocks were passed without trouble (the liaison officer's presence being a great help) and we arrived at Mpiigi. As we drove past the Health Center, we encountered a group of about 30 civilians who also wanted to be evacuated. We asked them to wait for us at the parish church in Mpiigi, where we would pick them up in the afternoon.

When we arrived at Kkonge at 1.30 p.m., we got another surprise: not a soul in sight, apart from a few children and one or two old women. On the other hand, we surprised twenty or so men in the act of looting and sacking what was left in the priest's house and the church. They had time to make off, dropping some of their booty as they fled.

All the civilians left behind the previous evening had taken refuge in the nearby bush for the night, and some had started out on foot for Kampala, not daring to wait until the ICRC came back.

When they saw the trucks, people returned in small groups to the church. We loaded about 200 into two of the trucks, with some people deciding at the last minute not to leave, in spite of the risks. We set off about 3 p.m.

Our next stop was at the parish church in Mpigi, where those awaiting evacuation now numbered not 30 but 100. The liaison officer insisted that we take them all, as he knew only too well how undisciplined some of the soldiers were and what dangers threatened those left behind. By packing everyone in tightly we managed to leave the area at last with about 350 people plus their belongings.

On the road we passed about 40 civilians who had left Kkonge the night before.

As we could not pick them up, we directed them to the parish of Katende, halfway between Mpigi and Kampala, an area much safer than the one we had just left. We then informed the parish priest of Katende of the impending arrival of this group. Roadblocks were no problem, and all evacuees were deposited at Rubaga about 7 p.m.

We offered to provide the bishop with some necessary assistance (posho, beans, blankets), but not until two or three days later, once those able to find someone to house them in Kampala had left the Cathedral.

On the following Friday, we counted some 300 people remaining in the parish of Rubaga, and we left one week's supply of food and a hundred blankets for distribution by the bishop.

Christian Zutter, delegate

Program for amputees in Burma

Two orthopaedic technicians and a physiotherapist recently arrived in Rangoon, Burma, where they plan to stay for about one year.

This team was sent by the ICRC following a mission to Burma carried out by the regional delegate for the Indian subcontinent in March, 1984. After being approached by the Burma Red Cross Society, the ICRC visited the center for handicapped people in Rangoon, where it was asked to provide assistance in the treatment of amputees.

Under this new program, ICRC specialists will teach basic physiotherapy to local staff and it is hoped that prostheses will be produced locally. The number of amputees to be fitted is currently estimated at around 2,000.

The program will be financed by the Special Fund for the Disabled, established by the ICRC last year to help finance long-term projects for disabled people. The fund will support workshops producing artificial limbs and orthotic appliances, and centers for rehabilitation and occupational training. It will contribute not only to ICRC and National Society projects, but also to those of other humanitarian bodies working in accordance with ICRC criteria.

Africa 1986: appeal for funds: 192 million Swiss francs

Ethiopia, Sudan, Angola, Uganda, South Africa, Namibia, Chad, Somalia, Zaire, Mozambique, Zimbabwe, Liberia—the ICRC has been at work in all of these countries this year, and must continue in 1986.

Armed conflicts, internal disturbances or struggles whose effects are exacerbated by natural calamity (as in Ethiopia) have victimized the people of these countries. Civilians displaced within their own country, prisoners of war or people detained under emergency laws: all are in the most urgent need of food, medical care and protection.

To carry out its mandate on the African continent, the ICRC launched an appeal at the beginning of December for 192,273,500 Swiss francs. The total planned budget in cash and in kind for operations in Africa in 1986 is 270,243,000 Swiss francs, much less than 1985's 400 million. The reason for this reduction? Conditions have improved for many victims, especially in Ethiopia, and assistance programs have been changed accordingly.

Ethiopia and Angola remain the most important ICRC operations in Africa. But other activities are growing, for example in South Africa, where delegates are closely observing developments and have already stepped up activities in the areas where disturbances are taking place.

Ethiopia. (Photo: D. Gignoux)
Airdrops: spectacular operations that require great precision

By Paul Keller, ICRC flight coordinator, Addis Ababa/Ethiopia

The word "airdropping" means hope to those victims who depend on this exclusive source of food. Airdropping is their umbilical cord. Unfortunately this cord can become a tangled nightmare, causing frustration, requiring an enormous infrastructure, a large amount of manpower and material. Needless to say, airdropping is not the most economic way of delivering goods. But let us ignore cost-effectiveness analysis in this article and concentrate on the technical side of the story, in order to get acquainted with the problem and with acquired experience in the field. There is no text book for this kind of operation; everything varies from case to case.

The ICRC started its air operation with the Belgian Airforce on 26.2.1985. It was July this year when we made our first drop in Mehoji. Why the Belgian Airforce? They were the only ones with airdropping experience in Western Africa. They had completed about 400 drops with an average 95% success rate.

However, the first results in Ethiopia varied from 50 to 80%. Trial drops with different packing and sewing techniques did not bring any amelioration.

We principally can distinguish between two kinds of dropping. One is high-level dropping with parachutes, the other is low to extreme low-level dropping with material packed on pallets. We employed the latter method, which means dropping from 3 meters above the ground. Since at this stage nothing seemed to work as it should have, it became clear that the attitude of over 7000 feet (with its much thinner atmosphere) had more influence than we expected. The Belgian paratroopers forwarded details like altitude, temperatures, specific weights etc. to the Technical High School in Brussels in order to calculate the ideal height, which turned out to be 10 instead of 3 meters.

The results from then on improved accordingly and we are now at an average loss of 4 to 5%.

The merchandise that gives the best results is wheat grain packed in 25 kg bags. Each bag is put into a second thin polypropylene bag, folded and sewn. This in turn is placed in a special re-enforced polypropylene sack, also folded and sewn. In principle, this packing should be ideal, but may cause safety problems. The 16 ton configuration consists of 2 parallel rows of 8 small pallets packed with 1 ton (40 bags each), well secured with static lines to the pallets.

When the aircraft reaches the dropping zone, the ramp is lowered until it becomes level with the aircraft floor. At a predetermined position on final approach, at an altitude of 30 feet, the pallets are released. At this time, the plane takes a slight nose-up attitude in order to allow the pallets to slide over the rollers to the back and out of the plane. As the load continues to move, the center of gravity moves to the rear, too. As a result, the tail of the plane has a tendency to go down and the nose up, causing the plane to climb at low speed, thus provoking an undesirable dangerous attitude. The captain is able to counteract this by pushing the nose down as the center of gravity shifts to the back. But a problem arises when dropping 16 tons, which require double rows: if a sack slips while the load is rolling towards the rear or if a pallet jams for a split second, the rows will not roll straight to the back but may converge. The result will be a blockage.

Dropping 12 tons, this danger does not exist. One single row in the middle axis of the plane, 8 large pallets each, are loaded with 1.5 tons (60 bags). The sacks disperse while still in the air, hitting the ground and rolling forward individually. This is the objective. We do not want 1 or 1.5 tons to hit the ground in one solid package: losses would be too great. Usually all material (except the food, of course) can be considered as a total loss, except the reinforced polypropylene outside sack which can be used several times, especially if jute outside bags are being used.

The Belgian Airforce detached 10 paratroopers to recondition the material to be dropped. During the dropping mission itself, some of the troopers stand in the rear of the plane checking the load continuously, ready to intervene during dropping. 15 local employees give them a hand on the ground. We can manage reconditioning for 3 drops daily.

This means 2,880 sacks must be placed into 2,880 plastic bags and sewn up. Then they have to be placed into 2,880 reinforced bags and twice sewn. When jute outside sacks are used the whole procedure must be repeated once more.

What this amounts to is handling and sewing 11,250 bags. Loading on the pallets increases the handling of bags to 14,400 per day.

In November 1985, 558 tons of food were dropped in regions of Ethiopia which are inaccessible by other means.

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 endevours 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.
Update: Africa

On the night of the 30th of December, 1985, Mr. José Cuseteca, an ICRC local employee who works at the warehouse in Bailundo (in Angola), lost two of his children when his house was blown up with dynamite. The ICRC deplors the death of these two innocent victims. This is the latest in a series of troubles that have brought about the temporary suspension of activities in Bailundo. Elsewhere in Angola, regular assistance programs continue.

Improved conditions in Ethiopia had allowed eight feeding centers to close by the end of December, 1985. Only one remains: at Adwa, northwest of Mekele, in Tigray.

Two soldiers and one civilian held by Burkino Faso were freed and arrived in Mali on January 8. The next day, the ICRC delegate in Mali who had twice visited 16 POWs held there was invited to attend their release.

Thirty community organizers, recruited to develop Red Cross activities in the black urban townships of South Africa, began a month-long training course on January 6. A second course is planned in March for 20 more community organizers.

Invited by the ICRC, government naval experts from 18 countries met in Geneva along with observers from various specialized organizations from January 13 to 17, 1986. The central question under debate: how do we ensure that hospital ships and other seagoing vessels covered by the Second Convention are recognized and protected?

Given the nature of modern military technology, a red cross or red crescent painted on the side of a boat can no longer be expected to identify it as a protected vessel. The experts meeting in Geneva considered appropriate visual means of identification, as well as radar, radio and acoustic signals.

Protection in Managua

At the end of December, the delegation in Nicaragua completed a series of visits to Tipitapa prison, one of the capital’s two large detention centers. In February, delegates plan to visit the other one, Zona Franca. The Managua-based ICRC visiting teams, composed of four delegates, one doctor and two nurses, generally visit Tipitapa and Zona Franca prisons as well as different detention centers in the provinces three times a year.

During this latest series ending December 23 at Tipitapa, 460 detainees signed up for interviews (without witnesses) carried out according to ICRC procedure. In addition, medical consultations numbered 255, and the detainees wrote 1450 Red Cross messages that the ICRC will deliver to their families.

Interview without witnesses in Nicaragua, October, 1985. (Photo: R. Bigler)
The ICRC Bulletin is published in four languages on the first Wednesday of each month by the Press Division of the ICRC.

The texts of the Bulletin have no official character and may be freely reproduced.

Highlights of President Hay’s press conference

On January 27, 1986, ICRC President Alexandre Hay spoke before a group of more than 60 journalists assembled at ICRC headquarters in Geneva. Mr. Hay announced that, for the ICRC, the International Red Cross Conference (to be held in Geneva in October) will focus on the humanitarian mobilization. The Conference, which brings together representatives of National Societies, governments signatories to the Geneva Conventions, the League and the ICRC, will be hosted and presided by the Swiss Red Cross.

After mentioning issues the ICRC is preparing to address at the Conference (including the ratification of the Protocols Additional and respect for international humanitarian law), the President presented a budgetary review of 1985, thanking the Swiss Confederation, the canton of Geneva, National Societies and governments for their contributions in cash, kind, and personnel.

Survey of operations 1985

President Hay pointed out positive developments in Latin America: the ICRC was able to pull its visiting teams out of Argentina and Uruguay; in Peru and Columbia, protection activities were intensified; in El Salvador and Nicaragua, the ICRC role as a neutral intermediary is now well understood and cooperation with National Societies and governments for their contributions in cash, kind, and personnel.

The ICRC remains heavily involved in three major areas of conflict in Asia. 250,000 Khmer are still on the border between Thailand and Kampuchea. In the Philippines, the situation has worsened, and the ICRC has increased protection and assistance to the civilian population. And 1985 has seen an influx of war wounded from the Afghan conflict over the border into Pakistan, where the ICRC had to send more medical personnel and equipment during the last few months of the year.

In addition, delegates in East Timor continue to visit detainees and have resumed surveys in villages on the main island. Dialogue has developed with China, particularly with the National Society, where discussions center on possible cooperation in tracing and dissemination activities. Finally, the National Societies of North and South Korea succeeded in organizing the first exchange of family messages this year.

In the Middle East, Lebanon is still a major theatre of operations; the ICRC works in close cooperation with the Lebanese Red Cross under difficult conditions. Mr. Hay recalled the Tripoli emergency, when delegates stayed inside the city, under fire, to continue their assistance to the civilian population. Moreover, the ICRC has been present for the past 19 years without interruption in the territories occupied by Israel. Mr. Hay called upon the international community to face the problems that such a prolonged situation presents.

As far as the Iran/Irak conflict is concerned, the President said: "I don't have new facts to report, but I must state publicly the real desire of the ICRC that humanitarian action continue normally in this region. The ICRC is ready to talk. I do not intend to say more at this stage."

Then, after providing journalists with an update on events in South Yemen (see cover story), Mr. Hay moved on to Africa, once again in 1985 the continent where the ICRC was most active.

Although the situation has improved in Ethiopia, help from the ICRC is still required in the conflict zones of Tigray, Eritrea and North Wollo. This past year, 87,000 tons of food were distributed to more than 700,000 beneficiaries in these regions. Assistance continues in Angola despite logistic and security problems. President Hay paid tribute to the ICRC delegate, local employees and members of the 'Angolan Red Cross' who were killed this year. He mentioned that both parties in the brief war between Mali and Burkino Faso had respected and applied the Geneva Conventions, and that cooperation between the ICRC, the League and the National Societies had been exemplary. Then he turned to Uganda, where the delegation has confirmed that Kampala is now in NRA hands. No further details are available, but delegates indicate that they were able to continue visiting hospitals and bringing first aid to victims there.

Reorganization of the ICRC

President Hay congratulated Mr. Jean-Pierre Hocké on his new post as High Commissioner for Refugees, praising him for his unusual energy and for the outstanding achievements of the ICRC under his leadership. With the departure of Mr. Hocké, the organization is reviewing its internal structure. A two-member collegiate directorate has been named: Mr. Jacques Moreillon (appointed director general) and Mr. André Pasquier (appointed director of operations).
Discussions with Indonesian authorities in February and March of 1985 led to an agreement outlining ICRC activities on the main island of East Timor as well as on the off-island of Atauro. During two series of visits in April and November, a team composed of two delegates, one doctor and one nurse saw 301 detainees in four places of detention (two in Jakarta and two in Dili, the capital of East Timor). In June, the ICRC was again granted access to the interior of the main island, and carried out a medical and nutritional survey in 25 villages. After this evaluation, and again in December when they returned to five of these villages, delegates submitted a report to the authorities, who agreed to act upon their recommendations.

The food and medical program set up to help displaced people on Atauro continued throughout the year. Some 50 members of the Indonesian Red Cross (including one doctor) and an ICRC nurse had distributed 258 tons of corn, beans, butteroil, tinned meat, condensed milk, salt, soap and vitamins by the end of November, along with 20 tons of supplementary food rations, fuel and wood for the feeding center, and medical supplies.

The displaced population on Atauro originally numbered about 4,000, but in December of 1985 only 940 remained. The ICRC was granted permission to assess the situation of those returned to the main island, and visited some 1400 of these "returnees" in three regions during April and October.

In addition, the ICRC continues to reunite families, a program which began in 1979. This past year, nine people left East Timor for Portugal and five for Australia. Under a separate agreement negotiated between the Portuguese and Indonesian governments, 54 former Portuguese civil servants and their families, about 400 people in all, will soon return to Portugal. The ICRC was requested by both parties to organize this repatriation, and a first group of seven with their families (31 people altogether) flew to Lisbon on January 21, 1986.

What was hailed as "the first national seminar on international humanitarian law (IHL)" was held in Dhaka, in Bangladesh, from December 17 to 21. Two hundred people attended the opening ceremony, where Rear Admiral Sultan Ahmed (the government's no. 2 man) underlined the importance of disseminating the principles of international humanitarian law to as wide a public as possible.

The Bangladesh Red Cross Society planned and organized a series of presentations and discussions in cooperation with the ICRC, the League and the University of Dhaka for 25 active participants, including members of the armed forces, government officials, members of the law faculty and representatives of the Red Cross.

December is a very busy period in Bangladesh, when end of the year festivities coincide with two national celebrations, the Day of the Martyrs and Independence Day. The fact that high-placed officials chose to address and attend the seminar in spite of other scheduled events demonstrated their sincere interest in the principles of international humanitarian law. They asked many questions about the protection of civilian populations, the definition and punishment of war crimes and the classification of armed conflicts, particularly with reference to their own country's history.

Mr. A. Q. Chowdhury, Secretary to the Ministry of Law and Justice, closed the sessions, reminding participants of problems that needed to be solved and showing particular interest in the revision of laws concerning the respect of the Red Cross emblem.

Two days after the end of the seminar, on December 23, Mr. Baumgartner of the ICRC met with the Secretary to the Ministry of Defense, who accepted the principle of dissemination to the armed forces and said he wished to include international humanitarian law in the training program of the country's military academies. He also formally approved the distribution of the ICRC publication "Rules for Behavior in Combat." And so, that same day, ICRC delegates gave 20,000 copies of this manual (in Bangla) to the general director of the Army Medical Services.

The Faculty of Law of the University of Dhaka intends to add an optional course or seminar on IHL to its curriculum, and the National Society of Bangladesh — one of the first countries to sign and ratify the two Protocols — plans to organize a second and possibly a third IHL seminar during the coming year.
Delegates who work in the ICRC surgical hospitals in Peshawar and Quetta face many problems that are unusual in the medical facilities of the Western world. They have to locate or bring in the equipment necessary to guarantee optimum care, think about places they could use in case of emergency to increase hospital capacity, and find local means to provide the blood that surgical operations require.

This last problem is new for the ICRC delegation in Pakistan: the two surgical hospitals here became self-sufficient in blood only at the beginning of 1985. Before then, they required help from the Red Cross of the Federal Republic of Germany. Germany sent the first surgical team to work in the ICRC hospital for the Afghani war wounded in Pakistan. As soon as they arrived in July 1981, they agreed to provide a regular supply of blood to the one hospital open at that time: every two weeks, 45 units of blood was sent from Germany through London to Islamabad, then taken by car to Peshawar.

Although it did guarantee a sufficient quantity for surgical teams to operate normally, this system was complicated and costly. There had to be another solution, a way to obtain locally the quantity and quality of blood required. The relatives of patients admitted to local hospitals were unfortunately often still obliged to buy blood at the bazaar and take it with them so the patient could be treated.

Why not ask Afghans to give blood, to save their compatriots? It was necessary to find and to convince the relatives of the wounded and the leaders of opposition parties that nothing in their religion forbids them to give blood, that giving blood will not sap their strength or make them sick. It was not easy to persuade people to do something they had never before imagined doing, but ICRC delegates were determined to succeed, explaining the importance of blood donations to combatants they saw every day, insisting that the survival of their ‘brothers’ was their responsibility. A pamphlet was published, opposition leaders contacted, and the first units of blood collected in July, 1984.

The Norwegian Red Cross had already become involved in the program in the spring of 1984 when it sent a Pakistani lab technician living in Norway to work in Peshawar at the blood collecting center for one year. Two Norwegian experts had earlier visited the hospital there and discussed ways to insure a local blood supply.

The hospital in Peshawar requires 100 units of blood each month. Members of wounded patients' families give blood, as well as those who participate in first aid courses given by the ICRC. Among these two groups, it is rare that people donate more than once, because most of them return to Afghanistan. In addition, a reserve of registered donors includes hospital employees, ICRC delegates and those working for international organizations.

Stocks of blood were sufficient to cover needs even in September, 1985, when the number of wounded increased considerably and an emergency field hospital had to be set up in Peshawar. In May of 1984, the amount of blood collected totalled 63 units; by January, 1985, this amount had almost doubled to reach 115 units.

The blood collecting center is now under the supervision of the ICRC medical coordinator in Peshawar. No blood was imported in 1985. But in January, 1986, delegates still have to spend some time every day making sure that blood will be in constant supply, explaining to Afghans, expatriates and journalists passing through Peshawar or Quetta how important blood donations are to the success of the surgical program.

(PHOTOS: ICRC/P. Daudin)
Victims: each one is an individual, hungry, wounded, scared, often simply unlucky enough to be in the wrong place at the wrong time. The international community has signed agreements to help these people when they are hurt by war, armed conflict, troubles or tensions in their country. Sometimes it comes through the Red Cross, sometimes through other humanitarian organizations, but this help must reach them, wherever they are.
Shifting Priorities: A Ugandan Chronology

The National Resistance Army entered Kampala on January 24. ICRC delegate André Collomb, who recently returned from a ten-day mission in Uganda, said: "At that moment we had about 20 expatriates working in Kampala, and obviously we had to take security measures. During the first few hours, it was impossible to move around in town!"

As the fighting that had broken out west of the capital a week earlier swept through the city, people unable to reach local hospitals brought the wounded to the ICRC. At the delegation and in two houses in Kampala, delegates waited for the moment when they could safely transfer them to hospital care. Evaluations showed that local doctors had the situation under control, but certain supplies were running out. André Collomb: "In Uganda, we had stocks of medical equipment and supplies that allowed us to act very quickly. The day after the NRA entered Kampala, delegates were already able to visit the four main hospitals in the capital and bring in supplies to help them handle the large numbers of wounded people arriving..."

By the 27th, fighting had ended in town, but bad security conditions prevailed during the retreat northwards of former government forces. Reports that as many as 10,000 people were being held (called "prisoners of war" by the NRA) turned out to be exaggerated. Many of those detained were already known to the ICRC, and there were wounded among them: three teams visited places of detention and tried to evacuate the serious cases. Two teams then travelled to the north of the country. On February 5 and 6, delegates and doctors (including the head of the ICRC's Medical Division) reached Jinja, Tororo, and Mbale, where the country's third largest hospital seemed to have been looted, half-wrecked and abandoned. Inside, they found the operating room locked up, intact, and one nurse trying to care for 18 wounded people. The team was quickly able to locate local doctors and nurses, ask them to return and reanimate the hospital.

Evaluations have shown that there are no major nutritional problems, and the delegation is now concentrating on a series of visits to detention centers. During the first week of February, delegates visited military barracks in the region of Kasese. On the day of their visit to Masaka, 250 of the 1826 prisoners were released; the number of civilians held there was estimated at 600. Around 1,000 prisoners and 1,500 civilians were seen at Mbarara, 500 prisoners at Mpiji and 260 in Kigo. The delegation was also able to visit 7 police stations around Kampala, and the Makindye military barracks, where they saw 170 prisoners.

Medical care in Uganda. (Photo: ICRC)
Joint effort in South Yemen

At the height of the current operation, the total number of ICRC staff in Aden, the capital of the People's Republic of Yemen, rose to 17. Its major task was still medical: at the Al-Gumhuriah hospital, the surgical team continued to treat approximately 150 people wounded during the fighting and to train local medical personnel in the care of war injuries.

In addition, during the first two weeks of February, an ICRC sanitation engineer worked with a local team to control the water supply, analyse its quality, disinfect where necessary, protect wells and fight rodents. An Agency delegate dealt with tracing cases involving expatriates and collected Red Cross messages to be forwarded by the ICRC. Other delegates continued evaluations in close cooperation with the Red Crescent of the People's Democratic Republic of Yemen, distributed needed medical equipment and supplies.

The process of consultation and coordination with authorities and with the National Society enabled delegates to set priorities and to move quickly into effective action. The ICRC hoped the operation would be seen as a fine example of how rapid intervention can be compatible with the respect due to any country that falls victim to a situation of conflict.

A First: Kampuchean family reunited in France

Sovann Phala is 11 years old. She was separated from her parents during the evacuation of Phnom Penh over ten years ago, when she was just a baby. Somehow, she survived; somehow, her aunt found her, and for months her father, the ICRC and the French Red Cross worked to obtain the authorization she needed: finally, on January 24, she joined her family in Paris. The ICRC organized this first Kampuchean family reunion, and Meinrad Studer, head of delegation (seen here with the family) accompanied the little girl during her long trip to her new home.

Kampuchea will allow children to join their parents, or spouses to reunite abroad if they were separated during the Khmer Rouge period (before 1979) and if the departing family member has a visa to enter the host country. The Central Tracing Agency is currently working on several similar cases and hopes to have the satisfaction of reuniting more families like this one soon.

News: Latin America

During a mission to Haiti from January 26 to February 17, ICRC delegates visited the national penitentiary in the capital of Port-au-Prince and toured several provinces.

In Nicaragua at the end of January, delegates travelled to the Atlantic Coast to evaluate the needs of a displaced civilian population estimated at 15,000, living along the Rio Coco river near the Honduran border.

Getting to know you (better): USA

The TWA hijacking last year brought the ICRC to the attention of the American public and thus sparked new interest in the organisation. The dissemination delegate based in New York is taking this opportunity to present and explain international humanitarian law and the principles of the Red Cross Movement to as wide a public as possible. After speaking before American Red Cross chapters in San Francisco and Los Angeles at the end of January, the delegate was an official participant in a course on the rules of war organized by the U.S. Marines. U.S. Army, Navy, and Canadian Armed Forces training programs now also include the active participation of the ICRC.
Barbed wire and watch towers

The delegate has already visited many prison camps. But, every time, this walk, only a few hundred meters long, makes his stomach tighten up. To his left, to his right, prisoners, their faces blank, pretend not to see him. But he knows: if he turned around suddenly, he’d recognize faces of him, fixed in their eyes. “What's this civilian doing here?” “What does that armband with the red cross on it mean?”

No one can be impolite with someone who has a letter from a minister in his pocket. But, behind his table, the commander is not very enthusiastic. Military men hate inspections. And why the hell would anyone want to worry about the enemies of his country? Here, you have to explain, quickly and well. When the commander understands that the delegate has come to share his problems, that he’s going to check on the prisoners, that he’s going to try to take care of the civilians, he understands it’s off to a good start. The visit can begin.

Visiting camps is a craft, a technique. This amiable rogue of a commander is no altar boy. He usually knows the delegate is coming, and he’s tried, with more or less skill, to fake a few things. That’s the game. But sometimes — more rarely than people think — this man is a monster, capable of torture, not just dissimulation. The delegate’s training should allow him to sense the trap, to see through the sham. But, in these matters, illusion reigns.

The delegate goes through the camp. From one shack to the next, always the same questions: “How many of you are there?” “Where do you wash your things?” “Can you write to your families?” “How many times a month?” “Do you get to see a doctor? How often does the censorship process take?”

In one place, the prisoners may be spineless and seem not to care about their own fate; in another, they crowd around the delegate, all shouting at once. Morale may be good, or the atmosphere tense and full of anger.

Kitchen, infirmary, dark cell, sports field (if there is one), everything is passed in review. The delegate produces pages and pages of notes: the report to Geneva must be precise. Shacks are so many meters long, so many wide, then narrow, and then wide again, especially when the windows are so small. At night, you must not be able to breathe in there.

The camp also hides other, almost fathomless depths. It's like a swamp. The surface may appear calm, but the water, black as night, does not reveal the life hidden within. Homosexuality leaves a dark trail in its wake. Secret gangs form and face off against each other. There are deaths that no investigation will ever explain. The delegate will know none of these things. Only a few fragmentary traces of them will appear during the last phase of this visit: the interviews without witnesses. In an isolated place, off to one side somewhere, dozens, hundreds of prisoners will tell the delegate about their problems, about their personal or collective dramas.

More hours of concentrated attention, of patience (as the same story gets told 100 times), of renewed sympathy. Dirty, dusty, dead tired, the delegate finally gets back in his car, consults his map and leaves. What does he leave behind? Great hope, followed almost always by even greater disillusion.

It will take two weeks or a month to go round all the camps. Only then, with a comprehensive view, having cross-checked results, will the delegation be able to act. The result will be generally positive, at least at the Ministries of Foreign Affairs, of War, of Finance, of the Parliamentary Commission, in six weeks delegates manage to obtain a commitment for 10 cents more per prisoner per day: a good extra hunk of bread. The commander of camp VI is reprimanded. The sergeant in charge of work detachment 23 is under arrest; his successor will know the cost of forcing obedience with a whip. Three more employees will help speed up the censorship process. Two hundred and fifty ailing prisoners will be repatriated in exchange for an equal number held by the Egyptian army. To arrange a brief cease-fire and the safe passage of these two convoys across the front line requires delicate negotiations conducted in parallel with both sides.

In the camp, life goes on, outside time. No one established the causal relation between the delegate's visit and the improvements made. “He's got the life, doesn't he? Lazy bastard! Let him come back, we'll tell him what we think of the Red Cross.”

“How can they understand?” The head of delegation will shrug. “You have to start a new series of visits. This time, you'll be with a doctor and you'll concentrate on sanitary conditions and the infirmaries. You'll also see the hospitals where they send prisoners who are seriously ill. Come on, keep moving.”

The above is taken from an article written by Pierre Boissier in 1971, 15 years ago, but delegates who recently returned from visiting prisons and camps say it could have been written today.

Pierre Boissier, born in Geneva in 1920, joined the ICRC after World War II and spent the next 28 years with the organization, until his death in 1974. ICRC historian for 11 years and author From Solferino to Tsushima (History of the ICRC, Vol. 1), Boissier was also head of delegation in France during the Algerian conflict and delegate to Cyprus, Israel, Jordan, Lebanon, where his work in all fields of ICRC activity included visits to many prisons and camps. In 1968, he was named director of the Henry Dunant Institute, and, in 1973, member of the ICRC's Assembly.

He would have been the first to say that the techniques of war and intimidation may change, but man's relation to man in situations such as these remains the same through generation after generation of prisoner and guard. And so the need for the ICRC's "man in the middle", the negotiator, the buffer zone, is as great today as it ever was, if not greater.

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.
Safe and sound and free

The 196 foreigners freed by UNITA (the National Union for the Total Independence of Angola), and placed under the protection of the ICRC, arrived in Lisbon late in the evening of March 20.

The group included 73 Portuguese, 92 Filipinos, 4 Englishmen, 2 West Germans, 2 Romanians, 1 Canadian, 13 Cape Verdians and 5 who came from São Tomé and Príncipe. They had been captured by UNITA during an attack on Andradina in northern Angola on March 1. The ICRC was asked to organize their rapid repatriation, and received authorization for transit through neighboring Zaire.

After being taken across the border, the 196 were freed and handed over to ICRC delegates in the town of Kapanga, in Zaire’s southern Shaba province. Arrangements were made for a Hercules aircraft to take them to Kinshasa, where a plane chartered by the Portuguese government picked them up and flew them to Lisbon.

Viewpoint

UNITED
FOR HUMANITY

Six months from now the Twenty-fifth International Conference of the Red Cross will take place in Geneva (October 23-31), bringing together about one thousand representatives of 164 States party to the Geneva Conventions, 136 National Red Cross and Red Crescent Societies, the League — international federation of these Societies — and the ICRC.

As with all events of this kind the outcome of the Conference is not known. To an outside observer, international conferences seem all much alike, the tangible and visible results are few and far between — a lot of verbiage which does not resolve anything. More and more, the public image of these conferences is of talking shops where good intentions never come to anything. All those who, for more than one year, have been preparing this Twenty-fifth Conference of the Red Cross have been doing their utmost to ensure that the Conference will not be a sterile exercise and come up to the expectations, albeit partially, of millions of human beings who are the victims of violence, famine and other disasters, and who often see the Red Cross and the Red Crescent as their last hope.

In January 1985, the ICRC appealed to the international community, to the Red Cross and Red Crescent Movement as a whole, to the media, and through them, to world public opinion for a wave of humanitarian feeling, causing everyone to “realize the urgent and drastic need for a great upsurge of humanity and solidarity, which has become indispensable in view of the present and potential madness of human violence.” May this Twenty-fifth International Conference of the Red Cross provide the necessary stimulus; let those who take part — whether they speak on behalf of their governments or represent their National Societies — display the open-mindedness and conciliatory spirit which the seriousness and the extent of humanitarian problems require.

May the motto chosen by the Twenty-fifth Conference become a reality: “United for Humanity”!

By Alain Modoux

The 196 arrive in Lisbon, greeted by Portuguese Red Cross workers. (Photos: ICRC)
This month the International Committee of the Red Cross launched its special emergency action appeals for 1986. Detailed reports were prepared for donors on seven regions where continuing conflict calls for the organization’s presence. Each one of these reports opens with a reminder that the ICRC works principally in areas where other humanitarian organizations cannot work for reasons of security, or because governments or forces present will not allow them to do so. The opening page states that the ICRC “takes action in its capacity as a neutral and independent institution, especially in case of war, civil war or internal strife and tensions. It endeavors to ensure at all times that the military and civilian victims... receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties.”

The organization is financed through two separate channels. Its ordinary budget covers all permanent tasks, infrastructure and costs that can be predicted, as well as some small-scale emergency operations. The extraordinary budget is intended to cover large-scale operations, where goals and needs change from year to year — sometimes from month to month — and where costs cannot therefore be easily predicted. A separate budget is drawn up for each of these specially financed operations and appeals addressed to governments and National Societies. The budget for this year’s emergency programs totals nearly 400 million Swiss francs.

Hardly a day goes by without a reminder of the volatile, constantly changing nature of the conflict in Lebanon, where continuous fighting shifts in intensity from one region to another. With each new outbreak of violence, ICRC delegates must be ready to provide assistance.

One of this year’s major objectives is therefore to maintain a flexible and shifting presence throughout the country, developing contacts with all parties. It will be necessary, as always, to keep stocks of relief and medical supplies to ensure a rapid response wherever there are urgent needs, but the delegation is equally concerned with the protection of all those detained.

In 1986, the ICRC plans to maintain the multifaceted program that touches eight countries in Central America. As in the past, efforts will be focused on conflict zones in El Salvador and Nicaragua, with visits to detainees, tracing, and medical aid that includes vaccination programs and simple projects to improve the water supply in both countries. In El Salvador, over 60% of 1986’s budget — in Nicaragua, over 40% — goes to providing food and basic necessities.

The ICRC has developed excellent working relations with both National Societies. Support is also provided to the Honduran Red Cross through the ICRC regional delegation in Costa Rica, which serves Costa Rica itself, Belize, the Dominican Republic, Guatemala, Haiti, Mexico, Panama, and the Caribbean states.

A few figures
During 1985, 165,300 tons of ICRC relief goods arrived in Ethiopia (value: 156,500,000 Swiss francs). This was almost two and a half times the total moved for ICRC actions throughout the entire world during the previous year.

In Angola, relief aid totalling 13,624 tons, valued at over 15 million Swiss francs, was distributed to 105,000 people during the year. In addition, 1,300 tons of seed were supplied to 480,000 beneficiaries, 11,783 medical consultations given and 514 amputees equipped with orthopaedic apparatus.

In El Salvador in 1985, 80 lectures in international humanitarian law and Red Cross principles were given to some 17,000 members of the armed forces, including 4,250 new recruits. Medical delegates in this same country gave an average of 5,000 consultations a month and organized a vaccination campaign for 2,574 children.

With 13 delegations and 7 sub-delegations servicing 44 countries on the continent of Africa, the ICRC provided its traditional protection and tracing services along with medical care and relief to one and half million victims last year. During this period, drought worsened the suffering of many, particularly in the Horn of Africa. Poor or non-existent transport and communications, the breakdown of public services in regions where fighting isolated or displaced whole populations: these conditions had already stretched the ICRC’s financial resources to the limit by the end of 1985, and an emergency
In the continuing war between Iran and Iraq, the ICRC is mandated by the Geneva Conventions (to which both countries are party) to protect and assist all victims, including POWs on both sides.

Major goals for 1986: the resumption of protection activities in Iran, registration of and regular visits to all POWs in all places of internment, with repatriation of the sick and wounded whenever possible.

The ICRC continues to take a large share in caring for wounded Afghanis in facilities just across the border in Pakistan. Its major area of responsibility is still surgical, with 65% of the 1986 budget allocated to: surgical care for the wounded in hospitals in Peshawar and Quetta, orthopaedic and rehabilitation treatment, blood collection, and the First Aid Mobile teams that operate in collaboration with the Pakistani Red Crescent. Delegates in the border area also issue travel documents, provide for the exchange of family messages, teach first aid, the basic principles of the Red Cross and international humanitarian law to those returning to Afghanistan.

Recent elections and a change of government have brought The Philippines to the forefront of world news and sparked interest in the joint operation that the ICRC and the Philippines Red Cross have been successfully carrying out for years. Providing the reassessment of needs proves it necessary, the ICRC plans to continue its collaborative effort with the National Society to bring relief to displaced people on the southernmost island of Mindanao, to evaluate medical and nutritional needs, to open feeding centers when necessary and to teach the basic principles of public health and sanitation.

The entire population of the camps along the Thai/Kampuchea border — some 230,000 people — was moved onto Thai soil early in 1985 to escape the violent outbreak of fighting during the dry season. The presence of ICRC delegates and medical personnel is still essential in these new sites, where they treat the wounded and try to protect people particularly at risk: women and children, old people, prisoners, and border-crossers of Vietnamese origin.

ICRC objectives for 1986 in this region include: continued visits to detainees and tracing; maintaining Khao-I-Dang hospital (three surgical teams) and providing emergency medical and surgical care along the border; developing the first aid training programs in conjunction with Red Cross groups and the Khmer border population; continuing support for the Thai Red Cross to help them assist Thai victims of the conflict; support for hospitals and orphanages inside Kampuchea.
FAM teams: the best way to work together

Khar-Bajaur, Parachinar, Miramshah, Wana, Badini, Chaman: these six names represent one of the ways in which the ICRC is helping victims of the Afghan conflict, just across the border in Pakistan.

These are the names of the six places on the border where First Aid Mobile (FAM) posts have been established, four in the North West Frontier Province, two in Baluchistan. There, the wounded coming from Afghanistan receive first aid, and vehicles are available to take them to the hospitals in Peshawar and Quetta, if they need them.

The first aid posts are run jointly by the Pakistani Red Crescent and the ICRC, and could not exist without close cooperation among the Red Crescent’s branches in the NWFP and Baluchistan. The NWFP border zone has been closed to foreigners since 1983; it enjoys a special status, since it is entirely within the tribal area where Pakistani central authority has come to terms with the power of the tribal chiefs.

As soon as the wounded cross the border into Pakistan, they need first aid and, sometimes, free transport to take them quickly to hospital facilities. The idea is simple, but its realization required the help of an effective national organization, because, even for humanitarian purposes, only Pakistanis and Afghans can work in tribal zones. So the ICRC turned to the Pakistani Red Crescent, and more precisely to its regional branches in Baluchistan and the NWFP, proposing a joint effort to set up and manage first aid posts. In 1981, there were two; now there are six, and soon there will be seven.

Cooperation is the key

The Red Cross Movement is widely represented in the NWFP: the League of Red Cross and Red Crescent Societies and the Swiss Red Cross (the former with the Mianvali hospital project, the latter with the Mardan ophthalmological hospital), as well as the ICRC and the Pakistani Red Crescent: all are providing help to refugees and the war wounded of the Afghan conflict. The representatives of these organizations meet every month, when each reports on their accomplishments and the problems they encountered during the previous month. The problems can often be solved through an intimate knowledge of the region such as that possessed by the Pakistani Red Crescent’s Secretary for the NWFP. He works with all the doctors in the different FAM teams, addressing general questions as well as particular problems such as the installation of a telephone in a FAM post or the hiring of a replacement for a watchman who has given very little notice. New requirements, both in personnel and in supplies, are discussed with ICRC representatives, who must give financial approval.

But the role of the ICRC in this joint administration is not limited to these six emergency units. Delegates note and pass on information on the needs they see while in Peshawar or Quetta, or during evaluations carried out in the FAM teams. There are often difficult decisions to be taken: for example, how to reconcile the fact that ambulances should be on the road only during the day (for reasons of security) with the need of the wounded to be taken to hospital as quickly as possible, and therefore sometimes at night.

Problems like these are discussed and solved through close cooperation and responsibilities shared among the organizations present in the region.

By Francine Fassa

Italy ratifies Protocols

On February 27, 1986, Italy ratified Protocols I and II Additional to the Geneva Conventions. Although 62 States signed Protocol I and 58 signed Protocol II in 1977, these signatures only become binding when endorsed by a ratification: Italy’s will go into effect on August 27.

The Italian government also declared that it recognizes ipso facto and without special agreement, in relation to any other High Contracting Party accepting the same obligation, the competence of the (International Fact-Finding) Commission...” This declaration refers to article 90 of Protocol I, which states that the Commission will be established when twenty High Contracting Parties have agreed to accept its competence. This duly-elected Commission will then be competent to examine into any alleged serious violation of the Geneva Conventions or of Protocol I. Italy is the seventh State to have made the declaration, and the ICRC hopes that other High Contracting Parties may be encouraged to do so.

Out of a total of 171 States in the world, 162 are party to the Geneva Conventions. To date, only 57 are party to Protocol I, and 50 to Protocol II.

The 12th ICRC regional delegation is opening in Lagos, the capital of Nigeria. The tasks of this new regional delegation will include: developing relations and cooperating with the governments and Red Cross Societies and promoting knowledge and understanding of international humanitarian law in the countries for which it has responsibility: Nigeria, Cameroon, Equatorial Guinea, Ghana, Liberia and Sierra Leone.

The ICRC Bulletin is published in four languages on the first Wednesday of each month by the Press Division of the ICRC.

17 Avenue de la Paix
1202 Geneva
Tel. 34 60 01 - Telex 22269

The texts of the Bulletin have no official character and may be freely reproduced.
Harvests in Angola

In Angola, farmers are at present harvesting maize and beans in the "lavras", fields without any irrigation system. An ICRC agronomist has just conducted a survey in the provinces of Huambo, Bié and Benguela where delegates had distributed 800 tons of maize seed and 400 tons of bean seed between October and December 1985. This seed distribution programme can already be considered a success.

Maize and beans

According to the ICRC agronomist, the maize harvest should total 32,000 tons, far above the average during the past ten years. The bean harvest should come to some 1,000 tons. These harvests will enable the people affected by the hazardous conditions prevailing on the Planalto to meet their needs until the "bad" season, which generally begins in September or October. In the meantime the ICRC should be able to reduce assistance. Nevertheless, as in the past, distributions will take place wherever newly displaced people find themselves in need.

Hazardous conditions

In Kuito, in the province of Bié, the ICRC feeding center came under armed attack for the third time. The gates were broken down; the food and all the medicines were stolen. In the province of

East Timor: the return of displaced persons from Atauro

Last month the Indonesian authorities brought 105 people who had been displaced on the off-island of Atauro, back to their home villages in the region of Viqueque, on the main island of Timor. On departure these 105 people received food aid from the ICRC and the Indonesian Red Cross sufficient for two months and, upon arrival in their villages, maize for three months. These supplies should meet the needs of those brought back from Atauro during their initial period of resettlement.

On Atauro there are still some 800 displaced persons being assisted by the ICRC and the Indonesian Red Cross.

In addition, on 11 April, a third group of 28 former Portuguese officials were repatriated to Lisbon from East Timor under the auspices of the ICRC.
Beirut: violence around the Palestinian camps

In Beirut, the Palestinian camps of Sabra, Chatila and Borj el Brajneh were subjected to a renewed outbreak of violence during the first three weeks of April. Since 28 March these camps have been surrounded by militiamen belonging to the Amal movement and clashes, though of a limited extent, persisted until a buffer force was put into position under the aegis of observers from the left-wing parties.

During this period only Borj et Brajneh camp was permanently accessible to ICRC delegates. As soon as the clashes began, the ICRC tried to enter the camps of Sabra and Chatila, but it was not until 7 April that an ICRC/Lebanese Red Cross (LRC) convoy consisting of two ICRC vehicles and two ambulances, a LRC ambulance, a delegate and ten first-aid workers was allowed inside Chatila. During this operation it was possible to supply the “Palestinian Red Crescent” hospital with medicines and medical equipment. However, six serious cases could not be evacuated as the safety guarantees given by the parties were no longer fulfilled. Only on the night of 11 to 12 April could the Lebanese Red Cross regain admittance to the camps and evacuate the wounded. Another visit was made to the Chatila hospital on 17 April, during which the ICRC was able to see that the medical situation in the camp was under control.

In addition, the ICRC distributed relief supplies in the form of family parcels, cooking utensils and blankets to 260 displaced families outside the camp.

Reported missing

On 1 April a third Lebanese Red Cross first-aid worker was kidnapped by unidentified armed men in the Zkak el Blatt region. Until now no one has claimed responsibility for this kidnapping. A few days later, on 7 April, the Lebanese Red Cross suspended its activities for an entire day in protest. Only emergency cases were dealt with.

Since the beginning of the year, both ICRC and Lebanese Red Cross personnel have on several occasions been fired at. Three first-aid workers were hit while evacuating the wounded. Six Red Cross vehicles have been stolen by unknown elements. And there is still no news of the three first-aid workers who were kidnapped earlier this year and who have been missing ever since.

In a Palestinian camp in Beirut (Keystone).

Viewpoint

In Beirut, a third Lebanese Red Cross first-aid worker has been kidnapped. More and more ICRC vehicles are being held up by armed men, who then steal them, along with their equipment.

The President of the ICRC protested against these practices in a letter to the President of the Lebanese Red Cross, Mme Issa el-Khoury, after the latest kidnapping, stating that “these acts threaten to stop the humanitarian activities of the Red Cross, and the ICRC condemns them. It is absolutely essential that all parties to the conflict respect and enforce respect for the Red Cross, its personnel and equipment, in order to allow the organization to pursue the fulfillment of its humanitarian mandate for the benefit of all the victims of the conflict in Lebanon.”

Apart from the anxiety suffered by the families of the first-aid workers and the losses already sustained among them, it is a particularly disturbing phenomenon that the Red Cross, a neutral institution whose mandate is to serve all those who suffer, would itself have become a victim of certain forms of violence. And Lebanon is not the only country in which such events take place. In El Salvador as well, Red Cross first-aid workers have paid a heavy tribute to the internal conflict which is ravaging that country. Last year, one of these workers was killed and another was wounded while giving assistance to victims. In Angola recently, the ICRC feeding center at Kuito was attacked by armed men for the third time. In 1985, an Angolan employee of the ICRC was killed when a mine exploded on an airfield. Other such cases could also be cited.

Despite all this, the first-aid workers of National Societies, the delegates and the local employees of the ICRC, continue their work without interruption. It is obvious that not all these incidents are due to lack of respect for the emblem. In some situations, the Red Cross itself is not the target. It is nevertheless true that the ICRC and the National Societies of the Red Cross and Red Crescent must persevere in their efforts to disseminate the major principles which govern their action — neutrality and impartiality.

Vietnamese refugees: accepted at last

More than 1,500 Vietnamese refugees in site 2, on the border between Thailand and Kampuchea, have just been accepted by host countries. Selection of the refugees, carried out by the host countries' embassy staff, began in January. The United States has hitherto accepted 1,335 people; Australia, Canada, France and Italy have also accepted some cases. By the end of the month the number of Vietnamese Land Refugees (VNLRs) — who reached the Thai border via Kampuchea — came to 4,216 in site 2.

The VNLRs who live amidst the Khmer population on the border are a particularly vulnerable group. Their surroundings are hostile and the only way to ensure protection for them is to transfer them to host countries.
Last year, the ICRC opened an orthopaedic center at Bulawayo, in the southeast section of Zimbabwe. Four ICRC specialists and several local assistants supplied by the Ministry of Health work at the center, which was set up for the local manufacture of artificial feet for amputees. It used as a model a rubber foot produced by the ICRC delegation in Peshawar, Pakistan, for Afghan amputees.

Bernard Betrancourt, in charge of the Bulawayo Center, was asked to relate the story of what is now being called "the Bulawayo Foot" or "Zimfoot", an example of which was lying on his desk.

Q: You started out making "the Peshawar Foot" and now the "Zimfoot". How did that come about?

"The story of this foot started in Peshawar, in quite an unexpected way. The head of the delegation there, where I worked at the time, gave me an article from the ‘Reader’s Digest’ magazine, describing an artificial foot being manufactured at Jaipur in northern India. Naturally I found the article very interesting, and wrote to Dr. Sethi who had designed the foot. After receiving his reply, I went to Jaipur and spent a few days there. When I went back to Peshawar I took a few samples with me. We started very soon thereafter to import feet from Jaipur to equip our Afghan patients.

"This solution met our needs, but it meant that we were still dependent on imports. So we settled on the idea of producing the feet ourselves. We asked an orthopaedic technician to come to Peshawar for a few months. He went first to Jaipur, and then started our production at Peshawar. When I arrived in Zimbabwe, I found that no artificial feet were being produced locally. They had to be imported from Europe, at very high cost. Under these conditions, I wondered why we should not make ‘Bulawayo feet’.

"I talked to the head of a tire factory who advised me to talk to a small local manufacturer. I went to see him, taking a 'Jaipur foot' with me. Since it was not possible in Zimbabwe to make the feet of rubber, the tire manufacturer suggested the use of polyurethane. This was tried and production was started. The result was the 'Zimfoot' based on the principle of the 'Jaipur Foot'. It had the advantage of being very light and could be worn by people who generally walk barefooted, about 40% of our patients. It had one drawback, that the process of manufacture was relatively sophisticated. It had been developed locally in Jaipur and was an excellent example of appropriate technology for India. In Bulawayo as well, luckily, advanced local technology is available and we take advantage of it."

The "Zimfoot" is still in the development stage...

"The first ones produced were too dark in colour. In the past few days we have been receiving feet of the right colour."

Q: Do you plan to supply artificial feet to other ICRC orthopaedic centers in Africa, or will these centers make this type of foot themselves?

"We have been using this foot for six months. Since the center opened in June 1985, 91 patients have been fitted. We are now working to fit 200 patients."

Q: Do the patients come from all parts of the country?

"Yes they do. Some, who live near the Mozambique frontier, have travelled nearly 800 kilometers to come to the center."

Q: Where do the patients live while they are waiting in Bulawayo to be fitted?

"We have rented about 20 places for them in a reception center for the handicapped in Bulawayo. They can live there for 15 days to a month — however long it takes before they can be fitted. The ICRC also pays for their travel between their homes and Bulawayo."
Uganda: help for the Luwero triangle

In Uganda, even though the conflict which has ravaged the country for many months seems to be abating, security has still not been completely restored and certain groups continue to receive protection and assistance from the delegation in Kampala.

people elsewhere in the triangle and planning to distribute parcels to about 8,000 more families.

Northern Uganda

In the northern part of the country, at Arua and Gulu, in March, two ICRC teams started to deal with the most urgent needs arising from the conflict. At Gulu, the Italian missionary hospital was neutralized for about 10 days in order to assure protection, during an especially dangerous period, of the hospital itself

Mission to Kabul: a ray of hope

Three ICRC delegates, including the Delegate General for Asia and the Pacific, visited Afghanistan between 6 and 13 April. This was the first ICRC mission to the country since 1982, the year in which a short protection and assistance programme was carried out in Kabul.

The purpose of this mission was to resume contact with the Afghan authorities and the Afghan Red Crescent in order to discuss the activities the ICRC should be able to undertake in Afghanistan on behalf of the victims of the situation prevailing there, and the principles governing such activities.

The two subjects discussed were access by the ICRC to people detained or arrested because of the events and the material assistance which the ICRC could provide to all the victims of the conflict.

Delegates were able to visit several Red Crescent establishments in the Afghan capital: first, the “Avicene” hospital which admits patients in need of emergency treatment; then a manufacturing center for orthopaedic equipment and a rehabilitation center for amputees; and finally, two of the nine Afghan Red Crescent dispensaries in Kabul.

More contacts with the Afghan authorities should take place in the near future and the ICRC hopes for a favourable outcome.

War wounded

In Pakistan, a large number of war wounded were admitted to ICRC surgical hospitals in March: 172 to the hospital in Peshawar and 57 to the hospital in Quetta. Some of the war wounded reached the ICRC hospitals thanks to the First Aid Mobile posts set up along the border in co-operation with the Pakistan Red Crescent. Last month some 120 wounded were taken by ambulance from first-aid posts. Another post has just been opened in Dalbandin in the province of Baluchistan, in the Chagai zone. A total of seven first-aid posts are in operation along the Pakistan/Afghan border.

Assistance activities along the Kenyan border

After a mission by a delegate and a nurse to the north-west region of Kenya, the ICRC undertook, in an initial stage, an emergency relief programme for some 3,000 displaced persons along the border between Kenya and Sudan. The number of people receiving assistance should increase considerably in the weeks to come. Forty tons of relief supplies (maize and beans, as well as vegetable oil and blankets) are presently being distributed.

The ICRC also plans to give assistance to the hospitals in Lodwar and in Kakuma and to the dispensary in Lokichokio where the wounded — presently numbering around fifty — are being treated. To perform this work, an ICRC office is being set up in Lodwar. A delegate, a doctor and a nurse will be responsible for ensuring that the assistance programme runs smoothly. Four trucks have been made available to the ICRC by the Kenya Red Cross to transport the relief supplies, and a fifth truck is expected shortly to increase the existing transport capacity. To maintain communications with Nairobi, the ICRC office in Lodwar will be equipped with a radio station.
Nicaragua:
Atlantic coast bureau opened

The ICRC has opened an office at Puerto Cabezas, on the Atlantic coast of Nicaragua, as part of its programme of food and medical assistance carried out in cooperation with the Nicaraguan Red Cross for displaced persons in regions near the Rio Coco, on the border with Honduras. A delegate, a medical delegate and a nurse will be based permanently at Puerto Cabezas.

The isolation of the region and difficulties of access from the capital, Managua, where the ICRC delegation is based, were the reasons for opening the new office. Up to now, assistance programmes for persons displaced or otherwise affected by confrontations between governmental and counter-revolutionary forces were run from Managua. Visits were made regularly to the Atlantic coast, but it was felt that a permanent ICRC presence there would not only strengthen the efficacy of the Red Cross action but would also provide support to branches of the National Society in organizing distributions. Nicaraguan Red Cross first aid workers take an active part in the ICRC operations and the local sections often have to work under difficult conditions as they are usually short of equipment.

ICRC action for displaced persons in Nicaragua is not limited however to the Atlantic coast. Regular visits to assess needs are made to the northern part of the country and to the Pacific coast, where there are also displaced persons. In addition, the ICRC gives material assistance to detainees in the places visited by its delegates and to the most needy of their families. In March, 185 tons of food and 13 tons of other types of relief were distributed to about 36,000 beneficiaries.

Protection

A further visit was made last month to the Tipitapa National Penitentiary Service at Managua, during which the delegates saw 2,801 detainees. The ICRC has visited a total of 3,800 incarcerated persons whom it has the right to see in the two places of detention in the capital, Tipitapa and Zona Franca, and in the provinces.

These include members of the former National Guard, captured at the time of the fall of the Somoza regime, civilians accused of collaborating with that regime or of counter-revolutionary activities or offences against the security of the State.

Puerto Cabezas: boat chartered by the ICRC to make relief distributions (V. Abderhalden)

News in brief

Last month the ICRC organized the repatriation of 185 persons of Chinese origin from Vietnam to Taiwan. Since 1976, 5,610 persons have returned to Taiwan through the good offices of the ICRC.

In El Salvador, four wounded members of the guerrilla forces were taken to hospitals between 5 and 14 May. Also, two members of the armed forces captured by the guerrilla forces were freed and escorted from the department of San Vicente back to their barracks by the ICRC.
Ann Stingle, of the American Red Cross, has just spent some weeks in South Africa with the ICRC delegation and with the South African Red Cross. In the article printed here, she describes some of the facets of the work done by the Red Cross in the townships.

In 1985, the ICRC and the South African Red Cross formalized a program to increase Red Cross effectiveness in assisting the victims of tensions in that country. Although elements of such a program had existed in some of the organizational regions of South Africa, there was an obvious need for the Red Cross to provide more comprehensive services in the "townships".

The result has been the Community Organizer Program which, although simple in its concept and structure, has had far-reaching effects in its six months of existence.

**Trust**

Representatives are recruited from the townships and trained by the South African Red Cross and the ICRC. They are then sent back to those communities as the standard bearers — and very dynamic ones at that — of Red Cross principles in action. Their mission: to assess community needs for Red Cross services, to design ways to meet those needs and to put them into motion, coupled with dissemination. This is where it becomes more difficult. In the majority of these townships, Red Cross visibility has, until now, been low, and the nature of the tensions has made the people suspicious of outsiders. First the Community Organizers must win their trust, then they must teach that most fundamental of Red Cross principles: Red Cross neutrality.

Their's is no small task. Needs in areas such as Soweto, Alexandra or Crossroads are, at best, overwhelming and at worst, insurmountable. Add to that the scarcity of resources in the townships, the often violent unrest, the impatience of youth, growing unemployment, an increasingly transient population and poor education, and one has a situation which requires very special, very committed representatives in order to put a humanitarian program into action. The South African Red Cross has found a gold mine of 46 such people (soon to be 60) to be the Community Organizers (COs) throughout South Africa.

In order to even begin to appreciate the work these men and women do, it is necessary to follow them through a typical demanding day. (The scene is Soweto, a township outside Johannesburg, but elements will be drawn from other townships near Port Elizabeth and Cape Town to facilitate understanding of the nature of the Program.)

**A cup of soup**

6:00 a.m. Mpumi Kubbekaa, a Soweto CO, arrives to prepare soup and slice bread along with her fellow COs. The food is for a mobile soup kitchen run by the local Anglican church for elderly and disabled pensioners who have come to receive their allotment from the government. (Fortunately, in some regions, such as Cape Town, the Red Cross has been granted Power of Attorney in order to take money to the homes of people who have the greatest difficulty in enduring such a day of queuing.) The pensioners have a grueling day ahead of them. Pay out begins at 9:30 and will continue until approximately 11:00 a.m.

The soup was prepared in a highly concentrated consistency the night before from dehydrated vegetable soup mix. This morning hot water is added to produce 100 liters of soup. As the serving begins, the COs pour the soup into cups and serve it with a slice of bread. This portion provides at least some nourishment to the patient people who must endure the lines, the finger printing (because many cannot sign their names) and the hawkers who have come to take advantage of the available money.

All this takes place outside. Today is a sunny, autumn day with a slight breeze. However, it is not hard to imagine the difficulties created for these elderly and...
group is part of a larger group of approximately 200 whom the violence in the townships and other factors have forced to run away and make their home in the streets of Lenz. To earn money they do odd jobs such as washing cars and assisting cinema patrons in parking; they also beg. An Indian businessman in the area who is concerned about these youths has called the Red Cross COs to see what can be done to help. He is especially concerned about an increase in glue-sniffing and wants to prevent the situation from becoming worse.

These youths resist formalization and are suspicious of those who try to organize them or change their life style. Fortunately, Alfred has begun to establish a contact with them. He talks and jokes with them for a while, and arranges to meet with them next Wednesday evening. (One boy is sitting on the sideline, watching, and inhaling a concealed bottle of glue through his mouth.) Alfred is concerned about their health. One of his priorities is to get a doctor to work with them and to get the youths themselves to allow a doctor to see them.

11:00 a.m. Mpumi arrives at a weekly Red Cross Mothers’ meeting. About 15 women, some with small children, have gathered in the home of one of the neighborhood women who helped organize the club.

Each of the women is working on some type of needle craft out of donated yarn and scraps of cloth. In production are a tea cozy, crocheted doilies, granny square blankets, clothespin bags, pot holders, aprons and a hat. Some of these things they hope to sell.

Mpumi discusses oral rehydration therapy and health and sanitation techniques for dealing with a child with diarrhea. There are more questions and sharing of personal experiences.

Squatter camp

1:30 p.m. Mpumi and Alfred arrive at a squatter camp which has sprung up as a result of the growing unemployment in the rural areas. The one-room shacks are pieced together from whatever scrap material can be found. There are approximately 1,000 such shacks, which means that plus or minus four thousand people are living under crowded, appalling conditions. A week ago, the authorities began demolishing the shacks but they were stopped by the Mayor of Soweto. The Red Cross COs erected tents to provide a temporary shelter for those who were left homeless.

Three days ago in this camp, a man and a boy were shot, and a woman was badly bitten by a police dog. Alfred had been one of the COs who administered first aid before taking them to the hospital.

Today, the COs walk through the camp talking to the people, listening to problems. A child walks by with an old light bulb in his mouth. Mpumi talks the child into reluctantly giving her the “toy” by trading him a bubble-gum for it.

Just beside the communal water taps, where women are washing clothes and dishes, a dump is growing larger and presenting an obvious health hazard. Alfred says that he will bring out volunteers to move the dump to a safer place and possibly bury it. He also makes a note to start health education in the camp.

As Alfred returns to the car and starts to drive away, a man comes up to the car window. It is the man who was shot a few nights ago and whom Alfred had assisted. He thanks Alfred warmly for having helped him.

3:00 p.m. Alfred passes a field of abandoned vehicles and says “There are families living in those! I want to come out here and see what the Red Cross can do in the way of health assistance.”

First aid post

3:30 p.m. They arrive at the Soweto Red Cross branch office. There is a meeting of the COs to discuss plans for the funerals of the eight victims of the recent unrest; the funerals are scheduled for the next day.

Although government officials have banned joint ceremonies in the stadium, a gathering will be allowed at the cemetery. Since such occasions are always tense and often erupt into violence, the Red Cross will place a First Aid station at the cemetery. Individual COs are given their assignments and, all trained in first aid, they inventory their equipment.

The ICRC delegate arrives to discuss with the COs the problem of maintaining the neutrality of the Red Cross emblem. The Red Cross has been making great strides in Soweto toward acceptance as a neutral party. This is even more important as suspicion mounts from the people toward any clinic or hospital which might provide access to the police.

5:00 p.m. A quick review of the day shows no lunch break. This is not unusual. All the COs return home to eat, rest and prepare for a possibly difficult day regarding the funerals tomorrow.

Ann Stingle
Unaccompanied children in Ethiopia: restoration of family ties

During the massive migrations in Ethiopia in the past two years, many young children were separated from their parents. Thousands of families had been forced to take to the road in a desperate search for food, victims of the combined impact of drought and conflict, mainly in the north of the country.

Some of these children were adopted by other families, others were taken in by orphanages or feeding centres set up by various charitable organizations. Today, some of them are finding their parents again.

The family reunions have taken place during food distributions organized by the ICRC and other organizations. Unaccompanied children are transferred from the centres caring for them to the distribution sites. When families come to collect their monthly ration, they are encouraged to search for their own children among those present at the site. This campaign started in January in Tigray Province — and 71 of a total of 111 children were reunited in this way with one or several members of their families.

The procedure was further developed by the ICRC in cooperation with voluntary agencies, with the aim of finding the families of the greatest possible number of unaccompanied children in Wollo Province.

Success

In February, at a food distribution organized by the “Save the Children Fund” at Korem, 86 children were restored to their families. In March, 129 more children found their parents, also at Korem, and 30 others at Lalibella and Alamata. In April, out of 161 children brought by plane from various reception centres to an ICRC relief distribution site

International Tracing Service, Arolsen
31 years of activity

It is now 31 years since the ICRC took over the International Tracing Service at Arolsen in the Federal Republic of Germany. The work of the ITS consists in collecting, classifying, storing and utilizing all types of personal documents relating to the civilian victims of the National-Socialist regime in Germany. Its main activity is to provide attestations at the request of the persons concerned, their close relatives or legal representatives.

The International Commission for the International Tracing Service (ICITS), which was set up as the result of agreements signed in Paris in 1955 between France, Great Britain, the USA and the Federal Republic of Germany, asked for the management of the institution to be entrusted to the ICRC. Today the States belonging to the Commission also include Belgium, Greece, Israel, Italy, Luxembourg and the Netherlands. The next meeting of the Commission will take place on 4 June in Luxembourg.

In 1985, the ITS, which has a staff of 243, received 30,766 requests from 35 countries, and sent about 53,000 letters in reply. Most of the requests related to reparations or compensation and came from persons requiring confirmation of their detention in labour or concentration camps, their deportation to the Third Reich as foreign workers during the Second World War, or their stay in refugee camps immediately after the war.

The documentation held by the ITS contains information on over 13.5 million people, in the form of more than 43 million separate items. Even now the ITS continues to receive documents useful for settling the cases presented to it. For instance, the Italian Government recently sent it four tons of documents. Utilizing these papers may make it possible for past requestors who had hitherto received negative answers to obtain the information they need.

The increase in the volume of work due to the need to sort and utilize this new material will be discussed at the forthcoming meeting of the ICITS.

In brief...

On 20 May, Belgium ratified the two Protocols additional to the Geneva Conventions. The ratification will take effect six months after that date, on 20 November 1986.

In Malaysia, the ICRC resumed its visits to persons detained under the Internal Security Act (ISA). At the end of May, delegates had visited places of detention at Mukim Batu, Kamunting and Johore Baru, seeing a total of 71 detainees. The most recent previous ICRC visits were in 1983. They were interrupted when the authorities did not authorize a visit to Mukim Batu.

Ethiopia (D. Gignoux)

at Sekota, 135 were recognized by their families. In that month, the success rate was 84%.

In the first two months of May, 36 other cases were settled at Sekota. Nearly 400 children have now been reunited with their families through this operation.

A considerable effort is required to organize the presentation of the unaccompanied children to the people who have come to collect their monthly relief rations. The children have to be brought in, usually by plane, to the distribution site and those who are not claimed have to be taken back to the orphanages or feeding centres caring for them — until the next distribution, where they will be taken again, hoping that maybe a miracle will happen.

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.
Up and down Lebanon

Pitched battles, shelling and sporadic clashes continued throughout Lebanon during the end of May and the beginning of June, in the south (including the “security zone”), in and around the Palestinian camps of Borj-el-Brajneh and Shatila in West Beirut, as well as in southern and eastern areas of the capital.

The ICRC delegation maintained regular contact with all parties and concentrated on providing aid to medical facilities operating in all combat zones. Delegates regularly evaluated the needs of hospitals, emergency centers and dispensaries in West Beirut and in the southern suburbs, providing medicines and equipment when necessary; since May 22, however, it has not been possible to carry out medical activities outside the two Palestinian refugee camps.

The National Society coordinated these assistance programs and community organizers worked in the towns. By June 13, the Red Cross had distributed over 16,000 blankets as well as clothing and supplies to 10-13,000 displaced people in need, and the ICRC had offered its services to visit those detained following the proclamation of the state of emergency on June 12.

Three Red Cross first aid posts near Crossroads treated and evacuated the wounded (about 70 in all) during the last two weeks of May, before having to close. Twelve first aid posts equipped with twenty ambulances stood ready in the region of Soweto in June. The medical activities financed by the ICRC were carried out by the SARC in cooperation with NAMDA, an independent association of local doctors.

Elsewhere in the country, in the regions of Gazankulu and Kangwane to the northeast, delegates continue to work on behalf of Mozambican refugees, currently estimated at around 25,000. Refugees are registered and relief aid is distributed including kitchen sets and blankets. The ICRC also coordinates a food program in this region, run by Operation Hunger (a South African relief organization) and by local churches.

The South African delegation numbers 18, including seven delegates who work with local field officers in Cape Town, Bloemfontein, Port Elizabeth, East London, Durban, North Transvaal and South Transvaal.

News in brief

The ICRC is reevaluating its operation in Uganda. The relief program that benefitted some 20,000 families (about 100,000 people, who returned to the Luwero triangle region after having fled during the fighting) was phased out following improved conditions at the beginning of June. “Yellow House”, which once gave temporary shelter to as many as 1,000 people, was handed over to a local hospital, and Central Tracing Agency delegates have been able to resolve most of their cases. As a consequence, staff has been reduced, but some programs (such as dissemination) continue.

From April 24 to May 29, ICRC delegates conducted a series of visits to detainees arrested under anti-terrorist laws in Spain. Over the course of a month, 455 detainees were seen in 15 places of detention under the responsibility of the Ministry of Justice. The previous series of visits had taken place in 1985.

***

In June, the ICRC was honored to receive the 1986 Rotary Award for World Understanding. The award, given for outstanding humanitarian contributions to goodwill and peace, will consist this year of ten “Red Cross” scholarships, enabling students in developing countries to study abroad during 1987 and 1988.
What you don’t know can hurt you: how to spread the word

Ignorantia legis neminem excusat...

There’s no need to reach for a Latin dictionary. As any lawyer will tell you, it means “Ignorance of the law is no excuse.” In fact, knowledge of the law is an essential condition for its effectiveness, a truism which applies to International Humanitarian Law (IHL) as much as to any other field of law. In the Malaysian capital, Kuala Lumpur, 21 Red Cross and Red Crescent Societies from the Asia and Pacific region were recently brought together to find ways of making IHL better-known. Richard Dawson of Swiss Radio International attended as an independent observer:

“How many of us, as members of the general public, have even a fair knowledge of what the Red Cross and Red Crescent is all about? What are the fundamental principles? How does IHL help to protect life and ensure respect for the human being?”

Three questions, which were asked at the official opening of the workshop by the chairman of its organising committee, V.T. Nathan. As a leading Malaysian barrister and vice-chairman of the Malaysian Red Crescent, V.T. Nathan knows the answers to questions two and three better than most. As for the first question, a safe reply is “not enough”, although some are prepared to go further than that:

“In my country, 80 million people haven’t even heard of the Red Cross, and have no idea what the emblem represents.”

“There should be much more dissemination of humanitarian law in Switzerland itself, in the country where the Red Cross movement was created. Even in Geneva, I have noticed that many ordinary members of the public, even cultivated people, didn’t know about the Red Cross.”

The first statement was made to the workshop by the secretary-general of the Bangladesh Red Cross, Major AN Hassan Quoreshi. The second came from another workshop participant, the ICRC president, Alexandre Hay. Both give an idea of the task facing the movement as a whole, and explain why representatives from National Societies throughout the Asia and Pacific region were meeting to discuss an issue which can be summed up in one, rather inelegant word: dissemination.

Red Cross comics in the Philippines. (T. Gassmann)

Documentary is sometimes distributed along with food: in Angola. (Y. Müller)
Cross, the society was run by well-meaning grey-haired ladies of European origin, who devoted a few hours a week to youth and first aid programmes and to fund-raising tea parties. But we consciously moved away from the earlier tea party image, and by carefully cultivating the media, developed the image of an active, dynamic, energetic and practical Society, always first on the scene in any disaster.”

**Tailor-made solutions**

In Fiji, where storms coming in from the Pacific can create havoc, disaster preparedness is on the school curriculum, which means that people know about the work of the Red Cross from an early age. So it was with a certain amount of envy that some delegates listened to Ela Koroi explaining how her Society had scored a bulls-eye in two main target areas for dissemination: youth and the media. But Fiji is a small country, where neither war nor internal tension disturb the peace of its 690,000 inhabitants.

Poverty and a 100 million population make dissemination a different matter in Bangladesh. Then there are the problems facing the Red Cross in some parts of the Philippines and on the Thai-Kampuchean border. Along the border, where it can be difficult for the authorities to prevent young Khmers from leaving camps in Thailand and joining the armed resistance against the Vietnamese-backed government of Kampuchea, there is a clear need to make known the principles embodied in the Geneva Conventions. The workshop heard how the ICRC had adopted a novel approach by encouraging camp leaders to stage a play based on the Red Cross story. At one camp, the average audience for this play was now 3,000. In the Philippines, the Red Cross story was being told in children’s comics, distributed by the ICRC and the National Society. Children are encouraged to take the comics home, with the aim of finding eventual readers among anti-government fighters in remote areas.

A vivid illustration of how vital it is to reach all areas was given by Lourdes Loyola, a staff member of the Philippines Red Cross for over 20 years. A 16-vehicle convoy was dispatched in 1983. In the brief silence that followed Mrs. Loyola’s story, the words of one of the ICRC delegates, Alain Modoux, during the previous day’s session, came back: “There is no protection of war victims and of Red Cross or Red Crescent personnel carrying out their humanitarian duty, unless elementary humanitarian standards are known and understood.”

**Pulling together**

The workshop, organised by the ICRC and the Malaysian Red Crescent, marked another step on the long way towards making those standards known to all, in the Asia and Pacific region and beyond. It was impressive to see people from different countries exchanging views in a spirit of cooperation, and after seven days giving their unanimous approval to a set of constructive proposals. To this reporter, used to seeing international conferences begin with argument over the agenda and end without agreement, it was a breath of fresh air. It occurred to me that if such conferences were conducted in the same way as the Kuala Lumpur workshop, the ICRC would be a lot less active...

In fact, the high standard of the papers presented at this workshop was set at the very beginning by one of the first speakers, Professor Lakshimikanth R. Penna, Senior Teaching Fellow of the Faculty of Law at Singapore University: “IHL maintains a precarious balance between humanitarian ideals and military imperatives. Without pronouncing upon the legality of the use of force, it seeks to contain violence by protecting those not taking part in the fighting, or no longer able to bear arms: civilians, prisoners of war, the sick, wounded and shipwrecked. Dissemination is therefore vital for its effectiveness.”

---

**In Europe as well...**

Some 50 members of 25 European and North American National Societies met near Vienna, Austria, from June 8-14 for a seminar on dissemination, organized jointly by the Austrian Red Cross and the ICRC, in cooperation with the League.

As in Kuala Lumpur, the subject was methods: how to reach as many people as possible and to explain humanitarian law and principles in ways that will be well understood. Some original approaches were explored in group work sessions, with each day devoted to a different target public: National Societies, governments and their armed forces, universities, schools and youth movements, the media.

Dissemination to the media was the object of much discussion and debate; participants hope to meet again soon for a round table specifically on this subject.

---

**In brief...**

On May 28, the People’s Republic of Benin acceded to the two Protocols Additional to the Geneva Conventions. This accession will take effect in six months, on November 28, 1986.

***

In Indonesia last month the ICRC completed the latest series of visits to those arrested following the attempted coup d’etat of September 1965. Delegates visited 92 condemned detainees in 15 places of detention. The last series of visits intended specifically for this category of detainee was conducted in 1983.
H.E.L.P. '86: a global view of disaster relief

Earthquakes in Mexico, drought in Ethiopia, armed clashes in Lebanon, civilians massing along the Thai border or taking to the sea... Journalists beam images of disaster all over the world, humanitarian organizations appeal and millions of people pour money into emergency aid.

These are clear images: the donating public at one end and, at the other, starving children, the wounded, the homeless. But what about those who try to build the best possible chain between them? On what principles do they decide how, when and where to direct their efforts? Do organizations in the field agree on priorities and guidelines when they tackle the vast array of interrelated health problems in a refugee camp or combat zone?

Questions such as these were the essence of H.E.L.P. '86, a clever acronym (Health Emergencies in Large Populations) for a training course in the management of international assistance, organized by the ICRC's Medical Division jointly with the Faculty of Medicine of the University of Geneva and W.H.O., and held at the University's Medical Center from June 2 to 20.

The term 'course' is misleading, as Jacques Vernet, Geneva State Councillor, suggested in his opening address. More of a seminar or conference, H.E.L.P. invited 25 medical professionals (all of whom had worked in developing countries and in situations of emergency) to bring together their practical experience. The variety of that experience provided a rich and lively source of examples and test cases; its solidity anchored discussions which might otherwise have drifted around theoretical structures with no clear purpose.

Policy taking shape

A high-level well organized course of this kind does not just materialize overnight. This one grew out of years of reflexion within the Medical Division and years of trying to solve problems in the field, often without sufficient means and manpower.

Reflexion on means led to the concept of the pyramid as policy: build a solid base of nutrition, sanitation and public health programs and you will reduce the need for medical treatment and hospital care. Lack of manpower led to the ICRC's medical training programs, and one of the goals of H.E.L.P. is to help find skilled professionals, encourage them to develop their flexibility and to round out their knowledge in 'the medicine of disaster'. Some guidelines were offered in the use of drugs, for example, or in the principles of war surgery, but more often the conclusion seemed to be: evaluate local conditions, define reasonable goals in a logical sequence, use your professional judgement.

Pieces of the puzzle

To the outsider, science often seems compartmentalized, with specialists isolated in their domains. But at H.E.L.P. participants were asked to be generalists, to pull back and see the whole picture: complex, real-life emergencies like those they had already faced. A multifaceted exercise linked the subjects that specialists focused on one by one: environmental health, communicable diseases, training for local personnel, nutrition, curative care...

Simulating political and logistic constraints, insufficient infrastructures and conflicting information, the exercise imagined problems encountered by a medical team trying to decide how best to help civilians who, to escape from armed conflict in their own country, have crossed the border en masse into a country unable to feed and care for them. Should the medical team attempt TB treatment in the camp? What's the best way to light the specific kind of malaria endemic to the region? Is it better to turn a health center nearby into a hospital with an operating theatre for war casualties or to arrange transport to the regional hospital far from the border? Opinions differed, and the general public might be surprised to find how often doctors, too, must agree to disagree.

The Medical Division has worked on many frontiers, not only geographical but medical and ethical as well. The last morning of H.E.L.P. was devoted to the gray area between emergency relief and development. The issue of who is responsible for ensuring a smooth transition from the end of the emergency phase to the launching of long-term improvement programs is one much debated among relief organizations, including National Societies and the ICRC. No doubt it will still preoccupy participants in next year's H.E.L.P. course.

Participants in H.E.L.P. '86 included doctors and nurses working for the ICRC, the Pan American Health Organization, the Royal Tropical Institute (Amsterdam), the United Nations Border Relief Operation (UNBRO, Thailand), Médecins Sans Frontières and the League, surgeons, an engineer, a microbiologist, a midwife, doctors and nurses from the National Societies of Austria, Belgium, Germany and Sweden, and from Italy, New Zealand, Somalia, Sudan and Switzerland.

The course was organized by the ICRC Medical Division in cooperation with the World Health Organization (Emergency Relief Operation) and the Faculty of Medicine of the University of Geneva (Community Health Unit).

Dr. Pierre Perrin of the ICRC, one of the principal organizers of the H.E.L.P. course, with local medical staff in Ethiopia. (Dany Gignoux)
The essential task is silent

ICRC delegates are visiting prisons and detention centers throughout the world today: many would say that these visits are the organization's essential task.

Access to places of detention is, of course, conditional. The ICRC does not question the reasons why people are detained because to do so would prevent delegates from carrying out their limited but vital function: to ensure that those detained are treated humanely and that conditions of detention are decent. Prison reports are submitted to the authorities concerned and contain, if necessary, suggestions for improvement. These reports must be confidential — few government officials or opposition group leaders will open their prison doors to anyone who may publish their findings.

A journalist once remarked upon how unfortunate it is that this ongoing, active, and supremely important vocation takes up so little space in ICRC publications and in the press, it hardly seems to exist. And yet the following is only a partial list of visits carried out in one month:

**Colombia**, Buen Pastor, the women's prison of Bogota, June 26 and 27: a regional delegate saw 378 detainees.

**Malaysia**, June 16 to July 5: delegates visited 10 places of detention where they saw 57 people detained under the Internal Security Act.

**Chile**, Santiago, July 2 and 3: detainees and their families requested a special series of visits to three places of detention, following a general strike in the capital.

**The Philippines**, Muntinlupa, Metro Manila, July 16: ICRC delegates began a visit to the National Penitentiary.

**Nicaragua**, Zona Franca prison in Managua, June 20: completing the current series of visits, delegates conducted the last of 620 interviews and medical staff gave 150 consultations.

**East Timor**, June 18 - 28: a new series of visits took place to those arrested in relation with events on the island, during which delegates visited 227 detainees in four places of detention.

**Chad**, N'Djamena, June 16 - 20 and 23: a series of visits was carried out at the Central Prison; prisoners to whom the ICRC has access numbered 548 at the end of June.

Southern Sudan: twice victim, this woman lost a leg and has now had to leave her home. (Keystone)

Nothing so difficult as a beginning

An ICRC emergency relief operation is now under way in southern Sudan, to help civilians affected by the conflict. Preliminary evaluations targeted three regions: Narus, in the south-eastern corner of the country near the border with Kenya; Boma, on the Ethiopian border, Juba and Wau, further to the west.

Originally only a gathering place because of its water-hole, the area called Narus is now a camp with groups of huts spread across an open plain: each cluster is a displaced village, under the authority of a tribal chief. These members of the semi-nomadic Toposa tribe have been caught in the crossfire, their villages destroyed, their crops burned, their livestock and food stolen. Thousands of them have fled south to relative security near the border, but they are now threatened by lack of food and bad sanitary conditions in the camp. Norwegian Church Aid workers, present in the region for the past ten years, have recently had to leave for reasons of security. They estimate that out of some 200,000 Toposas in the area, 50,000 are in need of assistance.

An ICRC sub-delegation was first set up in Lodwar in Kenya, about 350 kilometers from Narus. Emergency aid began in April with a general distribution to 3,000 people who had gathered there: 36 tons of corn, 9 tons of beans and 3,000 blankets were brought in from ICRC warehouses in Uganda; 4.5 tons of oil and 600 cooking pots from Kenya. (Continued, page 2)
WELLS FOR ERITREA by Eric Gasser

Last year, the population of Eritrea and other regions of Ethiopia was in critical condition under the combined effects of armed conflict and drought. Even if the ICRC must still give monthly assistance to more than 400,000 people in combat zones, rainfall followed relief operations on an unprecedented scale under humanitarian organizations, and brought about a certain improvement in some areas of the country.

However, the sanitation problem remains: malnutrition, a result of the famine, is often associated with diseases that are traced to lack of hygiene and of water. People in rural areas have too little water for drinking and washing, a situation that favors the spread of serious contagious diseases such as acute diarrhea or conditions of the skin, particularly among small children.

The ICRC is often the only humanitarian organization able to bring relief to remote rural areas of Ethiopia affected by armed conflict. Delegates working there must help to improve sanitary conditions if they do not wish to face the serious, sometimes fatal, consequences of the situation.

This purpose is being served by a project in Eritrea that began in September, 1985, with plans to dig wells suited to needs in different rural regions: 22 wells are currently under construction. New wells are being dug in villages with no water supply and measures taken to improve the sanitary protection of wells already in place. In many cases, existing wells have served simultaneously as watering-places for animals, as a source of water for human consumption and for personal hygiene. As a result, water containers used at wells easily came into contact with dirt and excrement, which inevitably led to the contamination of well water.

Accordingly, the most important measures taken to improve water quality are the following: — a hand pump is installed to prevent contamination of water by dirty containers; — the well is deepened, the opening at the top closed and the side walls lined to prevent infiltrations of contaminated water; — to keep animals away from the well, a low stone wall is built around it, with a watering trough on the outside, fed by the well itself.

standard type of hand pump is used so that a spare parts storeroom could be set up; if a pump breaks down, villagers must be able to open the well and continue to use it with buckets until the pump is repaired. Above all, when the work is completed, the responsibility for all wells will be transferred to the Ethiopian Red Cross — closely associated with the project from its inception — so that maintenance will be ensured for the future.

Long term efforts are also important in related projects, for there is no point in providing villagers with a source of water unless they are familiar with the basic rules of hygiene: efforts to provide drinking water would be undermined if dirty containers or cups continued to be used. To prevent this, an educational program is planned for the rural population, another project in which the Ethiopian Red Cross will play a vital role.

Thus, by using simple means and with the active participation of those who will use the wells daily, the ICRC hopes that it will be possible to substantially reduce the frequency of serious and often deadly contagious diseases in Eritrea.

In Keren, concrete rings are made locally to line the inside of wells.

How does one go about transforming a project like this into reality? One solution, of course, would be to import heavy drilling equipment and building materials and have sophisticated construction work done by a team of specialists. But Philippe Rey (one of the ICRC’s sanitary engineers, in charge of the Eritrea project) thinks it very important to involve the local population in the project as much as possible:

"The digging or improvement of wells is entirely in the hands of the villagers. I tell the men how to dig wells by hand and give them the necessary tools and equipment which are made in the area. In Keren, in northern Eritrea, a workshop has been set up to make concrete rings that will line the interior of the wells. The only thing we import is the hand pump, a simple and very solid model. Local workers are paid with food for their families. In this way, we can not only employ a large number of workers available on the spot, but also give the population a better understanding of sanitation and water problems. Villagers come to identify with ‘their’ well, so they are also willing and better able to carry out minor maintenance jobs."

Philippe Rey attaches great importance to long-term maintenance work. Preference is given to simple technical means and long-lasting materials. A

Runoff water is drawn outside the well to fill a trough for animals at Halhal II.
Six months into '86: Appeals

At a meeting on July 9 with some representatives of the permanent missions to the United Nations in Geneva, the ICRC presented an overview of its current operations as well as its priorities and outstanding requirements in terms of contributions in cash and kind. The situation of the Africa Appeal for 1986 is of particular concern.

It was recalled that the ICRC launched an appeal for a total of 178,166,000 Swiss francs in cash for its emergency operations in Africa. At the end of June, a total of Sw. Frs 83,807,000 had been transferred or pledged by donors. Given the current rate of expenditure, these contributions will cover the ICRC's humanitarian operations on the African continent only until the end of August.

The ICRC therefore strongly urged all donors to continue to support its humanitarian activities in Africa.

OAU resolution pledges support for the ICRC

During meetings held at the end of July in Addis Ababa, the Council of Ministers of the Organization of African Unity (OAU) unanimously adopted a resolution to support the International Committee of the Red Cross.

The ICRC is greatly encouraged by this resolution, seeing it as a statement of appreciation for the humanitarian organization's efforts to discharge the mandate conferred upon it by the international community. Just as important is the appeal that the OAU resolution makes to all its member States who have not yet ratified the Protocols Additional to the Geneva Conventions. They have been ratified by only 60 States in the world today, 23 of which are African.

Promoting self-sufficiency: seed programs

One of the preoccupations of developing countries and of humanitarian organizations trying to help them is to prevent creating dependency among those assisted. In regions where ICRC delegates work, where armed conflict disrupts people's lives, forcing them to leave their homes and abandon their fields, emergency food and medical aid is often of prime importance. But the ideal is still long term improvement and a return, as far as possible, to stability. This goal is served by providing farmers with seed and small agricultural tools where ever conditions are good enough for planting.

In El Salvador, relief delegates had wanted and planned for some time to distribute seed, fertilizer and insecticide. This spring, they were at last able to do so: 250 farmers in Perquin (North Morazan) and 250 more in Corinto (South Morazan) benefitted from this program, the first of its kind in El Salvador.

Based on this very successful pilot project and following a visit by the head of the ICRC’s Relief Division, it has just been decided to launch a large scale agricultural program to benefit Salvadoran farmers in 1987.

In Ethiopia in one month, the Belgian Air Force C130 transport plane airdropped 225 tons of wheat seed to Sekota in northern Wolro province. The Australian Hercules aircraft carried 165 tons of seed to distribution points further north, including Mekele and Axum in Tigray and Asmara in Eritrea.

The results of last year’s program in Angola have allowed relief coordinators to refine objectives and to launch a new seed program this year. Having conducted experiments and studied the types of seed available in the quantities required, ICRC agronomists chose several local varieties best suited to farming conditions on the Planalto. These were ordered from neighboring African countries in April. The first boatload of seed reached the Angolan coast in June, and the first airlift is scheduled for August, from Lusaka.

The ICRC hopes in the future to continue and to develop further programs such as these, in cooperation with local agronomists and adapted to local conditions.

Photo: planting after the rains in Ethiopia. (D. Gignoux)
New framework for the Philippines

During the past few months, the ICRC has been evaluating its operation in the Philippines, in order to present a revised budget and appeal for 1986. In the process, a new assistance schema has been defined and will now be put into practice in cooperation with the Philippine National Red Cross (PNRC).

To situate the assistance program in its context, it should be recalled that delegates in the Philippines are engaged in three major areas of activity:— visits to security detainees;— dissemination, widely known because of the special design and wide distribution of Red Cross Comics among schoolchildren;— the Joint Relief Operation, run by the ICRC and the PNRC, which provides assistance to civilians affected by the internal disturbances.

These disturbances, which have affected various regions of the island nation for many years, have caused sporadic shifts of population, particularly in rural areas: villagers move quickly when they sense danger, but generally return to their homes and fields as soon as they feel it is safe to do so. During these temporary escapes, however, they often find themselves with little food, inadequate housing, and difficulty maintaining healthy standards of hygiene. The island of Mindanao has been hardest hit, but outbreaks of violence have also occurred on other islands.

The delegation has been continuously monitoring and analyzing the nature and extent of needs as well as the situation (population and supplies); this process has led to the definition of five phases in the joint assistance program:

1. Information gathering
The PNRC is responsible for this phase, acting quickly to obtain information from its network of contacts in the provinces when security incidents occur and civilians are affected.

2. Evaluation of needs
Members of PNRC chapters visit villages or regions where people are said to be in need, accompanied by an ICRC delegate whenever possible.

3. General distributions
Three-week rations of rice and oil are distributed to those affected. Now that the ICRC has set up regional warehouses in Davao City and in three other localities on Mindanao (Zamboanga, Ozamiz and Cagayan de Oro), relief supplies are transported by ICRC trucks directly from these warehouses to distribution points.

4. Medical and nutritional surveys
While distributions are going on, “flying teams” (composed of delegates and medical staff selected from a group of 26 local nurse-nutritionists and three ICRC nurses, placed under the responsibility of the ICRC medical coordinator) evaluate the overall situation of those in need. They look at security and environmental conditions, carry out anthropometric surveys to estimate the rate of malnutrition among children and, through medical consultations and free "minute treatment", assess the population’s general state of health.

5. Establishment of a Red Cross Station
When it is deemed necessary, a Red Cross Station is set up in the affected area for a period of three months. The Station provides supplementary feeding for those who need it most (usually children, pregnant or lactating mothers and old people) and teaches elementary principles of public health. According to local needs, medical staff may also help solve sanitation problems and give basic medical care. Red Cross Stations serve a minimum of 30 families (about 150 people). During the first six months of this year, 123 Stations served just over 9,000 people.

This refined framework and the new procedures it entails have been put into practice on Mindanao. Elsewhere, in Luzon and in the Visayas, the Joint Relief Operation continues its program of evaluations and limited assistance (rice and oil). In May and June, for example, following security incidents in the province of Cagayan (Northern Luzon), 20 general distributions provided relief for 2,689 families (14,000 people).

A child benefits from a distribution by Red Cross Youth. (T. Gassmann)
Wau: “A city at the breaking point”

Iolanda Jon, an information delegate on mission in Southern Sudan, has just sent a first report, received in Geneva on August 27, describing the dramatic situation in the town of Wau. Here are a few excerpts:

“In Southern Sudan, Wau, where between 130,000 and 170,000 people are threatened by hunger and slow death, is a city at the end of its rope. Whereas, normally, this season brings heavy showers that flood the streets, the rains came late and lightly this year. The residents planned to survive for a few more weeks on the smaller harvests of September, but their hope has just about evaporated. 30,000-50,000 displaced people — fleeing armed conflict and hunger in the countryside — have come to swell the ranks of the 100,000-120,000 residents of Wau. Three camps have mushroomed on the edges of town, Agok, Zagallona and Majak, where the displaced have built their ‘toucouls’.

“During the past few weeks, severe malnutrition has spread to the resident population. The town is literally strangled, with all supply routes cut off and no means to bring in the food people need to survive. For several months it has been impossible to use the roads and railway line because of the fighting. So the only way in and out was by air, until the ICRC airlift had to be suspended for reasons of security. Now that planes are no longer arriving, some of the hungry, in despair, are leaving the city.

“In Wau, we have found that 59% of the children are malnourished, 18% of these severely. In some areas, such as Agok camp, even higher rates prevail: 33% severe malnutrition. And the adults’ state of health is no better. The food brought in by air has already been distributed. There are virtually no more stocks of food left in town; the children have started to gnaw at the small, dry ears of corn that will never come to maturity.

“Every day, parents of malnourished children come to the ICRC delegation with the distribution cards the delegates handed out. Every day, they must be told that the planes can’t fly, that the warehouses are empty, that we all hope with them that the airlift can soon begin again. They nod and leave reluctantly, in sorrow. The Red Cross is their only hope. They will come back tomorrow.”

Airlift suspended

On the evening of August 15, the ICRC had to suspend an airlift that had just begun to bring relief supplies to the town of Wau in Southern Sudan. Three flights got through on August 14 and 15; a C-130 transport plane carried 44 tons of maize from Entebbe in Uganda, which were later distributed to those most in need. Delegates in Wau reported by radio that these distributions began on August 19 at a center (run by the Episcopal Church of Sudan) for newly displaced and homeless people. On the 20th, 14 tons were distributed at Agok Camp to 4,900 displaced civilians and, on the 21st and 22nd, 13.2 tons were shared out among the displaced at two other camps in the region of Wau.

The airlift was suspended for reasons of security, but the ICRC hopes to obtain the guarantees required to resume relief flights as soon as possible. Six delegates, two nurses and a radio operator are currently in Wau.

The conflict in Southern Sudan affects three provinces: Bahr El Ghazal, Equatoria and Upper Nile. It is difficult to estimate the population of these vast, largely rural and sparsely populated regions, but the total is probably around seven million. The United Nations has spoken of two million people in need of assistance; in Wau itself, there are some 120,000 residents and 50,000 displaced people with a very limited food supply.

The situation in Upper Nile cannot yet be evaluated because of the state of insecurity in the province. But the ICRC relief operation is under way in the southernmost province of Equatoria. As reported last month, activities began first in Narus near the Kenyan border, and continue with monthly distributions of beans, sorghum and vegetable oil to 18,000 members of the Toposa tribe.

Evaluations were conducted in Boma on August 13 and 18: the survey team visited the area and the local hospital, to assess needs. The sub-delegation just across the border in Kenya includes three delegates, a doctor and a nurse. Local employees are also at work in the sub-delegation at Juba, but fighting in the region has so far prevented the return of delegates from Khartoum.

News in brief

Journalists from fifteen Latin American countries participated in a seminar organized by the ICRC and the Red Cross of Ecuador in Quito, August 19-21. Several regional press organizations were also represented. Part of a growing exchange of ideas and experiences among journalists “on hazardous professional missions”, the seminar focussed on international humanitarian law in relation to the media.
When the rains finally came to the Horn of Africa last year, it seemed that the worldwide effort to bring food to millions of starving people had paid off; farmers would plant the seed distributed to them and would soon be able to feed themselves again. But if the rain brought the hope of a normal life back to those who survived the famine, it also spawned another kind of life, the kind they call in Africa "the teeth of the wind". Millions of locust eggs lying dormant during the drought have hatched, and millions of locusts are now ravaging the crops that could have fed hungry people.

Locusts are, in fact, grasshoppers, solitary by nature. But when their numbers rise beyond a certain critical number per acre, a strange transformation takes place: they change in size, shape and habits, become gregarious, and gather in vast swarms. One swarm can number 40 million, with each insect consuming the equivalent of its own weight in grain or leaves daily. One million locusts eat as much in one day as 500 men; a swarm of 40 million will consume 80,000 tons of cereal every day.

Swarms have already invaded Mali, Burkina Faso, Mauritania, Tanzania, Senegal, Zaire, Chad, Sudan and northern Ethiopia, as well as Botswana, South Africa, southern Zimbabwe and Zambia.

The UN Food and Agriculture Organization (FAO) is leading the fight against this plague, with the technical knowledge, the means and qualified personnel required. The ICRC has offered all the logistic and administrative support it can give: ICRC planes will carry pesticides to regions inaccessible by other means, and delegates will try to negotiate the security guarantees needed if the operation is to reach into all areas.

The ICRC is particularly concerned because people who live in regions affected by conflict, already the victims of armed attack, mines, pillage, the destruction of their homes and crops, are likely to be among those hardest hit by the locust invasion, as well. There are many types of locust and their control is a complex problem, even for specialists; in general, however, the insects fly by day and tend to settle in the evening. So the most effective time to spray is at night. But the night hours are precisely the most dangerous in a conflict zone; armed forces will not normally allow anyone to be airborne after dark. The time needed to obtain their agreement is time that the locusts will use well.

It is hard not to feel defeated when the people the world worked so hard to save have planted the seed that the world worked so hard to distribute, and just when we all thought we’d reached our goal, Nature comes up with yet another catastrophe that threatens to destroy the fruit of all our efforts. 'Compassion fatigue' sets in, and people begin to think, "What’s the use? You can’t win."

One way to overcome these feelings of frustration and doom is to stop seeing the whole picture for a moment, to stop thinking in terms of numbers, stop looking at maps with vast gray areas marked "severely affected", to focus instead on the individual farmer and his family. Food brought to his village by truck helped him survive the famine; now he is surrounded by a cloud of insects and their rhythmic sound, as he, his wife, and their two remaining children pound with sticks and pots at hundreds of locusts swarming over the ground. The Red Cross Movement has always had its vocation to help the individual in need. This is no time to stop.

First seminar of its kind

The first seminar intended for the medical staff of governmental prisons in Uganda was organized by the ICRC and held from July 28 to August 2 at Lweza Centre in Kampala.

The seminar was given in collaboration with the Ministry of Local Government and the Ministry of Health. Dr. Desaulles, ICRC medical coordinator in Uganda, spoke of the importance of continuity and said, "there can be no continuity without close collaboration with local authorities. This is a first, but we hope that other courses will be organized on a regular basis."

Participants, 25 in all, included doctors, medical assistants, nurses, midwives and sanitary engineers, who came from all regions of the country to study the medical problems most frequently encountered inside prisons. The seminar emphasized the importance of good nutrition and sanitation, as well as the efficient organization of prison medical services. In addition, presentations were given by psychiatrists, psychologists, a criminologist, the Danish Red Cross (on their "Uganda essential drugs programme") and by ICRC prison-visiting, dissemination and Central Tracing Agency delegates.

Interviews without witnesses are an essential part of all ICRC prison visits: here, in El Salvador. (T. Gassmann)

Prison visits

From July 13 to August 8, two delegates and a doctor visited 3,500 detainees, 67 of whom were being held for reasons of security, in the detention centers of seven towns in the Yemen Arab Republic (North Yemen), including the capital, Sana’a.

Delegates recently completed a series of visits in the Philippines, seeing 9 prisoners at Camp Sampaguita on July 16, 29 at New Bilibid prison on July 18 and 21, and 8 at Camp Bukang Liwayway on July 23, all part of Muntinlupa Penitentiary. Finally, on July 29, 9 prisoners were visited at Fort Bonifacio.

A series of visits was conducted to prisons and police stations in northern Uganda in July and on the first of August. Twelve places of detention were visited; detainees seen included 15 held for reasons of security.

Three delegates and a doctor travelled to Burundi from July 8 to 31 to visit four detention centers. The last series of visits in this country were conducted in 1982.

A follow-up visit was carried out on July 19 to the Central Prison of N’Djamena in Chad, in order to bring assistance and medical care to those prisoners seen in June.
Twenty-Fifth International Conference of the Red Cross: eleven texts published for the press and the general public

The ICRC has just published a series of eleven booklets in order to familiarize the press and general public with different subjects on the agenda of the Twenty-Fifth International Conference of the Red Cross. Illustrated and presented in pamphlet form of standard page-sized (A4) format, the texts are four to twenty pages long according to subject and wrapped in glazed folders bearing the Conference logo. These publications — which can be ordered separately from the ICRC’s Department of Information — have no official character, and their content can be freely reproduced. Following the original French version, the booklets are now available in English, Spanish, German and Arabic.

A quick résumé of what you will find in these eleven texts:

FOR MORE THAN A HUNDRED YEARS, ACTION AND THOUGHT HAVE GONE HAND IN HAND

A historical overview of the evolution of the Red Cross and Red Crescent Movement and of its International Conferences, with a brief presentation of the principal organs and composition of the International Red Cross (8 pages).

A LOOK AT THE PAST, FOR A BETTER PREPARATION OF THE FUTURE

Faced with the evolution of conflicts and the upsurge of violence in the world, the ICRC launched a campaign of “humanitarian mobilization” to marshal support for the Movement and its principles from the whole international community, shortly after the Twenty-Fourth International Conference of the Red Cross, held in Manila in 1981 (4 pages).

WHAT THE INTERNATIONAL CONFERENCE OF THE RED CROSS IS ALL ABOUT

A brief presentation of the principal themes on the agenda of the Twenty-Fifth International Conference of 1986, with a review of the highlights of previous Conferences (4 pages).

TORTURE, THE CANCER OF HUMANITY

An explanation of Red Cross — and, in particular, ICRC — doctrine, ways and means in the fight against torture, a practice strictly forbidden under international law, and yet widespread throughout the world today (4 pages).

DISSEMINATING INTERNATIONAL HUMANITARIAN LAW: MORE IMPORTANT TODAY THAN EVER

A review of the vast efforts undertaken during the past ten years by the ICRC, with the support of the League and of National Societies, to spread knowledge of fundamental humanitarian principles and rules of conduct in all circles: governmental, armed forces, students and youth movements, the general public (8 pages).

THE RED CROSS AND ASSISTANCE IN EMERGENCY SITUATIONS: COORDINATION IS A MUST

A presentation of basic principles, procedures, and logistical means used by the Red Cross and Red Crescent Movement in its nutritional and medical assistance operations, adapted to all situations of emergency, armed conflict or natural disaster (8 pages).

THE RED CROSS AND REFUGEES

A historical survey of Red Cross action in favor of refugees, and a description of the Movement’s specific role and its relations with specialized organizations. (20 pages).

RESPECT FOR INTERNATIONAL HUMANITARIAN LAW AND ICRC ACTIVITIES FROM 1981 TO 1985

An overview of five years of protection and assistance in situations of armed conflict and internal troubles in the world, all in favor of victims protected by International Humanitarian Law (12 pages).

A KEY THEME OF THE TWENTY-FIFTH INTERNATIONAL CONFERENCE OF THE RED CROSS: THE PROTOCOLS ADDITIONAL TO THE GENEVA CONVENTIONS

The work of the Diplomatic Conference of 1974-77 is recalled, work that brought about the adoption of the two Protocols Additional to the Geneva Conventions, and a brief description is given of the content of these two Protocols (4 pages).

PROTECTION OF MEDICAL TRANSPORT IN ARMED CONFLICTS: A MAJOR CHALLENGE IN THE AGE OF ELECTRONICS

A presentation of ongoing legal deliberations intended to adapt the means of protection of medical transport (hospital ships, aircraft and so on) used in times of armed conflict to technological advances in the fields of communication and signals (8 pages).

THE REVISION OF THE STATUTES OF THE INTERNATIONAL RED CROSS: A LONG-TERM UNDER-TAKING

The legal foundations of the Movement of the Red Cross and Red Crescent have remained unchanged for 34 years: work undertaken to modernize these texts and bring them into line with one another has been successfully concluded. The new Statutes faithfully reflect the role, composition and structure of the Movement (4 pages).

Shift to the south

Medical and surgical teams at the ICRC hospital in Quetta were particularly busy in July, as the hospital recorded the highest number of admissions since May, 1984. Quetta, serving the southern section of the border between Pakistan and Afghanistan, is smaller and more recently established than the facility at Peshawar, to the north.

Both hospitals’ statistics show a significant increase in workload from June to July, 1986. At Peshawar, however, all figures were down from last year at the same time: admissions, 176 (compared with 199 in 1985); outpatients treated, 632 (962 in ’85); surgical operations, 316 (478 last year). For Quetta, the opposite is true. Total admissions were comparable to last year’s 8278, but outpatients treated totalled 621 (up from 454 last July) and surgical operations, 167 (139 in ’85).

This shift to the south is even more dramatic in the work of almost all the Pakistan Red Crescent’s First Aid Mobile (FAM) teams. The FAM teams of Chaman and Badini treated 517 people locally and evacuated 75 to the hospital at Quetta — in July last year, only 212 were treated on site and 33 evacuated. By comparison, the northern FAM posts of Miramshah and Parachinar that serve the hospital at Peshawar treated only 10 locally and evacuated 24, down substantially from 1985’s highs of 127 and 111.
Nowhere to run, nowhere to hide: the plight of the airborne refugee

A recent monthly report by the ICRC’s Central Tracing Agency delegates in Thailand listed travel documents emitted to the following 18 people: two Vietnamese and one Laotian going to Sweden; four Afghans, to Canada; two Vietnamese and one Laotian going to Sweden; five Khmers, to Austria; five Iranians, to Denmark; one Afghani, to Norway... through exemplary cases already in the public domain.

In an article entitled “The Coming of the Fourth World”, published in The Spectator (12 July 1986), William Shawcross narrates the story of 19 Cambodians who wanted to join their relatives in Paris. A travel agency smuggled the group out from under the blue plastic sheeting of their camp on the Thai border, gave them fake Singapore passports and put them on a regularly scheduled flight through London to Munich.

“Alas,” Shawcross writes, “the German immigration officials decided that they might not be Singaporean businessmen. With their old clothes, their bundles and their wide eyes, they looked strangely like Cambodian refugees who wanted to join their relatives in Paris. A travel agency smuggled the group out from under the blue plastic sheeting of their camp on the Thai border, gave them fake Singapore passports and put them on a regularly scheduled flight through London to Munich.

“Back on the jumbo to Kuala Lumpur. By now, after about 50 hours in the air or airports, the Cambodians had become what is known in the refugee trade as ‘orbit cases’. The next four days they spent in detention cells at the airport (…until) the Malaysians pushed them all back onto another British Airways flight bound for Bangkok and London…”

In the wrong place at the wrong time

It was the airline captain who intervened to save them, and eventually their story ended happily. But most of the refugees currently ‘in orbit’ or caught wherever they were trying to hide will end up in prison. Some of the cases would seem comic if one could avoid seeing the human suffering underneath. Shawcross describes how, “on one occasion, Britain sent one young Iranian back to Pakistan, whence he had come, under the escort of two British policemen. The Pakistanis put the Iranian on the next plane back to London and arrested the policemen.”

It is a sad fact that those with money and sense will usually find their own way out of the maze. The ones ICRC delegates see are those who are both embittered and not enough sense, those who are stranded in jail for years, surrounded by walls thicker than concrete, bars or barbed wire fences: administrative walls that turn them into a new category of victim, the misplaced person.

An ICRC delegate found one not so long ago, a Somali was accused of no crime except overstaying his welcome and who had wanted to leave since he arrived, to join members of his family in Italy. However, knowing no one and not even having the money to be allowed to make a phone call, he had been in prison for six years. An ICRC delegate intervened on his behalf and his case was resolved, but he is far from being the only one in this administrative limbo.

In some of these cases, delegates find themselves in a strange and terribly frustrating position, on one side of the prison warden who would like nothing more than to free these non-criminal illegals who are overcrowding his cells, but up against a series of government officials from different countries, none of whom will agree “to take just one illegal prisoner for resettlement” and the delegates do something, anything, “to get these people out of here”, but to obtain the right piece of paper is often the most difficult task of all.

Representatives meeting in Geneva next month for the Twenty-Fifth International Conference of the Red Cross will be discussing the immense refugee problem. It is telling that, of the 11 texts prepared by the ICRC to present the major themes of the Conference to the press and general public, by far the longest and most complex is entitled “Asylum and Refugees.

Refugees are indeed a “Fourth World” today, a world full of gray areas where definitions are difficult and governments are overwhelmed by sheer numbers. But governments and humanitarian organizations must work together to find far-reaching solutions. The problem has deeply complicated propor- tions that it can no longer be solved individual by individual, case by case.

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.
How much longer?

Geneva, September 24: for well over a month, the ICRC has not been able to help hundreds of thousands of people in desperate need, victims of the conflict in Southern Sudan. Having tried again and again to obtain the security guarantees it must have, the ICRC finally made a public appeal on September 19, releasing a press communiqué that expressed “its extreme concern for civilians affected by military operations in Southern Sudan,” in the following terms:

“The rules and the spirit of international humanitarian law — and in particular the fundamental principle of Humanity — require the belligerents to spare non-combatants and to do everything in their power to ensure that civilians receive what is necessary for survival. The ICRC therefore makes a solemn appeal to the Parties concerned to provide it with all the security guarantees and facilities required for the accomplishment of its mission on behalf of the victims of the conflict.

“Since 15 August, the day that the airlift organized by the ICRC for the besieged town of Wau was interrupted, the Sudanese People’s Liberation Army (SPLA) has, in particular, been approached many times, to enable the ICRC to resume its relief operation in the town of Wau, in other localities and in rural areas. So far, all these efforts have been in vain.”

The communiqué also speaks of the nine delegates who have remained in Wau, where “they witness every day the urgent needs of the population.” The ICRC reaffirms its determination to reach an agreement that will allow it to bring protection and assistance to all the victims of the conflict, wherever they may be found, and hopes that this appeal will finally be heard.

Medicines and expertise needed

An accidental fire in a Beirut neighborhood on August 26 left 14 dead and 49 wounded: some of those transported to hospitals (among them, a Lebanese Red Cross worker) were suffering from severe burns, and the ICRC was called upon for help.

Delegates immediately distributed required medicines they had in stock and ordered an emergency shipment from Geneva. Two of the most important medicines included in this shipment were flammazine, a specific product applied to burns to isolate the damaged tissues and prevent infection, and human albumin, given to burn victims to replace proteins lost along with liquid from the affected skin.

A former ICRC medical coordinator and specialist in the treatment of severe burns left Geneva on September 5th and spent three days in Lebanon to evaluate whether further assistance was required, as well as to visit patients and discuss their treatment and prognosis. He judged that the aid provided had been necessary and sufficient.
Hunger and despair

The nine ICRC delegates in Wau in Southern Sudan are, like the town itself, cut off from the rest of the world. With the team, Thierry Gassmann, staff photographer, covered the beginning of the operation and the airlift on August 14, but he and the series of images he could offer — a first-hand look at events — have so far been unable to leave the besieged town.

The small group of delegates can communicate only with ICRC headquarters in Geneva, and only by radio. The following eyewitness report was transmitted by one of them, Iolanda Jon.

It is 7 p.m. and night has fallen. In a disused building, two figures silhouetted against the light of an oil lamp are holding a sack and ticking off names on a piece of paper. Other figures, men, women and children are lying on the floor, with a few scraps of cloth for bedding.

The scene is Wau in Southern Sudan, one month after the suspension of the airlift organized by the ICRC to get food supplies to the starving, drought-stricken population isolated by the conflict. The building is the Catholic mission school which the Bishop of Wau closed at the end of August after it had become impossible to feed the pupils. The people who have found shelter there lie on the ground, waiting silently. For months now, the mission has been taking in people who have fled the conflict, some of them walking hundreds of kilometres to Wau. They have joined people from outlying suburbs of the city, whose houses and possessions have been destroyed during the fighting.

The two standing figures are members of the Wau Relief Organization. From their sack they take tiny loaves of bread, each made from 80 grams of flour and containing 80 calories. Checking against their list, they give one loaf per child to each family. This is the daily ration for the 1,000 or so people at the mission. If there is something left after bread has been distributed to those on the list, it is given to children from the city who crowd in front of the Bishop’s house every evening in the hope of getting something to eat.

The distribution takes place quite late to prevent other people, who are less badly off but nevertheless hungry, from trying to pounce on the bread. This actually did happen on September 9, when a riot broke out in front of the main bakery because yet again there was not enough flour to go around. The once noisy and bustling street is now deserted: to avoid violence, bread is no longer sold. The Bishop therefore has 500 loaves made daily in an improvised bakery and distributed at nightfall, in the spectral calm and silence behind the high mission walls.

The people who have sought refuge at the mission and the other starving inhabitants of Wau make pathetic attempts to stave off their hunger. During the day, they wander through the city looking for pumpkin leaves and cassava (manioc). But, apart from some vitamins, they have no nutritional value.

The noose is tightening. The famine, which started in the camps for displaced persons, has now overtaken the outlying areas of Wau, where the parched crops are long dead, and threatens the city center. But it takes time for a city to succumb completely. While distress creeps slowly and surreptitiously into some parts of the city, it rages through others. The famine often kills silently, unspectacularly, and above all slowly. “The really horrible thing is that these people have the time literally to watch themselves die”, says Stephane Jaquemet, head of ICRC operations in Southern Sudan. Indeed, if the relief program cannot be resumed very soon, the entire city and its surrounding area will die such a death.

The Agok camp for displaced persons, situated on the city’s outskirts, is a form of such long-drawn-out agony. One in three children was already suffering from severe malnutrition at the beginning of August, according to surveys conducted by ICRC nurses. Large crowds used to gather around the delegations’ vehicle, but recently, only a few people come to ask whether there is any sign of hope and to announce the deaths from starvation of both children and adults. Like those living at the Catholic mission, most of the camp’s 5,000 residents leave at dawn for the city to look for pumpkin leaves and cassava. A small boy with stick-like arms devours some peanuts, not even spitting out the shell. Afterwards he is still hungry. The next stage for very young children is that of marasmus, in which they are so weakened that they have to be force-fed. The two nurses in the ICRC team have noticed a sharp rise in the number of children who have reached this stage, especially among the displaced. Children with malnutrition are easy targets for disease. Children from the worst-off families have malaria and, of course, diarrhea. “I come to see them (the people at the mission) every day”, said one of the Indian nurses at the Health Training Institute in Wau. “What can we do? Medicines are of no use to them. What they need is food.”

The meager harvest of peanuts and sorghum will sustain those possessing fields until the end of October. After that, there will be absolutely nothing left.

One month ago, the capital of Bahr-el-Ghazal had 130,000 to 170,000 residents, including the displaced civilians. According to reliable sources, some 20,000 have left since the ICRC airlift was interrupted. Others continue to arrive in the city, but they are less numerous than those leaving.

We have heard of many displaced people who still, they hope, have livestock in their home villages. They order to send their children back there, despite the unsafe conditions, rather than watch them slowly starve. But those who are now living in the camps around Wau (Agok, Majak and Zagallona) have lost everything they left behind. When ICRC delegates and representatives of relief organizations came to announce that there was no more food, the people here all expressed their desire to remain. One of the leaders in the Agok camp said that they had no hope elsewhere, so they preferred to die where they were. That would be their message to the rest of the world.

On the Kenyan border

Narus is the one place that ICRC delegates have been able to work inside Southern Sudan. In April, when the operation began in Narus, the camp was a simple cluster of villages where 3,000 displaced Toposas had taken refuge from the fighting. There are now 30,000 people here, to whom delegates distribute half-rations consisting of 6 kilos of sorghum, 1.5 kilos of beans and 750 grams of butteroil. In addition, an intensive feeding program has been established for 600 malnourished children, who receive four calorie-enriched meals a day.

In Kenya, program coordination and administration are handled by a staff of four plus a radio operator in Nairobi, a good 800 kilometers from the border. Goods and people travel 600 km. north-northeast to Lodwar, where a warehouse manager, a mechanic and an administrator handle logistics. Some 200 km. further, based in Lokichokio (still on Kenyan soil but very near the border), the team currently at work includes three delegates, two nurses, a French Red Cross doctor and a nutritionist.

To maintain the fluid body of man

An ICRC hydrologist also spent several days in the region at the beginning of September. He found the main source of water for the Narus camp unprotected,
Monitoring continues in Angola. (Y. Müller)

Angola: change of pace

This season’s Angolan seed program began on September 15 with the first shipment loaded onto a Hercules C-130 transport plane and flown up from the coast. From Huambo, the seed will be parcelled out and carried to the surrounding municipios by Twin Otter aircraft. Seed going to Ganda and Cubal, not too far from the ocean, will be transported by train, along with part of the shipment to be transferred from Huambo to Kuito. The entire program is scheduled for completion by the end of October, just before beginning of the rainy season, planting time.

On September 3, delegates returned to Bailundo for the first time in several months and met with local authorities. The same day, a team visited two of the municipios of Uige, in the north.

There has been little news from Angola recently because the months of June, July and August are a period of reduced activity on the Planalto. Already last year during this ‘down time’, the delegation passed from action to reflection: analyzing the previous year’s results, redefining working methods, conducting evaluations in provinces where the ICRC had not worked before. This year, delegates put these slow-down months to good use again, evaluating the ’85-’86 operation and discussing current trends in order to define new objectives and plan how best to adapt next season’s activities to changing needs.

It was noted, in particular, that the seed program has given good results, contributing to a general improvement in agriculture on the central plateau. A change in conditions of security in certain areas has brought about a reduction in the number of newly displaced civilians; local authorities and other humanitarian organizations may take over certain programs that the ICRC had alone been able to carry out last year. As a result, the delegation has decided to reduce the scope of its activities along with its staff.

The goal remains the same: to monitor the rate of malnutrition among groups of displaced civilians, so as to act quickly and prevent rates from rising beyond critical levels, particularly during the bad season, from January to April. But methods have now been streamlined. Two survey teams, each composed of two nurses and one delegate, will conduct regular evaluations at varying intervals: once a month in some municipios, once every six to eight weeks in others, according to perceived need. The distribution team (one delegate and two nurses, along with local employees) will then follow with relief supplies whenever and wherever required. The supply shuttle from the coast will be carried out with only one Hercules C-130 aircraft during limited periods. Warehouses will be stocked in Huambo as in previous years, with two Twin Otters fanning out to distribution points.

The borehole clogged, but he was quickly able to clean up and protect the source, which will now provide water sufficient to cover the needs of the camp population.

After evaluating conditions in the region to the north of Narus, he determined which locations could provide new sources of water, and launched a small-scale program to dig new wells using local techniques and supplies available in the area. These sources will serve not only the people but their animals as well, a very important point for the future of a nomadic, cattle-herding tribe.

Into the final stretch: the Conference about to open in Geneva

Hotels, transport, parking permits, the translation and printing of working documents, schedules and brochures, the secretariat, liaison and press services, the welcome desk, name tags, excursions, receptions, protocol... imagine what it must be like to organize all the details of a conference when the list of States, National Societies, institutions and groups invited covers three pages in columns of tiny tight print.

The Swiss Red Cross is the official host of the Twenty-Fifth International Conference of the Red Cross; its President, Kurt Bolliger, has addressed a message of welcome to all the delegates coming soon to Geneva. With a lot of work and a little luck, everything should be ready at the International Conference Centre when delegates begin arriving for preparatory meetings and working groups on October 14. The meetings of the League (Oct. 17-20) and the Council of Delegates (Oct. 21) are also scheduled during the week leading up to the opening of the Conference itself.

On Thursday, October 23, at three o’clock in the afternoon Geneva time, it begins: opening addresses will be followed by the first plenary meeting on that day. The Commissions will meet Oct. 24-25 and 27-28. Commission I will treat topics related to International Humanitarian Law: torture, tracing and family reunion, the identification of medical transport, dissemination and disarmament, to name a few. Themes on the agenda of Commission II include the revision of the Statutes of the International Red Cross, financing, the development of National Societies, the ICRC and refugees, joint ICRC-League policies in emergency situations. Both Commissions will also follow up many of the resolutions of the Twenty-Fourth Conference, held in Manila in 1981. Next month’s ICRC Bulletin will present a complete report.

The ICRC Bulletin is published in four languages on the first Wednesday of each month by the Press Division of the ICRC.

17 Avenue de la Paix
1202 Geneva
Tel. 34 60 01 - Telex 22269

The texts of the Bulletin have no official character and may be freely reproduced.
Anxious for news

"Family news of a strictly personal nature", printed at the top of a piece of paper with 12 dotted lines under the words "Message" and "Reply": this is the only way prisoners of war interned in Iran and Iraq can communicate with their families. The value of this paper is inestimable. What is more important to a husband in a POW camp than to hear from his wife, or for a mother than to know that her son is still healthy and thinking of her? ICRC delegates know how essential this communication is; when they come into a camp, it's always "mail first".

July '86 was a good month: 174,741 people scattered throughout Iran and Iraq heard from members of their family through the Red Cross message service. Every week, regular as clockwork, the messages crisscross through Geneva, an average of 100,000-150,000 every month, which means an exchange of one or two messages a month between each prisoner of war and his family.

For the two years that ICRC protection visits have been suspended in Iran, the message service has continued to function. Agency delegates in Tehran provided Iranian authorities with a regular supply of blank message forms. Messages are passed from the Iraqi POWs through the censor and then brought to the ICRC Tracing Agency office in Tehran. The large bags are sent to the Central Tracing Agency (CTA) in Geneva, as there is no way to send them directly between the two warring nations.

The mailbags from Tehran always arrive on Monday, are checked against the ledger to make sure all have arrived, and are sent to Baghdad on Wednesday morning, where they are handed over to Iraqi authorities who distribute them to the families.

The system works similarly for Iranian POWs interned in Iraq: ICRC delegates, during their regular visits to the camps, distribute messages received from families in Iran, hand blank forms to each prisoner and, at the end of the visit, collect messages written. These are submitted to the Iranian censors, and these mailbags, too, transit through Geneva. All messages travel on regularly scheduled flights (Swissair provides this transport as a donation to the ICRC).

Messages from Baghdad arrive on Thursday morning and leave for Tehran on Friday; upon arrival, they are handed over to the Iranian Red Crescent, responsible for distribution and collection to and from Iranian families.

The CTA handles special cases in Iran and Iraq for prisoners of war and Civilians in Need. It also handles special cases in other countries, such as the Western Sahara and the Middle East. The CTA also handles cases in which the Red Cross is not involved, such as those involving the Red Crescent. The CTA has handled more than one million cases since its inception in 1920.

The CTA is located in Geneva, Switzerland, and is a member of the International Red Cross and Red Crescent Movement. It is responsible for the distribution and collection of messages, as well as the provision of medical assistance and supplies to prisoners of war and civilians in need.

In the round: war surgery

Five of the most renowned experts in the field of war surgery in the world today were invited to meet along with members of the ICRC Medical Division in Geneva from September 11-14. Their Round Table discussion focused on defining the concept and detailing an outline, chapter by chapter, for the planned ICRC war surgery manual.

From Britain, Brigadier Owen Smith; from Sweden, Rear Admiral B. Zetterstroem; Dr. J. Salmela from the Finnish Red Cross; Dr. S. Kroman Jensen from the Danish Red Cross, and, from Australia, Dr. F. Stening: these experts approved ICRC positions and policy in the areas under consideration, agreed to write individual chapters and to meet again in July, 1987, when the project will be put into final form.

Once completed, the manual will no doubt become one of the cornerstones of the medical training program organized by the ICRC and National Societies for doctors and surgeons going into the field.

Red Cross Comics are designed in collaboration with local artists and carefully adapted to local tastes, styles and customs. Above, Rey Samson, the artist who helped create the comic book series used in the Philippines. (T. Gassmann)

Drawing to an end

This year's Red Cross Comics program has been completed in the Philippines. Every other day on average for seven weeks, a seminar was conducted in a different province, 24 in all, to present the Comics to nearly 2,000 official representatives of the Ministry of Education, Culture and Sports.

The ultimate goal of this operation is to teach Red Cross principles and practices to some 350,000 pupils and, through them, to their families and to those involved in the conflict who cannot be reached by any other means. One copy of the comic book was provided for each child, a total of 175,000 copies in English and 175,000 in Filipino.

Two new members

Two National Societies were recently officially recognized: the Red Cross of Guinea-Bissau and the Red Crescent of the United Arab Emirates. On August 27, these two Societies became members of the International Red Cross under the conditions approved by the Seventeenth International Red Cross Conference in 1948, bringing the total number of National Societies of the Red Cross and Red Crescent to 139.
**Decision and debate:**

The Conference in Geneva

During the last week in October, nearly 1,000 people gathered in the vast chambers, lobbies and halls of the International Conference Centre in Geneva for the Twenty-fifth International Conference, the 'parliament' and supreme decision-making body of the entire Red Cross and Red Crescent Movement.

Official delegates included those from recognized National Societies, from their federation, the League, from the States that are Parties to the Geneva Conventions and from the ICRC; they were joined by hundreds of observers and by the international media, which gave the event wide and detailed coverage.

In this issue, the ICRC Bulletin presents a special four-page section on the gathering, including: Conference highlights, day by day; a summary of ICRC President Alexandre Hay's report on the organization's activities and preoccupations throughout the world; an overview of the resolutions adopted by the Conference, and an editorial stating the ICRC's position on the vote which led to the suspension of the South African government delegation.

---

**ICRC out of South Africa**

The ICRC delegation must leave South Africa by November 30, following a demand by the authorities that was made in retaliation for the decision taken by the XXVth International Conference to suspend the South African government delegation.

ICRC activities in South Africa included visits to some 300 sentenced prisoners, support for the work of the National Society — in particular, the Community Organizers program — and aid given to over 20,000 Mozambican refugees in the eastern part of the country.

The ICRC deeply regrets this decision and will make every effort to resume its humanitarian work in South Africa.

---

**News in brief**

During the second week of October, the ICRC enabled 78 people (including five unaccompanied children) to return to their villages and join members of their families in the region known as "the triangle of Luwero" in Uganda.

These people had been compelled to leave their homes in 1983 and had spent the intervening years near the border with Zaire.
The Ethiopian recovery: a (cautious) change in approach

The focus of world attention, as reflected in the media, shifted away from Ethiopia some time ago, when the massive relief effort and the rains swept the most dramatic scenes of starvation into the past. Success in the form of measurable improvement has brought great satisfaction to all those who contributed to the programs that saved millions of lives. But those who stayed behind and are still working in the country are cautiously optimistic. Yes, they say, food, seed and rainfall have provided the cure, but a country as seriously ill as Ethiopia was last year cannot be expected to stand alone again so quickly. Recovery requires a period of convalescence.

As the deputy head of the ICRC delegation in Ethiopia pointed out halfway through October: "The famine emergency may be over, but we must not forget that much of the population — particularly in the north — is still at risk. Their situation is satisfactory but precarious. Any problems with this year's harvest could mean that assistance would be urgently needed again."

The harvests that came as a such a welcome relief (one year ago this month) did not provide enough to carry everyone through to this year's harvest. Distributions filled the gap: "We had estimated that we would need to distribute about 6,000 tons a month during the three-month juncture: August, September, October this year."

As the deputy head of the ICRC delegation pointed out, the Ethiopian Red Cross/ICRC Joint Relief Program provided 5,643 tons of food to 391,807 people. Needs were greatest in the Sekota region of Wollo, where monthly rations were still being distributed to 70,000 people.

As a part of this shift in approach, the water and sanitation teams are developing and extending their program: 22 water projects are under way or have already been completed in Eritrea. Joint Ethiopian Red Cross/ICRC sanitation teams travelled to five remote villages in the Adigrat-Axum region of Tigray in September to assess needs, and they drew up a plan to begin work in October.

Other programs have brought very satisfying results, as well. Since the beginning of the year in Wollo, for example, ICRC delegates working together with Save the Children Fund (UK) have enabled 982 lost children to find their families again.

Harvest time for now

Harvesting of certain crops in certain regions began during the month of October; other crops and other regions will follow as the harvest period stretches into January. An ICRC agronomist began evaluating this year's yield in Eritrea and Tigray in September.

"Prospects for the harvest are good this year," the deputy head of delegation says. "The rains were sufficient in most parts of Ethiopia, with the exception of a few pockets here and there that we will have to monitor closely. But the locusts that are now ravaging other parts of Africa could become a real danger. The situation is not critical yet. We all hope that some of the harvesting will have been completed before the locusts reach these regions. And of course we are ready to bring relief in again, if needed."

And if all goes well, what are the delegation's objectives for 1987? "Even though there are no more feeding cen-

The Ethiopian recovery: a (cautious) change in approach

In October, the ICRC recognized the Red Cross Societies of Angola, of Guinea (Conakry); of Saint Lucia, of Suriname and the Red Crescent Society of Djibouti.

This recognition brought to 144 the number of National Societies which are members of the International Red Cross. All five Societies were recognized in time to be invited to send a delegation to the Conference.
**ICRC Bulletin Special Section:**

**Trials and Travails**

**The International Conference**

In October, for the first time since 1925, the International Conference of the Red Cross met in Geneva. The city of Henry Dunant and therefore the cradle of the Red Cross Movement, Geneva is also the European seat of the United Nations: the fact that the XXVth Conference was held in this city no doubt influenced the course of its events and their outcome.

If this Conference will be remembered for the tension, drama and highly political nature of its opening days, the vote to suspend the South African government delegation paradoxically seemed to have a positive effect on the substantive work that followed. But it is too early to assess the results of a week filled with intense debate and decisions taken, a week just ended as the ICRC Bulletin goes to press. These four pages mean only to present an overview, a taste of what was the XXVth International Conference in Geneva.

**The International Conference is made up of delegations from:**

- the States that are Parties to the Geneva Conventions (current total: 165);
- the National Societies of the Red Cross and Red Crescent (currently 144);
- their federation, the League of Red Cross and Red Crescent Societies;
- the International Committee of the Red Cross (ICRC).

When the Conference is called upon to vote, each of these delegations casts a single ballot.

The President of the ICRC, Mr. Alexandre Hay. (B. Plantier)

**Resolutions adopted: 16 + 16**

During its closing Plenary Meeting on October 31, the XXXVth International Conference of the Red Cross adopted 32 resolutions: half had been drafted for and discussed during meetings of Commission I, the other half resulted from the work accomplished by Commission II.

Five resolutions were directly related to the major topic on the agenda of Commission I: **respect for international humanitarian law** (IHL). One of these resolutions specifically dealt with ICRC action in favor of persons protected by the Geneva Conventions and one with national measures to implement IHL; another detailed further work on the IHL of sea and land warfare, and two were intended to increase the protection of children and of civilians in armed conflicts.

The work of Commission I also led to resolutions on the Protocols Additional to the Geneva Conventions, on the identification of medical transport, on dissemination of IHL and of Red Cross ideals and principles in the service of peace and on international courses on law applicable in armed conflicts. Three more resolutions stated the Conference’s position condemning torture and encouraging assistance to victims of torture.

Concerning the other major subject treated by Commission I, **tracing and family reunion**, four resolutions were adopted: on obtaining and transmitting personal data as a means of protection and of preventing disappearances, on national information bureaux, on cooperation between governments and National Societies in the reunion of dispersed families, and on the role of the Central Tracing Agency and of National Societies in tracing activities and the reuniting of families.

In addition to adopting the revised **Statutes** of what will now be named the International Red Cross and Red Crescent Movement, the work of Commission II brought about the adoption of four resolutions on **financing**, one on the Movement’s role in relation to **refugees**, and five resolutions defining ICRC/League policies in emergency situations: nutrition and food aid, medical supplies, assistance specifically intended for children and relief operations, including the principles and rules governing Red Cross disaster relief. Two of the remaining resolutions adopted focused on the **development of National Societies**, as a contribution to national development and as a factor for peace, and another on the voluntary nature of the Red Cross and Red Crescent in the world today. Additional resolutions were adopted to benefit the **disabled** and to fight against the **abuse of drugs and tobacco**.
October 14-20: The League

Delegates began arriving in Geneva for preliminary meetings, working groups and contacts during this week, and the League’s General Assembly was in session from Saturday, October 18 to Monday, October 20.

Wednesday, October 22: the Council of Delegates

It is customary for the Council of Delegates to meet before the opening of each International Conference to discuss matters of procedure. Nominations were announced: H.E. Mr. Alioune Sene, Ambassador of Senegal, was proposed as Chairman of Commission I; Dr. Mario Enrique Villaroel Lander, President of the Venezuelan Red Cross and Vice-President of the League, was nominated to chair Commission II.

Dr. Mario Enrique Villaroel Lander, Chairman of Commission II.

Thursday, October 23: Opening Ceremonies and first Plenary Meeting

Mr. Kurt Bolliger, President of the Swiss Red Cross, the host Society — and thereby Chairman of the Conference — welcomed the delegates. Opening ceremonies included a formal reading of the seven Fundamental Principles of the Movement, allocations and a showing of the film “United for Humanity”, specially prepared for the Conference.

At the start of the first Plenary Meeting, a point of order was raised by the delegation of Kenya on behalf of the African group, requesting the suspension of the South African governmental delegation from the Conference. The lengthy debate which ensued lasted almost until midnight.

Friday, October 24: the South African question

The President of the Conference met throughout the morning with various groups to discuss how the Conference should proceed on this matter; when the Plenary Meeting resumed just after noon, the delegation of Kenya requested that its motion be put to the vote. Debate flared over the voting procedure, considered by many to be an important factor in determining the outcome: a roll call vote had been requested first, then a secret ballot had been called for. Some delegates argued that it is the general practice in international forums to give precedence to a request for a secret ballot vote; others considered that the Assembly should vote on whether the vote should be secret or by roll call. The Meeting was again adjourned so that the President could search for an understanding on procedures. In the afternoon, an anonymous phone call announcing that a bomb had been placed in the building forced the evacuation of the Conference Centre; when the Security Services authorized delegates to return, consultations continued, and the meeting was adjourned for the night with no solution yet found.

Saturday, October 25: the Vote

Chairman Bolliger opened debates by stating that the Conference had reached a critical stage, that it must be saved, that he had decided to give the floor to the Presidents of the ICRC and of the League for declarations of a general nature on the subject.

The roll was called, with 80 National Societies, 111 governmental delegations and the League agreeing to participate: 159 votes were cast in favor, 25 against with eight delegations abstaining. In addition, however, 51 delegations stated they would not participate in the voting; ICRC President Hay took the floor to explain why the ICRC was among those who refused to take part.

The delegation of the Australian Red Cross raised a point of order proposing the adjournment of the Conference sine die, arguing that the prevailing climate was not conducive to constructive work. This motion was rejected by 178 votes to 52, with five abstentions.

Monday, October 27: The work of the two Commissions begins

Commission I began with an opening statement by its Chairman, Mr. Alioune Sene. Then the President of the ICRC gave an account of the institution’s activities and the humanitarian problems it had faced over the past five years (a summary of this report, p. 6).

Meeting in parallel, Commission II began its first session with a debate on the revision of the Statutes of the International Red Cross and the Rules of Procedure for International Conferences. The Dutch Red Cross indicated that it had found some imperfections in the new drafts, but that it would be prepared to accept them as a “package” if no changes were now made.
Over 40 delegates took the floor, with some pointing out specific weaknesses in the texts but generally supporting the Dutch proposal. When a resounding appeal was made by one speaker to seize the opportunity to demonstrate the unity of the Movement after the traumatic events of the previous few days, the meeting rose to its feet to approve the draft by acclamation. The delegation of Israel (stating that the Red Shield of David was "still bereft of the right of full membership in the worldwide Movement") said it could not approve in particular the new name of the Movement, but, in a spirit of cooperation, did not oppose the consensus decision.

Commission II's afternoon was devoted to matters of financing.

**Tuesday, October 28: point by point**

Debate on issues related to the Report on ICRC Activities and to respect for international humanitarian law continued throughout the morning meeting of Commission I. Then the ICRC presented the status of signatures, ratifications and accessions to the Additional Protocols.

Over 30 delegations addressed the Commission in an intense debate, during which many explained the positions of their governments; a dozen of them manifesting their firm intention to press ahead with the procedure of ratification. In his statement, ICRC President Alexandre Hay stated that the Geneva Conventions and their Additional Protocols "represent the most complete and coherent set of rules prohibiting recourse to acts of terrorism at the international level," adding that "anyone resorting to acts of terrorism in an armed conflict will always be guilty of violating international humanitarian law." The Commission adopted by acclamation a resolution appealing to all States Parties to the Geneva Conventions to consider becoming Party to the Additional Protocols at the earliest possible date.

Other themes treated on this day included the identification of medical transport and dissemination of IHL.

Commission II spent its morning session in a study of ICRC and League policies in situations of emergency.

After adopting a report on ICRC relief operations, the Commission adopted three amendments to the "Principles and Rules for Red Cross Disaster Relief," all seeking to reinforce reporting, and in particular financial reporting measures. Supporting the proposals, delegates stressed that clear accountability was essential to the credibility of the Movement and to continued confidence among contributors.

Commission II also debated various topics related to the development of National Societies, seeking to define its understanding of the term 'development' and of the economic and social implications of Red Cross involvement in this area.

**Wednesday, October 29: intense work against the clock**

Throughout the morning, Commission I continued its debate on dissemination of international humanitarian law, with more than 20 speakers describing their countries' achievements in this domain. Next, three resolutions on torture were presented by the ICRC. Delegates addressed the problems involved in tracing and reuniting families and (during a meeting that would last all night) discussed the follow-up to certain resolutions of the previous International Conference: on piracy, conventional weapons, disarmament, weapons of mass destruction and respect for non-combatants.

In Commission II, delegates spent the morning debating National Society Statutes and the follow-up to resolutions of the XXIVth Conference on voluntary service, on the role of medical personnel in Red Cross emergency operations and on services for the disabled. The afternoon session was devoted to the vast and complex problem of refugees in the world today.

**Thursday, October 30: a day reserved for the preparation of reports.**

**Friday, October 31: final meetings and farewell**

The panels that had divided the immense auditorium of the conference centre into two chambers were removed and nearly 1,200 delegates filed in for the Plenary Meeting which would cap the work of the two Commissions, adopting the new Statutes of the Movement and 32 resolutions by consensus. Finally, the Conference elected the five members who will join two representatives of the ICRC and two from the League on the Standing Commission, to prepare the next International Conference. The five members are: Mr. Ahmad Abu Goura (Jordan), re-elected as President of the Standing Commission, Prince Botho of Sayn-Wittgenstein-Hohenstein (Federal Republic of Germany, new member, elected Vice-President), former member Mr. Janos Hantos (Hungary), and new members Mrs. Mavy Harmon (Brazil) and Mr. Byron Hove (Zimbabwe).

The Conference finally decided that the Twenty-sixth International Conference of the Red Cross and Red Crescent will be held in Colombia.

(Conference highlights abstracted and extracted from the Conference Daily Bulletin.)
The ICRC Report

For the third and last time before an International Conference, ICRC President Alexandre Hay presented a report on the activities of the ICRC. While the delegates of Commission I listened, Mr. Hay, in an address that lasted almost an hour, spoke of the humanitarian problems that the organization had faced over the past five years.

Mr. Hay began by pointing out: "Not only are conflicts increasing in number and length, but practices prohibited by international humanitarian law are becoming more and more common: the taking of hostages and sometimes their subsequent murder, acts of terrorism, torture and the ill-treatment of detained persons, people reported unaccountably missing — it has even reached the point where whole civilian populations are subjected to starvation for the purposes of war."

He then referred specifically to violations of the Third Geneva Convention on the Protection of Prisoners of War. All too often, detaining authorities fail to give notification of capture or refuse to allow the ICRC to visit POW camps, leaving tens of thousands of families "to suffer the anguish of uncertainty."

Reminding the Assembly that all States Party to the Geneva Conventions have the obligation to "ensure respect" for these texts, the President went on to cite a number of armed conflicts of particular concern to the ICRC: Afghanistan, the Iran-Iraq war, the territories occupied by Israel, Kampuchea, Lebanon, Namibia/South West Africa, Ethiopia and Somalia (in the aftermath of the Ogaden conflict), the Western Sahara, and Chad. In all of these cases, he specified the domains where the ICRC had been unable to carry out its mandate.

Brief mention was also made of the conflicts in Angola, northern Ethiopia and Mozambique, where the organization has been able to bring assistance but has not been allowed to visit those captured and detained. President Hay finally voiced his deep concern over the situations in Sri Lanka, southern Sudan and the regions where the Kurds are in conflict with several governments, as well as in countries affected by internal disturbances and tensions. "In some cases — as in South Africa, for example," he said, "(these countries present) problems of humanitarian law and principles as severe as, if not even more severe than those encountered in certain armed conflicts, for example the emprisonment of tens of thousands of security detainees."

President Hay asked for the active support of the Conference. In all civilizations, cultures and political systems, there exist moral, religious, ideological, ethical and political imperatives which demand respect for those who cannot or are no longer able to fight, and which call for the humane treatment of these individual human beings. Recalling the "Appeal for Humanitarian Mobilization" launched by the ICRC at the beginning of 1985, Mr. Hay said: "This Appeal is as relevant today as it was yesterday, and it is imperative that it be answered." He hoped that the Conference would provide that response "with the strength and serenity which should attend all important matters, bearing in mind the responsibilities it holds towards the future."

Viewpoint

The XXVth International Conference of the Red Cross decided to suspend the government delegation of the Republic of South Africa from all participation in its work.

During discussions that preceded and followed the conclusion of this matter by a majority vote, President Alexandre Hay had the opportunity to express the ICRC's point of view. In particular, he declared that he shared the feelings of African countries which rise up against the practice of apartheid, for the ICRC could not but condemn, in the name of its principles, this extreme form of discrimination.

But, he added, "to be neutral for the Red Cross is not a passive and thus an easy attitude to have. On the contrary, it shows a firm resolve to preserve a spirit of dialogue and of compassion for the victims of conflicts. Humanitarian law constitutes in fact the only bridge left standing between States in conflict. It must remain today that minimum consensus of humanity around which the international community, so often torn apart by war, can still meet despite all its divisions."

Finally, after having explained that the ICRC had not wanted to participate in a vote that it considered contrary to the Statutes of the International Red Cross, Mr. Hay made it clear that "what the ICRC upholds in this matter is, on the one hand, the universality of international humanitarian law and, on the other hand, the respect of the rules and procedures of this Conference."

Although the question of the suspension of the South African government delegation deeply affected the spirit of participants and delayed for over two days the start of the Commissions' work, the Conference succeeded in accomplishing the tasks for which it had been convened. All the resolutions — more than 30 — were adopted by consensus, including those concerning respect for international humanitarian law in armed conflicts. The draft of the new Statutes, prepared by the joint ICRC — League working group, was also adopted by consensus. For the Movement as a whole, these positive results will doubtless outweigh the rest when it comes time to take stock.
THE WINNERS

The winners of the photo and poster competition organized to mark the occasion of the Conference were announced the day before the opening ceremonies.

All National Societies had been invited to enter by sending photos and posters related to their activities. In all, 150 photos and 148 posters were received and reviewed by a panel of judges comprised of four representatives of the Movement and three outside experts in photography and the graphic arts.

The results were as follows:

**Poster competition:**
- *First prize:* Finnish Red Cross
- *Second prize:* National Societies of France and United States of America
- *Third prize:* Canadian Red Cross, Nicaraguan Red Cross and Spanish Red Cross

**Photo competition:**
- *First prize:* Mr. Rudolf Vetter (American Red Cross)—photo above
- *Second prize:* Mrs. Ludmila Ciglanova (Czechoslovak Red Cross)—photo below left, and Mr. Gene Jeffers (American Red Cross)—below right
- *Third prize:* Mr. Heine Pedersen and Mr. Finn Frandsen (Danish Red Cross); Mr. David Moss (British Red Cross)

The award-winning entries were on display throughout the Conference in the main hall.

---

**Publication of the Commentary on the 1977 Additional Protocols**

On the eve of the Twenty-fifth International Conference of the Red Cross, the ICRC announced the publication on 6 October 1986 of the *Commentaire des Protocoles additionnels*, on which it has been working for several years. This important work, the result of efforts by several experts, groups in a single volume the commentary on Protocol I, on Annex I thereto (Regulations concerning Identification) and on Protocol II, as well as a number of accessory texts.

AWARE of its role as guardian of humanitarian law, the ICRC is convinced of the usefulness of this Commentary for those who are in charge of implementing the Protocols or making them better known. Since law remains a dead letter unless it is known and implemented, the ICRC sees the publication of this Commentary above all as a step towards guaranteeing better protection to the victims of armed conflict.

The Commentary aims to explain the Protocols primarily on the basis of their text and their travaux préparatoires as well as by examining international law, already existing international humanitarian law and literature on the subject. The commentary on each provision reviews all the travaux préparatoires relating to it and provides a selection of other useful references. The book also contains a list of the Conventions and resolutions cited and of the main pertinent treaties, a bibliography and an index.

With the publication of this Commentary, all of the Law of Geneva has now been covered by interpretative texts prepared by the ICRC.


Authors: C. Pilloud, J. de Preux, Y. Sandoz, B. Zimmermann, Ph. Eberlin, H.-P. Gasser, C.F. Wenger (Protocol I); Ph. Eberlin (Annex I); S.-S. Junod (Protocol II). With the collaboration of Jean Pictet.

Editing and co-ordination: Y. Sandoz, Ch. Swinarski, B. Zimmermann.
Tracing Agency and also — for the first time since 1983 — with delegates from the National Societies of Hong Kong, Indonesia, Malaysia, Thailand and the Philippines met with four representatives from the ICRC’s Central Tracing Agency and also — for the first time since 1983 — with delegates from the League, whose active participation was greatly appreciated.

This program is specifically targeted to meet the needs of the civilian population living along the Rio Coco river. The first shipment contained what the people themselves had requested as being most urgently needed:

— mosquito nets (the region is heavily infested with mosquitoes that carry malaria, and whose bites can become infected and cause skin problems);
— basic tools to reconstruct their houses (along with roofing materials in corrugated iron) and to rebuild individual boats, the only viable means of transportation;
— a limited amount of food to help the population between now and the harvest.

These relief supplies travelled by boat up the Atlantic Coast from Puerto Cabezas to the mouth of the river, and it was planned to transfer them to a flat-bottomed boat for the trip upstream. But the river cannot be trusted: when it isn’t flooding, it often lies low, too shallow for any cargo vessel. The shipment had to be transferred to trucks and driven inland to Waspan while, at the same time, the ICRC delegate and nurse Waspan while, at the same time, the ICRC delegate and nurse

were sent from Geneva to visit, on October 11, 20 detainees arrested during events surrounding the attempted coup of September 23; Namibia, where delegates visited 19 detainees at Windhoek prison from October 6 — 8; Morocco, where two delegates and a doctor were able to visit 99 Algerian prisoners last seen in 1984.

Visits to places of detention this past month included those in:

Togo, where a delegate and a doctor were sent from Geneva to visit, on October 11, 20 detainees arrested during events surrounding the attempted coup of September 23;
Namibia, where delegates visited 19 detainees at Windhoek prison from October 6 — 8;
Morocco, where two delegates and a doctor were able to visit 99 Algerian prisoners last seen in 1984.

From Haiti to Haiti via Cuba

On October 14, an ICRC delegate supervised the airlift, organized by the Cuban authorities, that carried 488 Haitians back home from Cuba. Their story began two months earlier, in August, when a ship called the Santa Clara shipwrecked on the northern coast of Cuba: no one was hurt in the accident, but the vessel could not be repaired. The Haitian passengers and crew were taken to a camp where they received food and medical attention from the local authorities and the Cuban Red Cross.

Given the task of finding a solution, the National Society contacted the ICRC, asking the organization to intervene as a neutral intermediary, since Cuba does not maintain diplomatic relations with Haiti. An ICRC delegate landed in Cuba on September 30 to discuss matters with the National Society and with the authorities. He also visited the refugees: in accordance with ICRC policy, they were questioned individually as to whether they wished to return to their country.

A Cuban Red Cross plan of action was then elaborated in collaboration with the ICRC delegate. The Cuban government provided three aircraft and extra fuel so that the operation could be carried out in one day, and the 488 were met by Haitian authorities, the Haitian Red Cross and a League delegate upon arrival in their capital, Port au Prince.

Although it is no longer as widely recognized, the exodus of the boat people continues, and the tracing and postal services provided by the 71 members of the TMS staff are still essential for these refugees. The statistics make this clear: the number of tracing requests has remained constant during the past few years — 3,146 cases in 1984; 3,283 in 1985.

The volume of mail increased sharply from just under 200,000 letters in 1984 to over 300,000 in 1985, but it has now levelled off, with 110,965 letters transmitted during the first six months of 1986.

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.

TMS: essential links

The Tracing and Mailing Services (TMS) network, set up in 1979 to help the Vietnamese boat people, held its seventh workshop in Jakarta from September 22 to 24. The five TMS offices from the National Societies of Hong Kong, Indonesia, Malaysia, Thailand and the Philippines met with four representatives from the ICRC’s Central Tracing Agency and also — for the first time since 1983 — with delegates from the League, whose active participation was greatly appreciated.

Nicaragua: detainees write Red Cross Messages to their families. (R. Bigler)
Emergency Assistance to Malawi

By mid-November, ICRC delegates had registered 62,000 of the estimated 70-80,000 people who have escaped from the fighting in Mozambique by crossing the border with neighboring Malawi.

The ICRC immediately began short-term emergency distributions (principally corn meal, peas and beans) to three camps, all situated in the southern tip of Malawi: at the southernmost point in Nsanje, 144 tons were handed out to some 30,000 people; 45 tons went to 10,000 more in the Mulza camp and 21 tons to 4,000 in the Chiringa camp, both at Mulanje; an additional 10 tons were distributed to over 2,000 people in the Kunyinda camp at Chikwawa.

Distributions are scheduled twice a month in collaboration with the Malawi Red Cross. A shipment of urgently needed medicines also arrived and will be handed over as soon as the second series of distributions begins.

A continuing round of visits

The head of the ICRC’s detention service accompanied two delegates and a doctor during the first of a series of visits to places of detention in Jordan that began on October 27. By November 15, detainees had been visited in Mahatta, Jowaydeh and Jaf.

On the island of North Luzon in the Philippines, delegates saw eight detainees as part of an ongoing series of visits to places of detention in 13 provinces.

By mid-November, 229 Somalian prisoners of war interned in Ethiopia had been visited in Hararr and Awassa.

On November 17, 19 and 20, delegates saw 98 people detained in relation with recent events in Suriname.

On the November the 3rd, two delegates and one doctor began a new series of visits to those detained in relation with events on East Timor.

Visits to 11 places of detention in Burundi, begun in July, were completed in November.

Kampuchea-France: second family reunion

Authorities in Kampuchea have agreed, for the second time, to allow a Kampuchean to join her family in France. Kolab Bopha Chhon, 26, had been separated from her parents and younger brother for almost 12 years, since 1975.

She was officially handed over to the ICRC delegation in Phnom Penh on November 12; the head of delegation accompanied her to Ho Chi Minh City on the 13th, and she flew to her new home the next day.

Her family had approached the ICRC through the French Red Cross two months ago. The first Kampuchean to be reunited with her family abroad was 11-year-old Sovann Phala, who joined relatives in Paris in January of this year.

ICRC AUTHORIZED TO REMAIN IN SOUTH AFRICA

On November 26, the authorities of the Republic of South Africa informed the ICRC delegation in Pretoria that they had reconsidered their position, and confirmed that ICRC delegates may remain in the country and resume work. The ICRC took note of this decision with great satisfaction.

All activities had to be suspended at the end of October, when the South African authorities gave the ICRC notice to leave the country by November 30. This decision, now reversed, was taken following the vote by the XXVth International Conference of the Red Cross to suspend the South African government delegation from participation in its work.

The ICRC will now endeavor to reactivate its operations in the field, interrupted since October 26, in particular its visits to sentenced security prisoners, assistance for some 20,000 Mozambican refugees in eastern Transvaal and support for the South African Red Cross.
24 hours in the hospital at Peshawar

08.00: The hospital begins its daily work with morning rounds. Just like anywhere else in the world, a group of doctors, physiotherapists and nurses moves from bed to bed, discussing each case. Manfred, a surgeon from West Germany, asks the nursing staff about the patients’ condition, examines wounds and gives instructions for further treatment: how often the dressing should be changed, what medication should be administered, which muscles and joints should be exercised, which patients may be released and which ones must be scheduled for surgery in the coming hours. As there are over 40 patients to see, the rounds must be made briskly.

08.45: On the first floor of the hospital, wounds are being dressed. War wounds can easily become infected by projectiles or dirt blown into them. In addition, the Afghans reach the hospital in Peshawar at the earliest several hours after being wounded, and often only days — or even weeks — later. This presents serious problems. An initial operation (the so-called “débridement”) is carried out to clean the wound and remove dead tissue. The wound is then left open and is cleaned with a change of dressing several times a day. Only when there is no more pus can a second operation be performed to close the wound.

The nurses go from patient to patient, changing the dressings. Great care is taken to prevent wound infections from passing from one patient to another. For this reason, visitors and even family members (who usually live with the patient) are kept away during this period.

09.30: A man of about fifty has been slashed by machine-gun bullets. Outwardly, his leg wounds do not look too bad, but the X-rays reveal frightful damage: shattered bones, smashed tendons, torn muscle tissue.

During the morning rounds, another attempt is made to convince the patient and his family that amputation is necessary—but without success. Yet it should be done quickly, before his body becomes so weakened by infection that it is too late. Time and again, patients refuse an amputation for religious reasons, just as this man has done so far. Manfred restricts himself to cleaning the wounds once more and removing bone splinters and pus. To judge by the expression on his face, the prospects are not good.

10.30: There is tremendous activity in the physiotherapy room on the second floor; you smell it as soon as you enter, for this is a place where much hard work and sweating is done. When a patient can move about freely enough, he comes once a day to the tiny gymnasium to do his exercises. He walks on crutches or between parallel bars, slowly lifts weights with his arms or learns to make his leg stumps support weight. Those who cannot come to the gym must spread and close toes, straighten and bend knees, in bed.

12.15: Lunchtime. The aroma of the rice dish being prepared is a welcome change from the smell of disinfectant which usually prevails. The Afghan chef and his team have once again prepared a meal in huge cauldrons for almost 100 patients, and it is now being ladled onto plates and distributed throughout the wards.

13.40: The hospital laboratory is so full of Afghans wearing elaborate turbans that it is hard to find the staff among them. What is going on? “This is our lucky day”, says Elizabeth, the head nurse from Great Britain. “We’ll collect 31 units of blood today”. The laboratory is not only used for tests but also for blood collection, and a constant attempt is made to persuade family members and other visitors to donate.

14.30: The wards, too, fill up with people as visiting hours begin. Friends and relatives crowd around the beds. They have brought fruit, nuts, tobacco—and news from home or from the refugee camps. The evening shift is now coming on and receiving information and instructions.

16.30: The Swiss surgical team is operating on a patient who was admit-
talented early this afternoon. According to the X-ray, he has a shell fragment in his abdomen—but where exactly? The intestine must be checked for damage that would bring with it the danger of a potentially fatal infection. During the two-hour operation, the doctors really feel the difference between this hospital and the technologically sophisticated ones at home. Daniel, the anaesthetist, has his hands full measuring blood pressure, heartbeat, and keeping the patient breathing with a hand bellows—there are no monitoring dials or machines to help him. Walter, the surgeon, needs an extra pair of hands, so the theatre nurse, Denise, steps in. The abdominal cavity is intact and clean and is sutured one layer at a time. The fragment apparently remained lodged in the patient's back where it can do less damage.

18.30: Walter is back at work right away, this time on a boy of five. His wound is so fresh that Walter says it would be a pity to put the operation off until later. The fingers of the child's left hand have been blown off and there is nothing to do but clean the stumps and prepare them for stitching. "I hate war," explains. He goes around to see "his" patients, and perhaps some of them, who may have felt badly neglected on his morning visit, now realize that this foreign doctor really does care about what happens to them. Manfred's patients are in stable condition — "doing well" would be going too far. He can relax and go home to bed. He will be on night duty again tomorrow.

22.50: In the wards, most of the patients and their relatives have fallen asleep, the former in their beds, the latter in blankets on the floor. The small boy whose hand was operated on has awoken from the anaesthetic and is thirsty. His father also willingly accepts a cup of tea.

On the veranda, two young men in wheelchairs are having an evening chat. Nearby, a patient is being given an English lesson by a fellow patient, from a Pakistani school book. He has just learned the sentence "The flowers are beautiful"...
**Special Report: Pakistan**

**HAND-OVER—THE PRCS PARAPLEGIC CENTRE IN PESHAWAR**

The ICRC has relinquished one of its operations in Pakistan. Since 1 July, the rehabilitation centre for paraplegics in Peshawar, hitherto a key feature of ICRC medical assistance in Pakistan, has been running entirely under the direction of the Pakistan Red Crescent Society (PRCS).

Khyber Gul is 14 years old and has been a patient at the paraplegic centre for two years. He has not noticed any change—or has he? In the tailoring workshop where he sits in his chair at a sewing machine, he has been busy for some time making new uniforms for the 120 members of the centre’s staff. The only outward sign of what happened four months ago is the label "PRCS Paraplegic Centre"—now without "ICRC"—on the breast pockets.

Compared to the radical change which Khyber experienced two years ago, the ICRC’s handing over of the paraplegic centre to the Pakistan Red Crescent is of no significance to him. His small home village of Chaplia (in eastern Afghanistan) was attacked and his entire family killed. Khyber suffered spinal injuries which left him paralyzed for life. He will never be able to use or feel his legs again.

But he still has his hands. After treatment at the ICRC hospital in Peshawar and therapy at the paraplegic centre, he started to learn tailoring at the centre’s workshop. His teacher was Aziz ur-Rahman, a former patient at the centre who became an employee two years ago. Aziz no longer lives in the centre but in the Kacha Garhi refugee camp, five kilometres away; he comes to work every day in his wheelchair.

Paralyzed people in Pakistan and Afghan society are normally taken in and supported by their families following their discharge. That is why, when a patient is admitted to the centre, one of his relatives comes and lives there as well, to learn how to look after him. Bedsores and infection can have fatal consequences, so the person accompanying the patient must know the proper care—physiotherapeutic exercises, turning the patient in bed, hygiene.

**Over the years**

The rehabilitation centre for paraplegics was founded by the ICRC in October 1981, soon after the first ICRC hospital in Peshawar. Many of the hospital’s patients had wounds resulting in paralysis from the waist down. At first, a special ward for them was set up inside the hospital, but it was soon overcrowded and other solutions had to be sought. There was nowhere in Pakistan where such patients could be sent for special, long-term therapy. The ICRC therefore decided to set up a facility in conjunction with the Pakistan Red Crescent. Planning and construction took two years: in February 1984, the ICRC team was able to move into the modern, functional but also attractive complex of six brick pavilions outside Peshawar, ground-floor-only, built for easy access.

Unlike the other ICRC institutions in Pakistan (two hospitals and an orthopaedic centre) which are reserved exclusively for victims of the conflict in Afghanistan, the paraplegic centre subsequently also admitted Pakistanis paralyzed as a result of accidents. Thus the centre could no longer be said to come within the ICRC’s mandate to bring assistance to the victims of armed conflict. So it was transformed into a long-term project to be taken over by the Pakistan Red Crescent Society. Careful preparations for the hand-over went on for a year and a half, with Pakistani staff members gradually taking charge in all areas, until the go-ahead was given in June 1986 for the official transfer of the centre to the PRCS.

The centre will continue to be financed by the ICRC for two years; the ICRC and the PRCS together will review the situation every year to make certain that the centre carries on true to plan.

"It is very satisfying for me and for all the staff to be able to do something for these people whom fate has treated so cruelly", said Zafar Ali Shah, the administrator at the rehabilitation centre. Since it opened five years ago, almost 700 people have been treated here. "Without this institution", he added, "most of them would no longer be alive. To be able to save lives is the greatest reward for our challenging work".

Werner Scheurer

**Update: Narus**

In Southern Sudan near the border with Kenya, the ICRC has decided to distribute seed before the rainy season, in order to encourage people living in the camps to return to their home villages. These distributions are due to begin in February-March, 1987.

Although delegates continue to bring food and medical assistance to the village of Narus and to three nearby camps (with a doctor, a surgeon and three nurses to treat the wounded), the ICRC has not been able to resume activities elsewhere in Southern Sudan. Other organizations have brought limited assistance to some areas, however, and the ICRC is following the situation closely. Delegates are ready to begin assistance programs if necessary during the coming months.

Above: children speak to a New Zealand Red Cross nurse working with the ICRC team in Narus. (E. Gasser)