Lebanon, South Africa, the Philippines, Ethiopia and Angola, Nicaragua and El Salvador: in all these countries and many more, ICRC delegates worked throughout the year to help those that no one else could reach. They visited prisoners of war and people detained for reasons of security, they assisted civilians left wounded or homeless; they evaluated needs and provided relief, medical supplies and manpower to help National Societies of the Red Cross and Red Crescent face the consequences of armed conflict or internal strife.

It is impossible to illustrate adequately the organization's multifaceted role, month by month, all over the world, and often in places that only the delegate is allowed to see. The ICRC Bulletin can only present a few moments that happened to be caught by a photographer, a few moments that can help us remember 1986.
January: First Kampuchean family reunion — authorities allow a young girl to join her family in France. Following the outbreak of hostilities in the People’s Democratic Republic of Yemen, delegates, nurses and a sanitary engineer enter the country. First course for Community Organizers begins in South Africa.

February: Fighting sweeps through Kampala, Uganda — delegates and doctors treat the wounded; teams travel north to evaluate needs and to visit prisoners.

March: 196 foreigners, freed by UNITA and placed under the protection of the ICRC, arrive in Lisbon.

April: Outbreak of violence in and around the Palestinian camps in Beirut; a third Lebanese Red Cross worker is kidnapped. Assistance begins for displaced people in Southern Sudan near the Kenyan border.

May: ICRC office opens at Puerto Cabezas in Nicaragua, as part of the relief program for those displaced or returning to live along the banks of the Rio Coco.

June: Unrest in South African townships — the ICRC sends communal tents and pitches in with the National Society to help those in need.

July: The Organization of African Unity (OAU) unanimously adopts a resolution to support the ICRC.

August: An airlift to bring relief to Wau in Southern Sudan begins... and must abruptly end after only three flights.

September: With nine delegates blocked in Wau and unable to help displaced civilians there, the ICRC makes a solemn public appeal to all parties concerned.

October: The XXVth International Conference of the Red Cross is held in Geneva. The Conference suspends the South African governmental delegation from participation in its work and Pretoria retaliates by asking the ICRC to leave the country.

November: The South African government reconsiders its position — the ICRC is authorized to remain. Urgently needed food is distributed to Mozambican refugees in Malawi.

December: The delegation in Beirut appeals to all parties to respect the emblem and to allow delegates to evacuate the wounded and to help civilians in need. The ICRC resumes visits to Iraqi prisoners of war in Iran.

And, of course, all year long: ICRC delegates and doctors visit prisoners of war and detainees in 36 countries throughout the world.
People helping people

Clockwise from top left: a family receives an ICRC distribution card in Southern Sudan (T. Gassmann); a Japanese Red Cross nurse evaluates needs in Tigray, in Ethiopia (E. Gasser); with the ICRC in Pakistan, a physiotherapist sent by the Swedish Red Cross (photo: ICRC): Angola (Y. Müller); trained local staff at the orthopaedic center in Zimbabwe (L. Fitzgerald, American Red Cross); the hospital in Peshawar, near the Afghan border (J.-P. Kolly); one of the children at a Philippines National Red Cross feeding center (T. Gassmann).
The Beirut delegation appeals

In January, the ICRC delegation in Lebanon issued a second statement to the Lebanese and foreign press in Beirut to recall the exclusively humanitarian role of the Red Cross. This press release appealed again to all parties to enable the organization to help all those in need.

A first, shorter appeal had been made public on December 2, 1986. In the second, dated January 15, 1987, the delegation presented an overview of its activities, recalling that in November and December of last year delegates had provided material and medical assistance to thousands of victims of the country’s multifaceted conflict.

In southern Lebanon, more than 10,000 people who had been forced to leave their homes in Maghdouche, the Tyre region and the “security zone” received blankets, kitchen utensils, and what the ICRC calls “family parcels” from delegates in Sidon, Jezzine, Nabatyeh, Tyre and the Iklim el Kharroub area. During the same period in the southern suburbs of Beirut, the delegation gave prompt emergency assistance to nearly 3,000 people. It also supplied hospitals, emergency centers and dispensaries which treated several thousand wounded: the total value of this aid was over 15 million Lebanese pounds. Medical supplies provided include antibiotics, analgesics, surgical plaster, blood-bags and infusion sets. In addition, the ICRC offered its services to all parties to the conflict, asking to visit those arrested, abducted or detained during or after confrontations.

The delegation in Beirut could not, however, meet the needs of all victims. Its delegates were unable to protect those living in the Palestinian camps of Rachidieh, Chatila and Borj el Brahjeh or in the village of Maghdouche—and unable to go and see whether these people needed food, medical care or technical assistance (to make sure they had a safe and adequate water supply, for example). Hundreds of people were also without news from relatives thought to be detained in the “security zone” or elsewhere, people to whom the ICRC has no access.

In 1987, the ICRC will continue to be present throughout the country, with offices in Beirut, Sidon, Tyre, Jezzine, Tripoli, Baalbek and Ksara. Delegates must be ready to respond to emergencies by supplying medicines and equipment to hospitals and dispensaries and by building up stocks in the sub-delegations to bring assistance to some 50,000 people in case of need.

Seeing both sides

An ICRC team was sent to resume visits to Iraqi prisoners of war in Iran at the end of last year. From December 4 to January 21, the delegates visited five camps, seeing a total of 8,298 POWs. In parallel, regular visits continue in Iraq, to camps where Iranian prisoners of war are interned. From mid-November to mid-December, the team visited 12,698 Iranian POWs in ten camps.

News in brief

In South Africa, the Community Organizers program is going well: 45 COs are already at work in the townships, and 25 to 30 more will finish the training course during the next few months.

* ICRC emergency assistance to families all over the world often includes the “family parcel”: An attempt is always made to adapt the contents of this parcel to local tastes and customs. In Lebanon, the parcels handed out currently contain: seven kilos of rice, two kilos of spaghetti, four kilos of dried vegetables, four kilos of sardines (four two of corned beef and two of sardines, depending on religious preference), five kilos of sugar, two kilos of vegetable oil, soap, detergent and candles. The amounts are calculated to provide basic rations for six people for 15 days.

During 1986, International Committee of the Red Cross delegates visited 422 places of detention in six Latin American countries: El Salvador, Nicaragua, Chile, Colombia, Paraguay and Peru. Many of these detention centers were seen several times. Above, a delegate visits a detainee in El Salvador (P. Mercchez).
October 1979: Nine months after the fall of the Khmer Rouge government in Phnom Penh, the ICRC and UNICEF launched a gigantic operation along the Khmer-Thai border. Their goal: to save the lives of some 250,000 Khmers who had survived the hazardous journey across Kampuchea only to arrive at the border in a state of total exhaustion.

January 1987: The victims of the Kampuchea tragedy still crowd the Thai border camps. After 15 months of joint operations inside Kampuchea and along the Thai-Khmer border (from October 1979 to December 1981), the ICRC and UNICEF ended their partnership. It was clear, however, that the border people still needed help, and both organizations carried on their respective activities, with the ICRC focusing on protection, emergency medical care, tracing and assistance to displaced groups of people.

The border

Endless rows of bamboo huts. No greenery, just a few trees casting shadows on the red earth. Barbed wire surrounds this “city”, Site 2. Other Khmer refugees, 250,000 in all, live in similar conditions in villages and camps along the Thai border.

In early 1987, the Khmer civilians along the Thai border were gathered in five evacuation sites on Thai soil, to which they had been transferred when heavy fighting broke out in the border camps during the dry season of 1984-85. At that time, all those massed along the border had been compelled to flee the camps and seek refuge in safer areas inside Thailand.

The border area is divided into three different sectors. In the northern sector some 50,000 people have found shelter in Site B (Green Hill), and in several other camps to which the ICRC and other international organizations do not have access. The central sector stretches from Kab Cheneh to the region south of the small city of Aranyaprathet, where the ICRC maintains a sub-delegation. The largest camp, called Site 2, is located here; its 144,000

inside Kampuchea, the starving Khmer population survived thanks to a massive aid program administered by FAO, WFP, UNHCR and many voluntary agencies, including OXFAM, World Vision and the World Council of Churches.

Today the ICRC continues giving medical assistance to hospitals in Phnom Penh and the provinces. It also provides administrative and logistic support for the medical teams of the French, Swiss and Swedish Red Cross Societies working in hospitals throughout the country. And delegates bring assistance to several orphanages in Kampuchea, as well.

In the border region, some 230,000 Khmers are now assembled at evacuation sites on Thai territory, a few kilometres away from the frontier. Although they are no longer directly affected by the fighting that breaks out every year during the dry season (from November to April) in the original camps straddling the border itself, and although a distinction is now drawn between civilians and combatants, what hope is there for the border people? Site 2, one of the largest existing camps, has over 140,000 “inhabitants”; after Phnom Penh, it is the biggest Cambodian city in the world.

What the future holds in store for those living in Site 2 nobody can tell. The ICRC and the UN agencies concerned (in particular UNBRO, the United Nations Border Relief Organization) hope that the Thai authorities will allow the civilians to remain in their temporary asylum in Thailand until such time as all conditions are fulfilled for them to return in safety and dignity to their own country. Pending this hypothetical outcome of the border problem, the ICRC, in conformity with its humanitarian mandate, does its best to give protection and assistance to thousands of forsaken men, women and children.
people include 3,400 Vietnamese civilians who succeeded in crossing Kampuchea into Thailand to try and gain asylum in Western countries. Site 8, housing about 30,000 refugees, is another large camp located in the same sector south of Aranyaprathet. In all, 170,000 Khmers are concentrated in the central sector. Site E (Sok Sann) and several other camps (to which the ICRC has no access) - total population 15,000 - are in the third sector, further to the south. The ICRC has overall responsibility for the protection of the refugee population gathered along the border and keeps in regular contact with the Thai authorities and with the three coalition government factions to ensure that internal security is maintained in all the camps.

Not always.

Some figures

1987 Budget Thailand-Kampuchea: 18,186,400 SF.

For Thailand: 49 people, including 18 doctors and nurses on loan from the National Societies of Belgium, Federal Republic of Germany, Finland, Great Britain, New Zealand and Sweden.

For Kampuchea: 5 people.

Not all the refugees leave by sea

They walk all the way across Kampuchea to reach the militarized border zone where soldiers stop them and where they are often held for several months. They are the Vietnamese land refugees (VNLR), the "land people". Most of us have heard about the boat people, those who leave Viet Nam aboard flimsy seagoing craft, but the "land people"? Who has heard of them?

Almost a hundred land refugees arrive in Thailand each month, and it is often only after lengthy intervention by the ICRC that they are allowed to leave the border area and go to civilian refugee camps. Not just any camp, though: a special section of Site 2, which the ICRC set up to prevent them from being among thousands of Khmer refugees, constantly exposed to danger.

The only way to ensure adequate security for these people is to arrange their resettlement in a third country. That is why representatives of possible host countries are encouraged to select candidates from among the refugees: each case is considered individually through interviews carried out by the embassies of various countries. In 1986, 1855 persons found permanent refuge through this procedure.

War surgery

For the past year, the hospital in Khao I Dang has been serving the entire border area. The other hospital which the ICRC had set up in Kab Cherm was converted in June 1985 into a first aid center. Nevertheless, the equipment there was maintained so that, in case of emergency, the hospital could be reactivated. One nurse, assisted by local staff works at the center administering first aid and preparing badly wounded people for transfer to Khao I Dang.

To cover the blood needs of the hospital in Khao I Dang, the ICRC has set up a blood bank. It is supplied by the Australian and Japanese Red Cross Societies but the people living on the border are also encouraged to donate their blood.

Released

In Mozambique, two groups of people taken and held by the RENAMO resistance movement were released in December. The first group of 57 was handed over to the International Committee of the Red Cross on December 17, near the border between Mozambique and Malawi. The ICRC organized their passage to Blantyre, the nearest city. This group included people from Portugal, Pakistan, Cape Verde and Mauritius. Less than a week later, on December 22nd, a much smaller group of eight foreigners was handed over to an ICRC delegate along the same border. They were also taken to Blantyre, where the ICRC ensured their transfer to embassy personnel. The Portuguese, Germans and Briton in this last group included people who had been taken while working on a project funded by the European Economic Community in Mozambique.
The Thai Red Cross Society is also at work together with the ICRC along the border between Thailand and Kampuchea. Paul Früh, dissemination delegate at Aranyaprathet, explains.

What does the National Society of Thailand do in the border zone?
The Thai Red Cross Society runs a clinic in Aranyaprathet where eye surgery is carried out and ear, nose and throat complaints are treated. Between January and June, 82,000 Khmers and 25,400 Thais were given outpatient and surgical treatment by the Thai Red Cross, which also has several pilot projects along the border to assist Thai villagers who have fallen victim to the conflict.

The Society is also involved in spreading knowledge of international humanitarian law. In the beginning, the ICRC hesitated to carry out these “dissemination” programs with the Thai armed forces. Then the Thai Red Cross Society appointed Mrs. Khun Somchit, a nurse, to the role of “disseminator” and put her in charge of liaison with the military. It was she who convinced the generals. In a very short time, we have been able to launch a program for all the military bases in the Aran region. We were already in contact with the bases that control access to the refugee camps: you have to apply to them for authorization to enter.

Could you describe this program?
The dissemination meetings begin with Mrs. Somchit introducing the delegates to the soldiers, briefly describing our institution and the links between it and the Thai Red Cross Society. We start by asking the soldiers whether they know the meaning of the Red Cross emblem, which they often see worn by Thais and foreigners working at the border and also on the ambulances of the military medical service. We attempt to establish a dialogue. Our presentations have been attended by up to 500 officers at a time. Of course it is difficult to talk with everyone, but we try at least to get replies from those in the front rows.

Some officers are particularly knowledgeable about humanitarian law and with them we try to give an idea of the relationship between the Geneva Conventions, the ICRC and the National Red Cross Societies, because it is often this which they do not understand.

Do you also hand out written material?
We distribute a small brochure in Thai on the basic rules of behavior in combat along with individual first-aid kits. These are given especially to the rangers from “Task-Force 80” who are responsible for surveillance of the camps and are therefore more likely to be exposed to the fighting. The kits also serve to reinforce the humanitarian message with one line on a paper recalling the basic humanitarian rule: “Respect and protect the wounded, civilians (whether friend or enemy), prisoners and persons, vehicles and installations bearing the Red Cross emblem”. That is really the shortest possible version of the message, the Geneva Conventions in a nutshell.

These sessions are very important to explain who we are, but also to make contacts. In a sense, doing dissemination is a way of being polite: we introduce ourselves to the military and explain why we are here, why we have been here for so many years. It is much appreciated.

The ICRC also teaches humanitarian law and principles to Khmers through first aid courses. But dissemination in its most spectacular form (in the original sense of the word) is surely the theatrical production called “Red Cross Drama”, which is performed regularly at various sites and continues to be a great success among the refugees.

In brief...
The visit to Luzira Upper Prison in Uganda was completed during the second week of January. From December 4 to January 7, ICRC delegates registered and had interviews without witnesses with over 700 “lodgers” detained there; the detainees received blankets and wrote several hundred messages to their families, which the ICRC will now transmit.

Suriname: making the rounds
A delegate and a doctor sent by the ICRC recently visited prisons in Suriname, including the main prison in Paramaribo, the capital, where 109 people arrested in connection with the internal troubles were originally detained. During the second visit in January, the team saw 51 detainees; all the others had been freed at Christmastime.

The ICRC doctor evaluated medical conditions in and around Paramaribo, visiting hospitals and dispensaries, and the team travelled eastward to evaluate needs in the region affected by the troubles. The Maroni river marks the border between Suriname and French Guiana; an expedition up this river was imperilled by engine failure, tumbling rapids and piranhas, but the medical and nutritional situation of civilians living along its banks proved to be satisfactory for the time being.

Across the border in French Guiana, the French Red Cross set up an emergency unit to provide medical assistance to refugees from Suriname. Other humanitarian organizations are also active in the region.
The ICRC in Peru

After a few days' interruption in mid-February, ICRC delegates resumed work on behalf of security detainees at Lurigancho and Canto Grande prisons in Lima, Peru -- despite the recent disturbances inside the two prisons. During the third week of February, delegates were also able to see some 200 students arrested at Lima universities.

Since October of 1982, when the ICRC reached an agreement with the Peruvian government, its delegates have been visiting nearly 700 security detainees in the capital and in the provinces at regular intervals. The purpose of these visits is purely humanitarian: to monitor the physical and psychological conditions of detention. If necessary, the delegation provides basic relief supplies, food and medicines, and asks the authorities to take appropriate measures to improve the conditions of detention.

In addition (and in collaboration with the Peruvian authorities) ICRC medical staff launched a program in 1985 to fight tuberculosis, helping over 200 detainees suffering from this disease.

The ICRC has been working in Peru since 1982. A permanent delegation was opened early in 1984 and is presently staffed by 13 delegates.

The Lebanese Red Cross grieves once more

In West Beirut on February 16, a Lebanese Red Cross ambulance came under fire: one first aid worker died and two others were injured. The three victims were members of a team that had just brought a wounded person into hospital. In little over a year, three Lebanese National Society first aiders have died and ten more have been wounded while carrying out their humanitarian work.

Tension remained high in the Lebanese capital, as well as in the region of Tyre, during the first few weeks of February. The "war of the camps" continued, stretching over the past four months in and around the Palestinian refugee camps of Rachidieh, Borj-e-Brajneh and Chatila. In spite of its regular contacts with all parties to the conflict and several appeals, the ICRC has not been able to enter the camps. At Rachidieh, however, Lebanese Red Cross workers took part in the transfer of more than 200 people from the entrance of the camp to Sidon. Forty-eight among them (13 wounded, five sick people and 30 civilians) were evacuated by LRC ambulances and vehicles.

Street fighting

As the tension surrounding the Borj-el-Brajneh and Rachidieh camps abated, starting on February 14, violent clashes broke out between rival Lebanese factions in West Beirut. Transferring wounded people to hospitals had become a particularly dangerous task in the streets where fighting erupted, but LRC first aid workers were able to evacuate 280 people (145 of whom were wounded or sick) and to treat 120 people with minor wounds on the spot between February 16 and 20.

The ICRC medical team installed an emergency dispensary in the delegation's West Beirut shelter and several dozen people received treatment there. During each lull in the fighting, ICRC teams went first to hospitals, then to any medical centers they could reach. They estimate that the major hospitals and dispensaries of the capital treated more than 1000 wounded people during this period. Most medical centers lacked supplies, medicines, and even food for their patients. The ICRC delegation therefore carried out large-scale distributions of medical supplies, medicines, and food where necessary. Evaluations are currently under way to decide what to distribute where, in order to bring relief to civilians in neighborhoods severely affected by the fighting.
At the end of January, the Afghan government and the International Committee of the Red Cross came to terms: the ICRC will return to Afghanistan and get operations under way to help victims of the war in this country.

Their agreement stipulates that ICRC delegates will be able to see all prisoners in Afghanistan: the first series of visits will begin March 4 at the Pul-i-Charki prison in Kabul. Following the ICRC’s customary modus operandi, visits to all those detained in all detention centers will include interviews without witnesses, the exchange of Red Cross Messages (allowing detainees to correspond with their families) and the distribution of any urgently needed supplies. The members of the visiting team have been selected and should begin work in Kabul during the first week of March.

The ICRC has also come to an agreement with the Afghan Red Crescent Society. Three ICRC orthopaedic specialists will go to Afghanistan and spend two years helping to set up a program for the handicapped, in particular the war disabled. During the first year they will concentrate on establishing the infrastructure required for the project and on training locally recruited personnel. Local staff will be taught the guidelines of “appropriate technology”, using resources they can easily find in their region to construct orthopaedic apparatus. Two ICRC technicians are presently in Kabul and have begun work; the third will join them on March 4.

For another program that will be run jointly with the Afghan Red Crescent, the ICRC will choose the best means to teach international humanitarian law and the principles of the Red Cross and Red Crescent Movement to the armed forces and to those responsible for security in Afghanistan.

Finally, according to the terms of the agreements and starting on March 15, an ICRC doctor and nurse will visit Kabul (and perhaps some towns in the provinces, as well) to evaluate medical needs and to judge how best to bring additional surgical assistance to the war wounded. This evaluation — along with the planning and management of the entire operation — is an ICRC-Afghan Red Crescent cooperative effort, with the future involvement of other National Societies.

Across the border... and far away

Since February of 1980, the ICRC has been helping victims of the Afghan conflict from several points just across the border in Pakistan. Many other humanitarian organizations are also working along this border.

During the last few months, ICRC hospitals in Peshawar and Quetta have been particularly active, but this border operation is primarily a medical one. Everywhere the ICRC is at work, one of its major concerns is the protection of prisoners and detainees. Between 1982 and 1986, 11 Soviet soldiers captured by Afghan opposition movements were interned in Switzerland under terms accepted by the Soviet Union, the Afghan opposition, Switzerland and Pakistan. The parties all agreed that the Soviet prisoners be transferred to a neutral country and interned for two years, an application by analogy of the Third Geneva Convention relative to the treatment of prisoners of war. The ICRC served as a neutral intermediary and visited the prisoners during their period of internment. In 1986, delegates began to visit prisoners held by the Afghan opposition movements. Now at last visits will begin again to prisoners on the other side, in Afghanistan, as well.
When no one else can or will: evacuations

“The small Twin Otter plane landed on the airstrip that borders the village of Alto Hama as our ICRC truck bumped along between brown huts and pulled up at exactly three o’clock. As always, we had to hurry if we wanted to get back to Huambo (and our beds) for the night: all planes must return from outlying municipalities by half past three.

“The Bailundo team was already on board and they had an extra passenger. A woman was stretched out on the floor, hooked up to an I.V. and obviously in pain — I asked what was wrong. ‘Twins,’ the doctor said. ‘The first one was delivered normally, but the second...’ He made a gesture that I recognized as meaning the baby had turned inside the womb and was now blocked. On her way past me towards the front of the aircraft, the nurse added, ‘She’s started to hemorrhage. We have to get her to the hospital.’

Delegates, nurses, field officers crowded in: 18 people in all, including the patient and her husband, who helped to hold the stretcher still and glanced around, frightened, as we took off into a thunderstorm.

“The storm cracked through the air. While the others laughed and talked about the day’s work in a jumble of Portuguese and French, I watched the poor woman’s body tighten. She clutched at the doctor’s leg. He knelt beside her, took her pulse, held her hand. The trip wasn’t really very long, but that day it seemed like hours.”

The evacuation described above took place in Angola. The doctor and nurse had radioed ahead so that an ambulance would be waiting at Huambo airport to take their patient to the hospital. Both the woman and the child were saved.

Bridging the gap

In peacetime, ambulance services are provided in most countries by private companies, local authorities or National Societies of the Red Cross and Red Crescent. But the ICRC’s Medical Division intervenes at certain times in places affected by armed combat or the threat of it, whatever the correct definition of this state of insecurity is in any particular country: war, internal troubles, disturbances, tensions or just plain “fighting”. Put simply: when no one else can or will, the ICRC treats patients and arranges to transfer the wounded and those requiring emergency care to hospitals or medical centers able to treat them.

A difficult pregnancy, complications occurring during the delivery of a child or twin children: this is a fairly typical case, and quite often the lives of both mother and child are in grave danger. Even more dramatic cases are handled by ICRC and National Society medical staff when innocent civilians step on mines, get caught in the crossfire or are directly attacked.

Not far from where the Angolan woman and child were able to receive proper care, in late January ICRC delegates were called in to help 20 people, all civilians and all seriously wounded. The delegation set up a shuttle operation with its two Twin Otter aircraft to transfer these patients as quickly as possible to the hospital. Twice recently on the island of Mindanao in the Philippines, the ICRC was able to evacuate wounded people to Cotabato hospital. In Thailand, patients are transferred when necessary from points all along the border to the ICRC hospital at Kha0 I Dang. In Pakistan, as well, border posts established by the ICRC and the Pakistan Red Crescent treat minor cases, while their ambulances regularly transport patients to the two hospitals at Peshawar and Quetta. Since 1981, when this operation began, 3717 patients have been evacuated.

Sometimes the ICRC provides whatever is missing in order to facilitate an exchange of wounded, sick or handicapped soldiers or civilians. As part of a complex exchange that took place in El Salvador at the beginning of this year, the ICRC evacuated 39 wounded members of the opposition. It chartered a plane to fly them out of the country and provided radio links and vehicles for the subsequent exchange of detainees and a government officer. A similar operation, which required all the logistical means and ICRC personnel in the country, had already been carried out at the end of 1985 following the abduction of Inés G. Duarte Durán, the President’s daughter.

The Geneva Conventions of 1949 clearly stipulate that those who are not engaged in combat or who are no longer able to fight must be protected and given adequate care. Article 15 of the First Convention states: “At all times, and particularly after an engagement, Parties to the conflict shall, without delay, take all possible measures to search for and collect the wounded and sick, to protect them against pillage and ill-treatment, to ensure their adequate care, and to search for the dead and prevent their being despoiled...”

The same terms are used to extend this protection to the shipwrecked in Article 18 of the Second Convention, and more specifically to the infirm, expectant mothers, children and the aged in Articles 16 and 17 of the Fourth Convention. These texts have been signed -- their rules accepted -- by nearly every nation in the world. One of the roles of the ICRC is to see that they are respected.
A tale of two sisters

Natalia and Galina as children, and during their reunion in January. (photos courtesy of the Alliance of Red Cross and Red Crescent Societies of the U.S.S.R.)

"But I searched for you for years -- " "I tried to find you, too. If you only knew... For years after the war, you were there, in my mind -- I had conversations with you every night. And then it was so sad, as the years passed and your image faded, little by little..." These are the voices of two sisters, Natalia and Galina Golovacheva, who finally found each other after having been separated for 42 years. Galina will soon be 65, Natalia, 63. They met on a cold afternoon in January at Moscow's airport, as cameras flashed and reporters told their story to the nation. Their meeting is the kind of small miracle that brings satisfaction and delight to the people who helped arrange it, people that formed a chain from one country to another through the Alliance of Red Cross and Red Crescent Societies of the U.S.S.R., the Belgian Red Cross, the ICRC's Central Tracing Agency and the International Tracing Service in Arolsen.

So long ago
In 1942, a mother and her two teenaged daughters (Natalia was 17, Galina, 19) were among those taken from their homes in the Soviet Union and deported to Germany: they had to work in a labor camp near Hanover. Galina, a medical student, escaped to marry the man she loved who was at the time a Belgian prisoner of war, and with whom she moved to Belgium. Her father and uncle disappeared in the maelstrom of the war and, although she tried many times to send messages, she was never able to find her mother and sister. They, meanwhile, had gone to live in Siberia, in a town further from Moscow than Moscow is from Belgium. They also tried to find Galina, but after the war there were hundreds of thousands of people searching for hundreds of thousands of relatives. The mangled communications of the time provided the ideal climate for rumors and false information, and both sisters eventually believed that the other was dead. They lived separate lives a world apart until finally, as she grew older, Natalia wanted once and for all to know what had happened to her sister. She contacted local authorities, who sent her appeal for information to the Alliance of 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.

A perfect example
Coincidentally, the ICRC was working at this time on a film presenting the Central Tracing Agency, with plans to focus on the all-important links between the Agency in Geneva and National Societies of the Red Cross and Red Crescent in countries throughout the world. Six cases were to be chosen for the half-hour documentary, and surely none could better illustrate the point than the story of the two sisters. The director, Jean-Daniel Bloesch (a former ICRC CTA delegate himself and an award-winning film maker) took his crew to film Galina in Belgium first, then obtained permission to meet Natalia in Moscow. In fact, Galina asked to travel with the team, and the Alliance arranged for them all to be present at the moment when the sisters met.

It was a media event: Galina and Natalia appeared on the evening news, placed flowers on the tomb of the unknown soldier to honor the memory of their father, and visited the Alliance's tracing office. Of course, they also spent time alone during the week that Galina stayed in Moscow. Despite the snow and bitter cold, it was a week filled with the warmth and joy of being together at last... and with plans for another family gathering very soon.

Based on an interview with Mme Marion Scheinberger, head of CTA's Europe sector 1.

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IRAN/IRAQ: 76 POWs return home

ICRC delegates accompanied 76 disabled, sick and elderly Iraqi prisoners of war as they boarded a flight in Iran and flew home to Iraq on March 17. This was the 22nd repatriation but the first and only direct flight from Tehran to Baghdad since the conflict began almost seven years ago.

With two doctors, two nurses and a delegate on board, a plane chartered by the ICRC left Holland on the 16th and, after a night-stop in Ankara, arrived in Tehran the next day. A few days before the operation, delegates spoke with all the POWs individually and without witnesses and gave each one a medical check-up. The POWs were escorted onto the aircraft, some on stretchers or in wheelchairs. Staying with them during the three hour flight, the ICRC team then handed the POWs over to Iraqi authorities upon arrival in Baghdad.

The Geneva Conventions make it an obligation for belligerents to repatriate severely wounded and sick prisoners of war even during active hostilities. Including this latest repatriation, a total of 564 Iraqi POWs and 613 Iranian POWs have been able to return to their countries under the auspices of the ICRC since the beginning of the conflict.

Appeals '87

On March 18, the ICRC launched this year's special appeals with reports prepared for donors on seven regions where conflict persists and demands humanitarian intervention: Afghanistan and its border zone, Africa, Central America, Iran/Iraq, Kampuchea/Thailand, Lebanon and the Philippines. These regions were all included in last year's appeals, but needs and goals have changed almost everywhere, with one obvious result: a considerable decrease in the budget.

ICRC finances are in fact calculated under two separate budgets: the extraordinary budget (funded through the appeals) covers large-scale emergency operations, but figures were also published for the ordinary budget, which provides for permanent running costs and small-scale operations. Both budgets are financed primarily through voluntary contributions made by States and National Societies of the Red Cross and Red Crescent. Half of the ordinary budget is covered by Switzerland each year.

The combined total budget figures for 1987 are 30% lower than in 1985, the year the extraordinary budget reached an all-time high of 472 million Swiss francs. This year's 246 million for large-scale operations is roughly equivalent to the budgets of '84 and '86, reflecting an improved situation and decreased aid distributions, in particular in Africa and Central America. Surprisingly, the ICRC is not appealing for any donations in kind this year: donations in kind already pledged will suffice for 1987. The special appeals just announced are therefore only in cash, totalling 189,274,800 Swiss francs.

News in brief

The delegation in El Salvador organized the transfer of 20 disabled guerillas from Salvadorean territory to several host countries on March 4. Acting as a neutral intermediary, the ICRC had chartered three small aircraft to carry out this operation.
Special report: Nicaragua

The ICRC has been in Nicaragua since 1978 to provide protection for persons in detention and assistance to them and their families. Delegates also help civilians in regions affected by armed clashes between government forces and counter-revolutionary organizations.

August 1978: The ICRC establishes a permanent delegation in Managua. Its task is to visit detainees held by the Somoza regime and to provide emergency assistance to victims of the intensifying conflict between security forces and the SNLF (Sandinist National Liberation Front).

July 1979: The Somoza regime falls and the “Junta de Reconstruccion Nacional” comes to power. The ICRC receives authorization from the new Minister of the Interior to visit those held by the SNLF — former members of the National Guard and civilians captured when hostilities ended.

In 1983, apart from its protection and assistance activities for detainees and their families, the ICRC delegation in Managua worked in close conjunction with the National Red Cross Society to set up an emergency food and medical assistance program. Beginning in September of that year, the joint program provided aid to civilians displaced by the fighting between government forces and “contra” counter-revolutionary forces in the regions close to the borders with Honduras and Costa Rica. The objective was, first, to provide monthly emergency assistance to some 3,000 displaced people and, second, to build up stocks of food and medical supplies which would be enough for 10,000 additional displaced people if the situation were suddenly to deteriorate.

In 1986, the ICRC reinforced the structure of its operations in order more fully to meet the needs of victims.

Protection: visits to detainees

In Nicaragua, ICRC delegates have access to people held in places of detention run by the National Penitentiary System (SPN). The detainees are former members of the National Guard taken prisoner when the Somoza regime fell, civilians who collaborated with the former regime and persons arrested under the new government and accused of counter-revolutionary activities or undermining State security, including those captured during military operations. The ICRC regularly visits the two prisons in the capital (Tipitapa and Zona Franca), 6 provincial prisons (Bluefields, Chinandega, Esteli, Matagalpa, Granada and Juigalpa) and several “granjas” — prison farms in which detainees are kept under minimum surveillance. Delegates visit over 4,000 detainees in Nicaragua.

The Tracing Agency office in Managua registers all new detainees visited, processes the data concerning them, and organizes the exchange of news between detainees and their families. In 1986, 9,000 family messages were passed by the ICRC. Another major Agency activity is the exchange of family messages between Nicaraguan refugees in Honduras and their relatives in Nicaragua: last year, 2,400 messages were transmitted.

In accordance with its humanitarian mission, the ICRC is also concerned with Nicaraguan citizens, both civilian and military, who are held by counter-revolutionary organizations.

Materiel

In September 1983, the ICRC and the Nicaraguan Red Cross Society set up a joint program to assist civilians affected by conflict. This continuing program mainly benefits temporarily displaced people, those displaced (who receive assistance when they are finally rehoused), and people whose property has been destroyed in regions isolated because of fighting.

Relief supplies consist of food (rice, beans, etc.) and other articles such as soap, blankets.

In 1986, 887 tons of food and 80 tons of other articles were distributed.

In the Rio Coco region and on the Atlantic coast, 10,000 persons benefit from this program. The ICRC is concentrating its activities in this region because conflict prevents other aid organizations from entering. Many logistical difficulties have had to be overcome, e.g., the area has practically no infrastructure. The ICRC has 12 boats (one based in Puerto Cabezas and the others in Bluefields) to travel up and down the Atlantic coast and delegates assess the needs of the local population.
Waspan — a Miskito area in the jungles of Rio Coco

The first distribution of relief supplies in Waspan, on the banks of the Rio Coco along the Honduran border, took place in October, 1986. The beneficiaries were Miskito Indians who had come back from Honduras to settle once again on their land. The only means of reaching the Miskitos living on the Rio Coco is by the river itself, either in inflatable dinghies or dugout canoes. The ICRC team faces major logistical difficulties in implementing the assistance program in this region. Moreover, the climate — it rains 8 months out of 12 — seriously hampers travel and makes living conditions in an already desolate region especially hard. For the time being, the ICRC office in Waspan consists of two camping tents!

Waspan is a ghost town. There is nothing left of the church but the steeple and a wooden door. One has to deduce where the local hotel used to be by reading its name on the portico, all that is left of the building. The inhabitants returned a little over a year ago and have been trying stubbornly to rebuild their houses despite the fact that they have no means to do so.

Don Cornelio

"Waspan used to be the only town on the Rio Coco built to last", says Don Cornelio, a long time resident. "A little over a year ago, we decided to leave the camp where we had been living and return to the land of our ancestors. Here we have everything we need: the earth to grow maize and beans and the river to catch fish. To our great disappointment, when we came back we found our houses destroyed. In spite of everything, though, we want to stay. We know that the situation is very uncertain. We don't like war. All that we want is to live in peace. We hope that, with the Red Cross here, the combatants will respect us and not try to involve us in the fighting ..."

"All we need is some seed for our fields and a chain saw. You know, if we had a saw, with all the wood there is around here, we could all have decent, clean houses and we could even build one for the Red Cross, so that they wouldn't have to live in those cloth shelters stuck there in the mud. They could get sick, you know!"

1,200 families

Don Cornelio and the 1,200 Miskito families who have come back have given remarkable support to the nascent ICRC office in Waspan. The people have put their four "pangas" (dugout canoes) and their two outboard motors at the ICRC's disposal. The delegate in charge ordered a "panga" for the ICRC. The tree trunk necessary for its construction was found 20 kilometres away. Once the tree was cut down among dense vegetation, it had to be hollowed out and the resulting "panga" carried to the river. During the rainy season, the river's width can grow to 200 meters and the currents become strong enough to overturn a "panga", but the "Miss Dina", the ICRC's only boat, cannot navigate the river because of sand banks at its mouth.

The Rio Coco nevertheless remains the only way of reaching the Miskitos who have come back to live in Waspan and now have to reconstruct everything: houses, plantations, fishing gear etc. The work is very hard but their tenacity and desire not to have to leave again are very strong.

The araguan Red Cross affected by the conflict camps housing families of both the first resettled and the second resettled, and supplies are given to all or who are living in the camps. The supply of food, oil, sugar, salt, blankets and clothing, as well as other relief supplies is distributed to the araguan population and medical and material assistance

The ICRC uses two "pangas" and the other in the Atlantic coast, where the local population and distribute relief supplies. Such are the communications difficulties that the ICRC has had to charter a small aircraft to shuttle between Managua, Puerto Cabezas and Bluefields. Since this network was set up, delegates have had at least the technical means to go to all the places where displaced persons have found shelter or have been resettled and to meet their specific needs.

Another aspect of ICRC assistance in Nicaragua is material aid to detainees and their families. Packages containing food and basic necessities are distributed each month, along with educational and recreational material. The ICRC also assists detainees' families, providing food and paying travel expenses for those who wish to visit relatives held in Managua. Finally, the delegation provides medicines and medical supplies to hospitals and dispensaries run by the Ministry of Health or the Nicaraguan Red Cross. Assessments of medical needs (hygiene and nutrition) are made in centers for displaced persons and medical consultations are given. In 1986, medical assistance worth 1,135,870 Swiss francs was provided.
A few figures for the ICRC's activities in Nicaragua

1986 budget: 16 million Swiss francs
1987 budget: 15 million Swiss francs
Number of delegates: 32
Number of locally recruited employees: about 100
Delegation based in Managua; — sub-delegations in Puerto Cabezas and Bluefields

"Industria Orto-Protesica": the Aldo Chavarria orthopaedic center
In 1984, the ICRC signed an agreement with the Nicaraguan Ministry of Health to set up an orthopaedic program for people disabled by the war (civilian and military amputees) at the rehabilitation center of the Aldo Chavarria Hospital in Managua. The ICRC pays for the purchase of machines and provides the center with specialist staff to train local personnel. At present, five ICRC orthopaedic technicians are working at the center with 25 locally recruited technicians, 12 of whom are trainees. In 1986, 124 prostheses and 423 orthoses were manufactured at the center; 160 appliances were repaired and 118 persons were fitted. In January 1987, 12 prostheses and 49 orthoses were manufactured.

Coping with a crisis

The ICRC hospital in Peshawar near the Afghan border had to handle an emergency during the last three days of February, following the bombing of border villages. Medical staff (including surgical teams, doctors and nurses from the National Societies of Norway, Finland, New Zealand and the Federal Republic of Germany) were faced with record numbers of wounded people arriving in ambulances, buses, taxis, trucks... An ICRC delegate in Peshawar described the scene:

"The first patients began to arrive at about 8:15 in the evening of February 26: within four hours, the team admitted 58 new patients, more than ever in the history of the hospital...

"Beds were put up everywhere, and the surgical teams worked without interruption: six hours the German, six hours the Finnish team. By 10 a.m. on February 28, 93 casualties had been admitted... many burns, and head, chest and abdominal injuries — severe cases.

"That day there were 127 patients, and the delegation decided to put up one of the tents of the emergency field hospital donated by the Norwegian government in 1985. Thankfully, the tent and the third surgical team put on stand-by have not yet been needed, 'Inch'Allah', as say the local staff...."

In brief

ICRC delegates in Lebanon entered the Palestinian camp of Rachidieh, near Tyre, on two occasions, March 12 and 17. They were able to evaluate needs and to distribute and collect family messages. With the blockade around this camp partially lifted, women, children and the elderly can leave and return during restricted daylight hours. The delegation will continue to make regular visits inside the camp and to take the steps required to provide emergency assistance whenever necessary.

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Mozambique: concerted effort

An ICRC team is in Quelimane in Mozambique with plans to visit 15—20 towns and villages in the surrounding area, to bring limited emergency medical assistance to those who need it most right away and to assess what can and should be done to help civilians affected by the conflict. The team includes a delegate, a doctor, a nutritionist and a Danish Red Cross nurse. Following an appeal by the United Nations Disaster Relief Organization (UNDRO) on March 31, a large-scale UN operation will be launched in cooperation with the Mozambican authorities. Over 40 other non-governmental organizations are also present, with small-scale programs scattered throughout the country. The ICRC will bring assistance to the most troubled regions, where security problems prevent others from working.

Maputo, the capital of Mozambique, is located on the coast near the southernmost tip of the country. Travelling northwards along the coastline, one reaches Beira, then Chinde and Quelimane, port cities in the central sector. The conflict affects inland regions of this central sector and regions further north, near the borders with Malawi, Zambia, Zimbabwe and Tanzania. The ICRC will provide support for Mozambican Red Cross (MRC) programs in Chinde and Inhassunge (Zambezia province). Joint ICRC/MRC efforts have already begun with the establishment of a tracing network and a dissemination program.

The ICRC is also a publisher: ICRC books, pamphlets and magazines will be on display at the International Book Fair in Geneva, May 13—17. Last year the organization edited 696 publications, including 26 new titles. Surprising? Not really. The ICRC began with a book: the publication of Henry Dunant's A Memory of Solferino launched what is today the entire Movement of the Red Cross and Red Crescent.

In April, the annual overview of activities, The ICRC Worldwide 1986, was published in French, English, Arabic, German and Spanish. German and Portuguese editions of the Central Tracing Agency's Guide for National Red Cross and Red Crescent Societies have also come off the presses this past month and are available upon request.

The ICRC's regular meeting in Assembly on May 6 is to be the occasion when Mr. Alexandre Hay transfers the Presidency of the institution to Mr. Cornelio Sommaruga.

During April, Mr. Hay was invited to Moscow for talks with Mr. Eduard Chevardnadse, the Soviet Foreign Minister, and with the Alliance of Red Cross and Red Crescent Societies of the U.S.S.R. Two weeks later he was in Paris with Mr. Sommaruga to meet with French President Francois Mitterand, with Mr. Jean-Bernard Raimond, Minister of Foreign Affairs, Mr. Didier Bariani, State Secretary for Foreign Affairs, Claude Malhuret, State Secretary to the Prime Minister (in charge of Human Rights) and the French Red Cross. And at the end of the month Mr. Hay travelled to Turkey to hold discussions with President Kenan Evren, acting Foreign Minister Hasan Celal Guzel, Mr. N. Kandemir, Under Secretary of the Foreign Ministry, and the Turkish Red Crescent Society.

But Mr. Hay has served as President of the ICRC since 1976: during nearly 11 years, reports on important presidential missions could have been issued almost every month.

Under President Hay the ICRC expanded its ways and means of intervention with the Diplomatic Conference of 1977 that adopted the Protocols Additional to the Geneva Conventions, participated in three International Conferences (Bucharest, Manila, Geneva), launched massive operations on the Thai border, in Angola, in Ethiopia, carried out vital activities in Poland, in Lebanon, in Afghanistan, in Iran and Iraq and in dozens of other countries throughout the world. In 1976 there were 240 people at ICRC headquarters and 350 in the field, working with a total budget of 53.6 million Swiss francs. Today almost 600 work in Geneva and over 600 in the field, backed up by well over a thousand locally recruited staff, and 1987's budget stands at 333 million.

News in brief

In Colombia in March the Andes Parliament adopted a resolution exhorting member States to give their moral and financial support to the ICRC, to ratify the Protocols Additional to the Geneva Conventions if they have not already done so, and to respect international humanitarian law.
ICRC activities in El Salvador

The ICRC operation in El Salvador: multifaceted, like a diamond. Solid as a rock with a sparkling array of numbers, often surprisingly high: 2,874 visits to 277 different places of detention in 1986, over 5,000 tons of food distributed to over 100,000 people, 35,000 medical consultations given... No doubt ICRC delegates in El Salvador would point out the flaws in their operation and speak of things yet to be done, but their achievements are nonetheless worth describing.

A glance down the list of activities, below, will not surprise anyone familiar with ICRC operations worldwide — the organization does many of these things in many other countries affected by armed conflict or internal strife. What’s different about El Salvador is that here it does them all: a former head of delegation spoke recently of “the remarkable range of activities carried out by delegates, doctors, nurses and local staff.”

The delegation in the capital, San Salvador, covers the western and central departments from Ahuachapán to San Vicente. A regional sub-delegation in San Miguel handles the eastern departments: San Miguel itself, Usulután, Morazán and La Unión. The whole operation could be represented by a diamond shape with its four sides labelled: protection, tracing, assistance, dissemination.

### Protection for people detained because of the conflict
- Visits to governmental places of detention in all 14 provinces;
- Access to people detained by the Farabundo Martí National Liberation Front (FMLN). Nine were released last year and handed over to the ICRC; efforts continue to obtain regular access to all those held by the FMLN.

### Tracing
- Six tracing offices handle requests for information about people reported missing, register new detainees, transmit family messages, reunite families.

### Assistance for civilians forced to leave their homes or otherwise affected by the conflict
- Supplementary food for about 100,000 people;
- Seeds, fertilizer, insecticide (see story, opposite);
- Curative medicine: medical consultations and assistance, dental treatment, training of local health workers;
- Preventive medicine: public meetings and courses in schools to teach basic hygiene, vaccinations (diphtheria, whooping cough, tetanus, measles, polio) primarily for children living in regions where clashes occur;
- Public health programs to build latrines and improve the water supply in cooperation with local communities in battle zones.

### Dissemination
- Spreading knowledge of international humanitarian law and principles within the armed forces, among FMLN combatants and the general public.

Many of these programs are carried out jointly or in cooperation with the Salvadoran Red Cross. ICRC delegates work alongside Salvadoran volunteers and relief personnel; the ICRC gives financial support to the National Society to help it maintain and develop its ambulance services, blood collection center and other activities.
Helping the “campesinos” provide for themselves

The “campesinos” of El Salvador, peasant farmers, are deeply attached to their land: given a choice, they will stay in their villages and work. Over a year and a half ago, during a distribution of food, some “campesinos” asked ICRC delegates if it would be possible to provide seeds and fertilizer — they clearly preferred to receive the kind of help that would allow them to plant and grow enough to feed their families. The ICRC decided to try and, after the success of last year’s pilot program, will extend agricultural assistance to over 11,000 families during the 1987 planting season.

Salvadorean farmers generally use fertilizer when they can get it. In fact, the Ministry of Agriculture and outside experts confirm that on Salvadorean soil, poor in certain minerals, farmers cannot produce good, regular yields without fertilizer. Those living in secure regions obtain loans from local banks (repayable after the harvest) to buy what they need. “Campesinos” living in regions where the conflict causes security problems cannot get these loans and need help from the ICRC.

Insecticides are on sale everywhere in El Salvador, even in isolated villages, but poor farmers cannot always afford them. An urgently needed 50 gallons provided by the sub-delegation in San Miguel allowed a group of displaced “campesinos” to save 80% of their harvest in 1986. So the ICRC decided to ensure the success of its seed program by including limited amounts of low-toxicity insecticides in the farm parcel to be distributed.

Pilot program ’86

The pilot program began last year with 2,837 tons of seed distributed to 500 families, enough for each to plant the usual 1/2 manzana (0.35 hectare) field. The cost — for seed, fertilizer, insecticide — was only 112 Swiss francs per family: mother, father and, generally, three or four children. The first harvest in October 1986 was unfortunately reduced by drought, particularly in eastern regions. But the overall yield was nevertheless estimated at 900 — 1,150 kilograms per family, well above the minimum requirement of 730 kg cited by Salvadorean sources.

After a review that showed it to be well adapted to local preference and conditions, successful and cost effective, the program was adopted for 1987. Schoolchildren in the Swiss canton of Zurich each donate a franc every month and thus provide funding for 300 families. By the end of March, 80% of the farm parcels had been distributed: 6,734 families had received a total of 1,425 tons. At each distribution a Salvadorean agronomist presents basic techniques that help increase each farmer’s yield and a brochure is handed out to explain and illustrate these tried and true methods.

There is probably no better way imaginable to help give self-sufficiency and some measure of security back to those who need it most.

The ICRC has been working in El Salvador since 1979.
1987 Budget: 13,848,700 Swiss francs.
Staff: 30 delegates, 116 Salvadorean employees.

Photos illustrating the wide range of ICRC activities in El Salvador, taken by Philippe Merchez.

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A step further in Chad

The ICRC recently began assisting people who have been forced to take refuge from the fighting in northern Chad. During the first few days of April, 1,400 families (who have temporarily settled near Fada) received rations that included 50 kilos of rice, 12.5 kilos of sugar, half a kilo of tea and 5 liters of oil. Nearly 150 tons of food donated by the League, the ICRC and the World Food Program were distributed along with mats and buckets.

Two weeks earlier, in mid-March, two delegates and a nurse had set off from Abeché in the southeast, driving northwards through the semidesertic Sahel to Oum Chalouba, then on past the 16th parallel and into the desert to reach Fada, an oasis at the foot of Mount Ennedi. With the help of local staff, they established a sub-delegation in this town, an important step in the gradually increasing ICRC effort to help people living in northern areas of the country affected by sporadic continuing conflict.

On April 7, a delegate and a doctor left Fada to arrive four days later in Faya Largeau, an oasis further to the west, and on April 18 two other teams began the long drive north from N'Djamena hoping to reach Ouadi Doum and Zouar and to evaluate conditions there.

ICRC delegates visited prisoners of war in Bardaï in 1983, but since May of 1984 — when the delegation had to close — the ICRC has been unable to assess needs in Tibesti.

The delegation in N'Djamena was able to organize visits to prisoners of war in 1982-83 and again in 1985-86; negotiations continue for access to recently interned Libyan POWs. The ICRC also provides relief and medical supplies needed by the POWs and runs a highly productive orthopaedic center in the capital.

ICRC delegates recently visited POWs or detainees in the following countries:

Nicaragua: the visit to Tipitapa prison in Managua included private interviews with 370 detainees and medical consultations. The medical team also participated in the visit to five places of detention in the provinces, where they saw more than 600 detainees.

El Salvador: the delegation visited 87 places of detention, registering 95 people recently detained.

Iran: the visiting team saw 3,102 Iraqi prisoners of war interned at Arak camp.

Iraq: a new series of visits to Iranian prisoners of war began at camps 5—8, where a total of 4,228 POWs were seen.

Namibia/South West Africa: delegates were able to visit once again the prison in Windhoek, the capital, and to see 24 detainees.

Suriname: a delegate returned to Paramaribo to visit 61 people held in two detention centers.

Colombia: A total of 107 security detainees were seen in five places of detention.

Indonesia/East Timor: regular visits continued to those detained in relation with events on East Timor. In four places of detention in Dili and Jakarta, delegates visited 235 detainees.

The Philippines: during the past three months, the delegation organized visits to 143 people arrested in connection with the insurgency, in 23 detention centers.
POINT OF VIEW

TWENTY YEARS

After the war between Israel and its Arab neighbors in June of 1967 ended, the world hoped that the problems engendered by it would rapidly be solved. Of particular concern: the occupied territories of the West Bank and East Jerusalem, the Gaza strip and the Sinai peninsula, the Golan Heights. An agreement was reached concerning the Sinai peninsula in 1979, but the inhabitants of the other territories have been living under occupation for twenty years.

International law exists through the will of States that create it, adhere to it and must apply it. This is the case for international humanitarian law, in particular the Geneva Conventions of August 12, 1949. The Fourth Convention aims to protect civilians living in occupied territories against arbitrary measures taken by the occupying power. It is for the States party to the Conventions to undertake to respect the texts and ensure respect for them.

The ICRC was present in Amman, Beirut, Cairo, Damascus and Tel Aviv before the beginning of hostilities, and, as soon as the war began, reminded the States concerned of their obligations as set down in the Conventions.

The applicability of the First Convention (for the wounded and sick) and of the Third Convention (for prisoners of war) was quickly recognized by all the parties. ICRC delegates were thus able, for example, to aid wounded soldiers, search for missing people, visit POWs and facilitate their repatriation — tasks they also accomplished during and after the war of October 1973.

However, the State of Israel has never recognized the formal applicability of the Fourth Convention to the territories occupied in 1967. Therefore, in 1986, during the Twenty-fifth International Conference of the Red Cross, Israel stated that its applicability was doubtful, but declared that de facto the provisions of the Convention were being applied in the Gaza strip and on the West Bank. The eastern part of Jerusalem, with extended borders, was placed under Israeli law just after the war, in violation of international humanitarian law. People from the Golan Heights found themselves in the same position from December 1981 onwards. Faced with this situation, the ICRC reminded Israel of the applicability of the Geneva Conventions and its obligations under them, but without success.

Nonetheless, for the past twenty years, the ICRC has continually intervened on behalf of people from all the occupied territories, basing itself on the provisions of the Fourth Convention. These texts stipulate that the Occupying Power’s administration of territories must take into account not only its own security concerns, but above all the general interest of the population.

It is true that the ICRC has free access to all the occupied territories: its delegates notably visit and help those persons protected by the Convention who have been deprived of their freedom, including those detained for security reasons who are under interrogation (although they do not have access to those from the Golan Heights in this category). On humanitarian grounds, the ICRC can also intercede with the Occupying Power to protect the interests of people who have suffered from measures taken against them.

The ICRC must deplore, however, persistent violations of the Fourth Convention, often considered to be grave infractions: citizens of the occupying power continue to take up residence in the occupied territories; people from the occupied territories are expelled; fields and houses are destroyed, other houses walled up, arable land expropriated; the economic and social structures of the occupied territories are becoming more and more dependent upon those of the State of Israel, in particular through the use of regulations and legislative measures.

From a humanitarian point of view and despite its interventions, the ICRC must note that it is becoming more and more difficult to limit the consequences of twenty years of occupation. Primary responsibility for the outcome belongs to the parties concerned. But it is shared by the international community, which also has an obligation to search for solutions to humanitarian problems and for a lasting peace.
Red Cross team abducted on the island of Mindanao

Jacky Sudan, ICRC delegate and male nurse, was the last member of the team abducted in the Philippines to be released: he was freed on May 26.

To recall the sequence of events: on May 5, a joint ICRC/Philippines National Red Cross (PNRC) team based in Cagayan de Oro on the island of Mindanao drove to a village in the province of Lanao del Sur to distribute relief supplies and give basic medical care to a group of displaced civilians. The team of 13 people was heading back to its operational base (in one truck and two Landcruisers) when the convoy was stopped by unidentified armed men. One PNRC worker, two PNRC volunteers and two ICRC warehouse managers were allowed to go free. The two Swiss delegates, Alex Braunwalder and Jacky Sudan, were taken prisoner along with five PNRC nurses.

The ICRC delegation immediately began contacting authorities who might be able to help secure the release of its team, in Manila and on Mindanao island. The ICRC asked that force not be used. A ransom was mentioned by the media, but the ICRC never received any demand. The institution's policy in cases like this was set years ago when it was decided that the ICRC would never consider paying ransom, as this would only encourage others to kidnap delegates throughout the world.

Contacts and negotiations with the abductors were undertaken by local officials, in particular by the governor of the province of Lanao del Sur, who stayed in close contact with the delegation. The ICRC’s Delegate General for Asia, on mission in the region, went to the Philippines to meet with the delegation and assess both the situation and the development of activities in the field. The ICRC did not want the rest of its operation to be paralyzed: in spite of the tension, delegates continued to help those in need on Mindanao and elsewhere.

One of the Philippines Red Cross nurses was in fact released the evening of the abduction. The four others were set free and allowed to take the truck back to base two days later, on Thursday, May 7. Alex Braunwalder was released in turn on Sunday, May 10. The delegation received a Red Cross message written by Jacky Sudan, dated May 16, saying he was in good health: the message was transmitted to his family. On May 26 he was finally released.

Well established, extensive programs

The team abducted in Lanao del Sur province was one of several regularly distributing food and other supplies as part of the relief and medical operation carried out jointly by the ICRC and the Philippines National Red Cross. Evaluations were conducted and a total of 235 tons of food distributed on Mindanao during the period January-April 1987 through the ICRC sub-delegation in Davao City, ICRC offices in Cagayan de Oro and Zamboanga City, and 26 PNRC chapters throughout the island of Mindanao. Similar assistance programs benefit displaced people in the Visayas and on the island of Luzon.

The ICRC has been visiting people detained in the Philippines in connection the insurgency on a regular basis for several years. The very first visit on the islands took place in 1959. Relief operations began in 1976 on Mindanao, the large island to the south (population 14 million) most seriously affected by the incidents. In 1980, assistance was extended to Samar and in May 1986 to north-eastern Luzon.
Major efforts are also made by the delegation to spread knowledge of international humanitarian law and Red Cross principles, using methods specially adapted to the local context, in particular the very popular Red Cross Comics. The sub-delegation also uses a "Diffmobile" — a Land-cruiser equipped with a projector, screen, TV, video, etc., to present films and thus attract and talk to various groups: residents of remote villages, soldiers and officers, members of the general public.

Ethiopia: work may begin again

The ICRC delegation in Addis Ababa received an authorization in May from the Ethiopian government for a partial resumption of activities in northern regions of the country. Relief operations in the north had to be suspended last December following decisions taken by the Ethiopian authorities.

On May 14, four delegates travelled to towns in the provinces of Eritrea, Tigray and Gondar, where 27,000 tons of food are still stocked, and some stocks have had to be fumigated. Distributions should begin again soon with the help of the Ethiopian Red Cross, and the whole operation should be completed towards the end of the year, unless of course some change in the situation makes further assistance necessary.

One of the sanitation specialists sent to the north also reported on a severe water problem in Asmara. The delegation loaded water tanks on six of its trucks and, working with the National Society, will transport a weekly supply of one million liters of water to those who need it most, until conditions improve.

News in brief

The government of Iceland has ratified the 1977 Protocols Additional to the Geneva Conventions, subject to a reservation with respect to one article of Protocol I. The ratification will take effect on October 10, 1987.
Angola: less is better

The good season has begun on the high plateau region called the Planalto in Angola, region where the ICRC has been helping rural villagers hard hit by a conflict that has lasted over 12 years. The rainy season that began in October is over; harvests are in and families now have stocks that should last until next October, if not longer. The delegation was able to phase out distributions during the past three months and to close the feeding center in Chinguar at the end of April. It will almost certainly soon be possible to close the feeding center in Bailundo and the two still open in Huambo, as well.

Overall, the Planalto villages are much closer to self-sufficiency than they were two years ago, a fact clearly reflected in the start-up and cut-off dates for the food aid operation. ICRC delegates had to distribute food from September to May during the 1984-85 bad season, but improved conditions in 1985-86 meant that distributions were only needed from October to April. And this past season proved better yet, with extra food being provided only between December and March in most villages. Towards the end of the bad season early this year, calculations showed that the amounts of corn flour, beans and oil distributed were down 36% from last year.

A first (and foremost) seminar in China

A seminar on international humanitarian law and Red Cross principles was held in Peking May 11 — 16. This seminar, the first of its kind in China, was organized jointly by the ICRC and the Red Cross Society of China, with the participation of the League and the American Red Cross. The ICRC had several publications translated into Chinese, prepared Chinese versions of five ICRC films for the occasion, and one of its representatives gave his presentation in Chinese, as well.

The ICRC delegation, with Director General Jacques Moreillon at its head, participated in lively and intensive debates with over 100 people invited by the National Society, including 30 from the armed forces.

It should be noted that the Red Cross Society of China, under dynamic leadership, has greatly developed its activities and increased its membership from 1.9 million in 1985 to 3.8 million today.
The Philippines: in the red

The ICRC needs money for its activities in the Philippines. Halfway through the year, the Philippines is the only major operation financed under the special budget to show figures in the red: towards the Appeal of 8.7 million Swiss francs, only 1.6 million had been received by the end of May.

Recent security incidents (including the abduction of a Red Cross team on the island of Mindanao) and heightening tension in the capital and elsewhere have reflected the need for the ICRC's presence in the country. Reports from the field have shown that all parties to the conflict understand what the institution is doing and respect its neutrality. The ICRC cannot have its vital and successful efforts in the Philippines held up for financial reasons.

The six-monthly budget update will be sent to National Societies and donor governments next month, but one thing is already clear: the Philippines delegation has not spent more than what was projected to cover needs — donors have given less. In fact some major donors have already made pledges, but these have been for small or only symbolic amounts. During the coming months, the ICRC will have to appeal for more.

Humanitarian problems left unsolved in troubled regions can only exacerbate existing tension. Means must be provided for this delegation to help solve humanitarian problems and thus contribute to a spirit of peace in the Philippines.

Thai border incident

During fighting that flared on May 29 in the region of Site 2, a large camp near the border between Thailand and Kampuchea, the camp itself was hit by shelling. ICRC delegates, present in the camp when the incident occurred, organized the immediate evacuation of 20 wounded civilians to the ICRC hospital at Khao I Dang. Half of the wounded were severe cases, and three died shortly thereafter.

This incident demonstrates once again that Site 2 is very vulnerable to attack. The ICRC delegation in Bangkok reminded the parties concerned of their obligation to distinguish between military and civilian targets and to protect civilians living along the border.

Worthy of the highest praise

In 1944, a delegate named Friedrich Born, working for the ICRC in Budapest, Hungary, began taking personal initiatives to save Jewish lives. The second volume of the history of the ICRC, written by André Durant, relates the remarkable efforts Friedrich Born made during those dark years to help protect the innocent and the oppressed.

On June 5, 1987, Mr. Born's son and daughter were present at a ceremony held in Jerusalem to honor their father, now deceased, and received in his name the highest distinction awarded to those of other faiths who saved Jewish lives during World War II. The ICRC was represented at the ceremony by its Director General, Jacques Moreillon.

News in brief

Twenty-seven representatives of 19 National Societies attended the twelfth introductory course on the worldwide activities of the Red Cross from May 11 to 22 in Geneva. Fourteen of the National Societies represented were from Latin America, three from Africa and two from Europe: the course was given in Spanish at the Henry Dunant Institute.
UGANDA

The ICRC delegation in Kampala ran into difficulties in May that made it impossible to visit those detained in military barracks. The only barracks delegates have been able to visit are those in Gulu, seen in April. From May 15 to 22, a complete visit was carried out in Kampala’s Luzira women’s prison.

Delegates working in troubled areas use every means available to protect civilians from mistreatment by combatants. Allegations of mistreatment are brought to the attention of the authorities concerned, who have agreed to investigate and do whatever is necessary to prevent these incidents from recurring. Visiting towns and remote villages, ICRC staff also evaluate problems caused by the presence of cattle raiders and other armed groups.

Delegates had to leave Gulu on May 1 and Lira on June 10; they have not yet been able to return, but discussions are under way with the Ugandan authorities to try and clear up the difficulties involved.

The ICRC is still able to monitor the needs of displaced people in and around other northern and eastern towns. Having been forced to leave their homes, these people need the basics: cooking pots, plates and mugs, cloth or clothing, soap, blankets and a limited amount of food. Some or all of these items were distributed in May to 7050 displaced people in Lira and to others in Soroti, Mbale, and Kumi. The delegation continued its regular assistance to hardship cases in the capital, and, on May 10, brought supplies to an Italian medical team and a local Red Cross branch helping displaced people in Kitgum.

ICRC staff in Uganda: 18 delegates, 28 local employees.

SUDAN

The onset of the rainy season has brought greater insecurity to Southern Sudan and the delegation has not been able to evaluate conditions in areas isolated by the conflict, where stocks of food are said to be low.

The last survey in April showed an improvement in the nutritional situation of the displaced Toposas, and the ICRC was able to suspend its relief distributions in Narus, near the Kenyan border, after distributing seeds and tools. Stocks (350 tons of food and blankets) are being kept just across the border in Lokichokio, in case conditions change.

Construction work on the ICRC field hospital near Lokichokio was completed on May 26, and Finnish Red Cross nurses were able to begin the installation process (see story, opposite).

In the northern capital of Khartoum, the Sudanese Red Crescent has been trying to help people fleeing the south: 200,000 are reported to have arrived in the capital during the past 18 months. The ICRC has decided to help support this effort. New arrivals will receive food for the first week along with used clothes, soap, blankets and cooking pots, as most of them are then quickly taken in hand by relatives or acquaintances.

Tracing delegates in Khartoum work with the ICRC delegation in Kampala to help Ugandan refugees find and communicate with their relatives. Tracing requests are also received for Ethiopian refugees and others; in May, for example, requests were made by families in Khartoum to trace a Zairian in Zaire, a Sudanese in Iran and a Jamaican in Jamaica. In addition, four family messages were collected from Palestinians for their relatives in Lebanon, and two distributed to Palestinians in Sudan.

ICRC staff in Sudan: 20 delegates, 421 local employees.

CHAD

All relief activities had to be suspended north of the 16th parallel during the month of May as staff based in Faya returned to the Chadian capital. But the delegation based in the capital, N’Djamena, has continued to carry out weekly visits to bring medical care and relief supplies to those detained in the central prison. By mid-June, the authorization required to visit all POWs captured in Chad had not yet been received.

A high-level mission to Libya from May 25 to 27 allowed the ICRC to take up the issue of Chad directly with the Libyan authorities. Upon this occasion, capture cards and family message forms filled out by Libyan prisoners of war were handed over to the authorities in Tripoli.

ICRC staff in Chad: 15 delegates, 40 local employees.
Lopiding-Lokichokio?
It's the name of the new field hospital

Lopiding-Lokichokio is a village in northwestern Kenya, where ICRC delegates have been working for over a year to help the victims of the conflict in Southern Sudan, across the border. The village of Lopiding is 4.5 kilometers down the road, a road hardened by the sun and made bumpy by the incessant truck traffic. For weeks, the trucks lumbered into the village with 1500 bags of cement, two kilometers of electrical cable, 500 liters of paint and other construction materials to build a hospital.

If you travel down this hard, bumpy road, you will first see only thorny bushes, acacias and desert roses, ant-hills and, in May or June, tiny yellow flowers hidden in the grass. Fifty meters from where the hospital now stands is a river 30 meters wide which can flood for hours or even days after a storm during the rainy season. At the moment it is dry, but a special (solid earth and rock) river crossing has been constructed to facilitate matters when the rains come again.

Lopiding is actually two villages inhabited by members of the Turkana tribe and also the site of a facility set up by the African Medical Research Foundation (AMREF). There — half hidden by tall acacias and abundant vegetation that protect it from the swirling sand and the heat — stands the ICRC field hospital.

This 40-bed facility was constructed first of all to treat the Sudanese war wounded who are carried in over the nearby border, and these wounded will always have first priority. The ICRC planned and built the hospital, but the Finnish Red Cross has provided all the equipment, along with an experienced nurse to install it.

AMREF has given the hospital a solar driven water pump and well, a generator, and a complete laboratory (still to come), because a secondary objective of Lopiding-Lokichokio is to treat AMREF's patients. The AMREF team has been studying and trying to eliminate a disease prevalent among the Turkana, characterized by the growth of large cysts. Seven hundred people in the region await treatment, but, as these are not urgent cases, they will be admitted according to available space. All of the hospital's administration will be handled by the ICRC.

By hand
Lopiding-Lokichokio was built in just 16 weeks. During the first phase, 250 Turkana women were employed and divided into crews, each of which had a specific task: collecting stones, collecting sand, cutting and preparing sisal hemp for braiding. Later, 45 men did the stonemasonry, woodwork, plumbing and painting, with the help of three electricians, a metal-worker, and of course a foreman.

The architect, Bruno Flug, who had only four days to draw up the plans, said, "Construction in so very short a time was a real challenge... It was interesting to see all these women and men working so quickly with simple instruments. We had to have a good compromise between a low price and a construction which will last for years."

Yannick Müller organized the construction work and managed the staff; he said the most difficult part of the job was to plan logically, according to the material arriving from Nairobi. Transport was disrupted by road conditions, the weather, and sometimes even the mood of the drivers. But he added that the 300 people who worked on the three buildings "really knew their jobs — you just had to plan it right and supervise."

The construction was completed on May 26 and the first patients admitted four days later.

—based on a report by Rosa-Lina Gomez, delegate (recently returned from Lokichokio).

News in brief

The cornerstone was officially set in place in April and construction work has begun on the "Marc Blaser School" in Togo. Marc died on December 10, 1985 while working for the ICRC in Angola, and his parents decided to build a school in Africa to the memory of their son.

Speeches at April’s official ceremony (attended by Mr. and Mrs. Blaser) clearly linked the school with the ideals of the Red Cross Movement. Subsequently, the ICRC's regional delegate made a joint proposal with the National Society to open a local Red Cross branch on the school premises. Proposal accepted: the ICRC will participate in the creation of a Red Cross center within the school complex and will help organize the training of a group of first aid workers at the center.
Red Cross mobile clinics in Lebanon

Yater, Srobbine, Kafra: ghost towns, shell-ed almost every day. Islands, virtually deserted, that’s what these three villages in southern Lebanon have become, located on the edge of the security zone controlled by the South Lebanon Army with the support of the Israeli armed forces.

Using the roads that lead to these villages is difficult, often impossible, for reasons of security; fields and pastures are also out of reach. The working adult population fled long ago. Only the old remain, and sometimes a few children. The ICRC decided to intervene on behalf of those living under these extremely difficult conditions (made worse by the economic crisis that has hit Lebanon hard), in particular by setting up mobile clinics in collaboration with the Lebanese Red Cross.

The specific conditions that led the ICRC and the Lebanese Red Cross to create the mobile clinics exist at Yater, Srobbine and Kafra: the presence of conflict, the absence of medical services, and the fact that the Red Cross is the only organization able to provide this kind of care. Many other villages find themselves in a similar situation. At the moment, the clinics visit the villages most affected by the conflict, but the operation should be extended to others, according to need and feasibility.

**Draconian security measures**

The ICRC is responsible for security during the journey, for providing one nurse, for Lebanese doctors’ fees and all basic medicines. The Lebanese Red Cross (LRC) provides an ambulance and its driver, who is also a first aid worker, participating in the consultations by registering patients. Medicines for those with chronic illnesses are given by the LRC.

For security reasons, an ICRC delegate and local employee accompany the mobile clinic that goes to Yater, Srobbine and Kafra every Wednesday. Their weekly visit depends upon contacts taken and notifications made the previous day, to obtain the agreement of all forces present. The team has already been stopped by shelling nearby. Needless to say, every move the convoy makes is followed — almost step by step — by radio; security measures are draconian and the ICRC flag is flown as visibly as possible. Finally, it is important to point out the confident attitude of the Lebanese doctor and the other members of the team, highly motivated to carry on their work week after week despite the dangers.

**Consultations**

Consultations are given under different roofs, depending on the village. The dispensary that remained open as long as a Lebanese nurse stayed in one village was too frequently shelled and had to be abandoned, so the Red Cross team now takes over an office at the school each week. Another village is so small, it has no public buildings: somebody’s house will do. Patients enjoy the chance to meet, have a coffee in the ‘waiting room’, and talk to the delegate about the situation in the region.

These patients suffer from heart disease, hypertension, diabetes, rheumatism, bronchitis. The war has added other factors such as anxiety, which can bring on psychosomatic illness, generally digestive or dermatological problems.

And let’s not forget the children. Timid or even frightened, they are pushed to the doctor’s side, learn how to say “AAAH” with their mouths open to reveal a sore throat or cavities in their teeth.... Sometimes when hygiene is poor they come with scabies or intestinal parasites.

The mobile clinic in Lebanon is the social event of the week. But much more than that, it gives protection: the regular presence of the Red Cross brings respite from the daily fear of war. The mobile clinic takes care of the individual’s state of health and well being — not just physical but social and mental, as well. Aware of these needs, the ICRC is working with the LRC to open other mobile clinics in places just as isolated by the war.

The Lebanese Red Cross needs the ICRC’s support, particularly financial and technical means; the ICRC must have qualified people who have a good understanding of the country and of the complex problems engendered by the conflict. Their joint project, the mobile clinic, will no longer be needed when dispensaries can open again, and when workers finally come back to their villages.

Text by Eliane Affolter, nurse in charge of the mobile clinics and by Marjolaine Martin, delegate. Photo taken in Lebanon by Ali Hassan.

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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.
New mission in Suriname

An ICRC delegate has recently spent seven weeks on a mission to Suriname, to visit detainees held by both sides in the conflict that has been taking place in the Latin American country since July 1986. He also assessed the medical and nutritional needs in the capital, Paramaribo, and central Suriname, accompanied by an ICRC doctor.

Two series of visits were made to two detention centres in Paramaribo. Seventy-five detainees were seen during the first round, from May 6-8, and 70 on the second occasion, from June 16-18. New detainees filled out Red Cross messages which were passed on to their families, some of whom have taken refuge in neighbouring French Guiana.

The delegate was also able to visit eight people captured by opposition forces and held in eastern Suriname, and talk to them without witnesses. Family messages written by one of the detainees were forwarded to his relations in the capital.

In the north-east of the country the delegate went to Moengo, an area particularly affected by the fighting, where civilians can only move around with difficulty. He led a convoy of vehicles out of the town, allowing 77 people, including a pregnant woman, to leave Moengo for a safer region.

At the beginning of June, the delegate and doctor made a survey of the situation in the centre of the country, between Pokigrone and Djomoe, in the Upper Suriname River region. Extremely isolated by the conflict, about 20,000 people live in the region, which is 200 kilometres from Paramaribo.

The ICRC team found that the population had adapted well to its isolation and had enough food, thanks to locally-grown produce. However, the situation will have to be closely followed, as the inhabitants may well need agricultural tools, fishing equipment, and possibly medical assistance.

Hospitals and clinics in the capital and its suburbs were also surveyed, and medical supplies provided as needed.

Defend the Red Cross image — President

ICRC President Cornelio Sommaruga issued an appeal at the Thirteenth Inter-American Conference of the Red Cross for the image of the Red Cross Movement to be upheld.

“A good image that inspires confidence is the only real basis on which it can build its humanitarian work,” said Mr. Sommaruga. “Any one of us, by the slightest slip, or by the smallest failure to respect the (fundamental) principles, can tarnish that image and, much more serious, can destroy the possibilities of humanitarian intervention.”

The President was addressing 21 National Societies in Ecuador’s capital, Quito. The regional meeting, held once every four years by the League of Red Cross and Red Crescent Societies, was attended by the League’s President and Secretary General, and chaired by the President of the Ecuadorian Red Cross, Dr. Hugo Merino Grijalva.

Mr. Sommaruga said he did not share the highly pessimistic view some people had of the Movement after last October’s Twenty-Fifth International Conference of the Red Cross in Geneva, which voted to suspend the South African government delegation.

The ICRC would do its utmost “to avoid political incursions and divisions” at the next Conference in 1990, due to take place for the first time in Latin America.

The Movement was passing through a difficult period, he conceded. “The independence of the Red Cross is threatened not only by political pressures but also, and perhaps even more gravely, by the material problems besetting so many sectors in so many countries. How, for example, can the National Societies’ growing difficulty in obtaining the necessary resources be reconciled with the ever more pressing appeals for their help, due to the effects of the austerity plans adopted to combat economic crises?”

“Economic difficulties have political consequences, too; they exacerbate international and national tension, and such consequences affect us directly.”

The ICRC President praised the National Societies as “an extraordinarily rich composite group” of people, and “a source of remarkable vitality.” He also said he was impressed by the very high standard of dissemination activities in the region, and the ratification by 16 Latin American and Caribbean states of at least one of the Additional Protocols. Among issues covered during the four-day Quito meeting which ended July 3 were the protection of refugees, assistance in natural disasters, action by the Red Cross during armed conflicts, health education, and the problem of drugs.
Mozambique: ICRC operation in place

The operational structure for ICRC assistance to the victims of the conflict in Mozambique has been steadily taking shape since the survey conducted in April and May in the provinces of Zambezia, Sofala, Nampula, Niassa and Tete. The programme actually began back in June, but some logistical problems have still to be solved, in view of the long distances to be covered and the lack of an adequate infrastructure.

The only reliable means of transport in the country is by plane, and the ICRC now has two aircraft on hand, a Twin Otter and a Cessna Caravan. Supplies are to be flown in to the district capitals, except around Quelimane, where ICRC boats will go along the rivers to distribute relief supplies to the population living in the Zambezi delta region.

The delegation in Mozambique consists of 19 people at the moment. Ten are in Maputo, seven with the sub-delegation at Quelimane, the operational centre for all five provinces, and two at the logistical base in the main port of Beira, where the railway line and main road from Zimbabwe terminate.

War-wounded guerillas leave El Salvador

For the second time in less than four months, the ICRC evacuated wounded guerillas from El Salvador at the end of June, in a complex operation, nearly 100 injured or disabled guerillas were collected from prearranged points around the country and taken to San Salvador airport, where an aircraft chartered by the ICRC flew them to Cuba.

The following firsthand account was provided by Ann Stingle of the American Red Cross.

“A brief lull in the Salvadoran conflict took place Sunday, June 28, as wounded combatants of the Farabundo Marti National Liberation Front (FMLN) were evacuated to safety by ICRC delegates. Hours before the evacuation began there was a halt in military operations, as government troops pulled back from their positions to allow the movement of the guerillas to bring their wounded to the designated pick-up points throughout El Salvador. Nine ICRC teams, including members of the Salvadoran Red Cross, travelled to the pick-up points deep in the jungle-like terrain. As the sun came up, the convoys started for the airport with their cargo: a total of 98 wounded Salvadoran guerilla soldiers. Negotiations for the evacuation were carried out by the Archbishop of the Diocese of San Salvador. The majority of the wounded were amputees. Some had lost eyes or partial use of their limbs. ICRC doctors inspected wounds which had not yet healed and treated them as needed for the flight. At one point, the press covering the event broke into the compound as one of the largest Red Cross convoys began to unload. ICRC delegates formed a human wall protecting the wounded from the onslaught of cameras and microphones.”

War-wounded guerillas leave El Salvador

Returnees in Uganda

The ICRC delegation in Uganda has assisted 787 displaced people to return to their home areas. In cooperation with the Ministry for Rehabilitation, the delegates organized several convoys from June 16-26. A few years ago, the returnees had to move to Serere, south-west of Soroti, due to the lack of security which prevailed at that time in their region further south. When they got back to their home areas in June, the ICRC gave them sufficient supplies for them to settle down again, including food, blankets, clothes, cooking pots and bean seeds.
Help in emergency assistance

Tens of thousands of them gathered in that empty place, with nowhere else to go and no strength left to move on. They had come a long way from their abandoned homes, and now they just waited, without food or shelter. Most were sick, and a number were dying daily. The few medical workers who had managed to reach them were deciding which of the children might be saved if...

The "if" on which those lives depended was in the hands of the relief agencies — could they get there in time with enough trained personnel, the right medicines and food, enough blankets and tents? Could they coordinate at speed a complex international operation, obtain the permission of the government involved to go in quickly, and prevent the number of dead rising further? Once on the spot, how should they deal with the overwhelming health problems, organise food programmes, and ensure a safe water supply and basic hygienic conditions?

A lot of questions, but a lot of people to save too — today’s victims of natural disasters and conflicts, and tomorrow’s. Some of the answers were given at a special four-week training course on international assistance, held in Geneva in June and July by the ICRC’s Medical Division, the WHO, and Geneva University’s Faculty of Medicine. The title sums it up neatly: Health Emergencies in Large Populations — H.E.L.P.

“In international disasters or emergency situations, there are often a great many international agencies involved... and without a coordinated approach you often find that different agencies may be working at cross purposes, may be duplicating efforts rather than enhancing each other’s efforts, that good communication between agencies from the start is important,” said Dr. Eric Brenner, an epidemiologist with the Faculty of Medicine.

“We know from experience that all too often many agencies tend to rush off in response to emergencies with the best of intentions and goodwill, but without having planned for the operation as it should be carried out in the field.”

Planning, coordination, evaluation and objectives were among the key words at the course, attended by 25 doctors, nurses and health workers. They came from countries including Ethiopia, Somalia, Mozambique, Namibia, Indonesia, and Japan, and several were sent by West European Red Cross Societies. All of them had worked in disaster areas, and were able to share the knowledge they had gained. The course covered nutrition, communicable diseases, environmental health, planning and epidemiology, coordination, health facilities, and the protection of victims of conflicts.

Disease and hunger

“...When people live in an environment extremely dangerous for their health, such as we find in Third World countries in conflict situations, they cannot but become ill,” said Dr. Rémi Russbach, chief medical officer at the ICRC. “So the first thing to do is to tackle the environment, to make it possible to live there, and then you can treat the diseases. “Most of the time the food chain is interrupted and people have nothing left to eat, so it is necessary first of all to carry out a nutritional evaluation, to see what condition the population is in... Afterwards you can see what needs to be supplied and which amounts, making sure you do not bring in too much, because an over-reaction by humanitarian organizations could have a harmful effect by destabilising the local market completely.”

The concepts presented at the Geneva course were developed in case studies and group discussions, intended to improve the ability of participants to assess an emergency situation and work out adaptable solutions.

“We hope that the people who have followed this course from different points of view and who now have the same basis, the same knowledge and the same approach to the problem, will be able to cooperate better when they are in the field again, because they will speak the same language,” commented Dr. Russbach.

Towards the future

The issue of what to do once an emergency phase is over was also on the agenda. “There is a tendency now in the relief and emergency field to want to merge relief efforts into development efforts, so that local populations which are receiving emergency aid do not become dependent on them long-term, but can use the aid to help overcome an emergency and then to build up the infrastructure they need to sustain their own needs,” said Dr. Brenner.

Behind every disaster situation is the question whether it could have been avoided. “We need to be in the position all over the world that Europe is in — that a bad harvest this year, which there probably will be, is irrelevant, because the foodstocks are sufficiently large and the economy is sufficiently viable,” remarked Dr. John Rivers, a nutritionist at the London School of Hygiene and Tropical Medicine. The current global hunger outlook was, he said, “dire.”

According to Dr. Claude de Ville de Goyet, head of emergency preparedness and disaster relief coordination at the Pan American Health Organization, governments in countries where there could be future drought and famine need much more assistance in preparing to deal with the threat themselves. “Slowly the governments will do more and we will have to do less ourselves.”

Until that happens, courses such as H.E.L.P. are going to be needed, to ensure that the trained professionals are ready when the next emergency comes.
Delegates from Israel and Jordan meet on the Allenby bridge which crosses the River Jordan (Jean-Luc Ray)

The Council of Europe backs ICRC

The Council of Europe has renewed a call for West European governments to give greater support to the ICRC. The Council’s Parliamentary Assembly, in a resolution adopted at its summer session in Lausanne, Switzerland, urged all the member states to ratify the 1977 Protocols Additional to the Geneva Conventions. Less than half of the 21 governments were party to both Protocols by mid-July. The resolution, adopted July 1, also spoke of the “ignorance” of most West Europeans about ICRC activities, and asked the governments to help raise public awareness.

Pointing to the “alarming” growth in the number of armed conflicts and their prolonged duration, the resolution sought a substantial increase in West European government contributions to the ICRC’s ordinary budget, and further assistance for special appeals. Three years ago, a similar request led some governments to increase their contributions, but the Assembly noted this had not been enough to match the cost of ICRC operations.

The Lausanne statement, in line with efforts by the ICRC to mobilise support for its work, asked the Western governments to use their influence to ensure respect for the Geneva Conventions and humanitarian law. The “ever poorer observance” of the Conventions and the two Protocols was “a serious obstacle” to ICRC actions on behalf of victims of conflicts, it said.

The Council of Europe condemned the use of children in conflicts, and expressed its deep concern at continuing violations of “the most fundamental rules of international humanitarian law,” including summary executions, the torture of prisoners, the use of prohibited weapons such as chemical warfare, and indiscriminate attacks on civilian populations.

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WATER FOR ASMARA

The situation due to lack of rainfall is becoming critical in Eritrea. Asmara, the provincial capital, had 11 mm of rain in July, instead of the 190 mm monthly rainfall expected at this season. The population receives only 2.2 litres of water per person per day, as compared with the five-litre requirement set by WHO.

The ICRC, in collaboration with the Ethiopian Red Cross, is responding to this emergency and in May 1987 began supplying water to the most severely affected quarters of Asmara, which has a population of 400,000.

In spite of the reorganization of the water supply system in Asmara, water distribution is still necessary. A fleet of nine tankers brings some 1,500,000 litres of water to 80 of the 107 most needy “kebeles” (quarters) of the town every week. They fill up at a point 30 km away, where several wells are reserved for ICRC use. Some 10% of the available water is distributed according to a supply grid drawn up by the ICRC to other “kebeles” and to clinics as needed. Eight of the nine tankers used belong to the ICRC and the other belongs to the Ethiopian Red Cross.

Despite the shortage of safe water, no increase in the incidence of water-borne infectious diseases has been noted.

To deal with the long-term emergency the well-drilling programme begun in 1986 was speeded up. Under the programme, which has been very well received by the population, three wells are now being drilled, also 30-40 km from Asmara (two other wells are being sunk in Tigre). Once the project is well under way it will begin on a scheme to construct about twenty model wells, which will serve as the starting point for primary health education programmes.

MISSION TO HAITI

Two ICRC delegates and a doctor were on mission in Haiti from 1 to 16 August. One of their tasks was to determine to what extent the Haitian Red Cross and the civilian population were in need of support following the demonstrations that have been taking place in the country over the last few months. It is now up to the ICRC to work out the details of a programme of action.

During their mission, the delegates reviewed the National Society's current operational resources and considered ways in which they could be developed. They also envisaged expanding the ongoing dissemination programme.

The ICRC team visited Haitian hospitals and dispensaries to assess whether they would be able to cope with an influx of wounded should the situation in the country deteriorate.

The mission took them to the capital, Port-au-Prince, to Cap-Haitien and Port-de-Paix in the north and Les Cayes and to Petit-Goâve in the south, where the Haitian Red Cross has its only operational branch outside the capital.

The ICRC delegates had discussions with the leaders of the National Society and also met representatives of the Haitian authorities, the Catholic Church and other religious communities, and members of non-governmental organizations working in the country.

SPECIAL ISSUE
ON MOZAMBIQUE

A report recently compiled by Claude Châtelain (text) and Thierry Gassmann (photos) will be published shortly in a special issue of the Bulletin, which will appear in English, French, German, Spanish and Portuguese.
A painful reality

The success encountered by the Conference on “Children in situations of armed conflict” held recently in Nairobi (July 1987) amply demonstrates that this serious issue is far from resolved. About 100 members of governmental, non-governmental, relief and other organizations participated in the discussions.

The ICRC, as well as National Red Cross and Red Crescent Societies from several African countries (Ethiopia, Kenya, Mozambique, Somalia, Sudan, Zambia), took an active part in this forum, which was organized by UNICEF and ANPPCAN (an African non-governmental organization for the protection of children). The Conference provided a new opportunity, while awaiting a brighter future, for making governments and populations aware of the plight of children caught in the midst of battle.

The fact that women and children constitute the most severely affected and the most numerous victims of conflicts is often a result of poor living conditions rather than of armed massacre. The highest miscarriage and infant mortality rates are found in zones of armed conflict. Poor hygiene and sanitation, lack of security and the reduction or breakdown of food production lead to living conditions which are extremely precarious, especially for young children. Survival becomes a true challenge for a mother who, in order to flee a combat zone, has to carry her baby on her back through areas infested with dangerous animals and insects bearing infectious diseases, while going without drinking water or food for several days. Even for a mother and child who have managed to escape a combat zone, survival remains uncertain owing to the difficulty of finding a refuge.

War does more than leave destruction in its wake. At “best”, it diverts immense human, technical, scientific, material and medical resources. At worst, it annihilates these altogether.

Until now, the fundamental guarantees provided by international humanitarian law (IHL) for the protection of children have suffered from a sort of conspiracy of silence. Daily and often shamelessly, acts are perpetrated in violation of these guarantees and of the very preamble of the Universal Declaration of the Rights of the Child: “Mankind owes to the child the best it has to give” and of Principle 8: “The child shall in all circumstances be among the first to receive protection and relief”.

This situation is all the more alarming in view of the fact that nearly 100 years have elapsed since the first special provisions of international humanitarian law on behalf of children appeared in The Hague Convention of 1899. Close to a century later, these provisions should be universally recognized and applied.

In recent years, ever-increasing numbers of children, some not even 14, have participated in conflicts as armed combatants. “In Africa, they are adults at that age,” some would say. It is no doubt true that in particularly harsh living conditions, especially in the tropics, one becomes “old at a younger age”.

In modern conflicts, children of all ages (that is, as soon as they can carry rifles) become easy targets for recruitment once they have lost their parents and after schools and health facilities have been destroyed. The noose tightens even more quickly around children who have never, or rarely, known any reality other than war, violence and massacre.

Yet, as strange and alarming as it may seem, international law provides no definition of the child. The human race thus seems to be refusing to define its own future.

Double standard

Following action taken by the ICRC in 1919, after the First World War, the first declaration exclusively devoted to the rights of the child was drawn up by the British Save the Children Fund and its Swedish counterpart Rädda Barnen. Known as the Declaration of Geneva, it was adopted by the League of Nations in 1924. It stipulates that special protection and care shall be granted to children without distinction as to race or nationality.

The Declaration of the Rights of the Child, adopted by the United Nations in 1959, constitutes a further step in the same direction. It expands on Article 25, paragraph 2, of the 1948 Universal Declaration of Human Rights which stipulates that: “Motherhood and childhood are entitled to special care and assistance”.

The Declaration on the Protection of Women and Children in Emergency and Armed Conflict was adopted by the UN in 1974. It condemns attacks on and bombings of civilian populations. It also prohibits persecution, imprisonment, torture and all forms of degrading treatment and violence against women and children.

In practice, however, these declarations are not binding. Moreover, they fail to define childhood in terms of age. Only the 1949 Geneva Conventions, ratified by virtually all the States that undertook to respect and enforce them, and their Additional Protocols of 1977, provide legal protection for children in international and non-international armed conflicts. Here, at last, age is considered as a criterion.

Three stages of child development, or ages, are thus referred to in the wording of interna-
The concept of the protection of the child and the important role played therein by the family are clearly stressed by international humanitarian law, which closely follows the spirit of the Universal Declaration of Human Rights. This states (Article 16, paragraph 3): "The family is the natural and fundamental group unit of society and is entitled to protection by society and the State". Article 24 of the Fourth Geneva Convention thus stipulates that: "Children under fifteen, who are orphaned or are separated from their families as a result of the war" shall not be "left to their own resources". The same Article further states that "all children under twelve" shall be "identified by the wearing of identity discs, or by some other means".

International law does not, however, provide for an intermediary stage between childhood and adulthood. Article 77, paragraph 3, of Additional Protocol I states that if children under 15 are captured, "they shall continue to benefit from the special protection accorded by this Article". Article 6, paragraph 4, of Additional Protocol II stipulates that: "The death penalty shall not be pronounced on persons who were under the age of 18 years at the time of the offence".

The protection of children between the ages of 15 and 18 in armed conflicts is thus "attenuated". Unfortunately, most of the young people involved in conflicts in developing countries fall within this age group. Moreover, those who are targets of what might be called "unofficial recruitment" are very often living in areas which are most difficult to reach owing to lack of security and of viable communications. This further hampers efforts to protect children.

Thus, humanitarian law uses a double standard in defining the child. In developing countries, childhood begins at 14, whereas in industrialized countries, childhood is extended by compulsory education, prolonged cohabitation with parents and late marriages. It is therefore difficult to establish a universal definition of the child.

Another question must be explored to gain a better understanding of the difficulties inherent in the protection of children, namely, the very concept of armed conflict.

The rules pertaining to the protection of children are legally applicable in armed conflicts. However, the implementation of these rules may be hampered by a lack of co-operation on the part of the State concerned. Recourse to denunciation is of limited value. It is often more important to preserve the possibility of taking action on behalf of the victims of the conflict.

Children's requirements

By providing as wide a definition as possible of children's needs, the law has been able to preserve the universal and cross-cultural nature of its provisions. While failing to define the child, this approach has the advantage of recalling and underscoring the fact that family structures vary from one culture to another.

From the standpoint of the ICRC, particularly that of its Medical Division, children's requirements differ only marginally from those of adults. Children's specific characteristics include dependence on adults, greater nutritional requirements due to growth, and vulnerability to certain infectious diseases, particularly those known as childhood diseases. Some of these characteristics are shared by pregnant and nursing mothers (greater nutritional requirements, for example) and by the handicapped and the elderly (dependence, vulnerability to infection).

In the long term, the impact of armed conflicts on children, who represent the "biological capital of nations", is tragic. By depriving children of the resources necessary for their survival, and of health, education and social development, these conflicts threaten the very future of the countries involved. This threat becomes particularly serious when the civilian population constitutes the target, or even the stake, of clashes which, moreover, lead to the destruction of national economic potential and infrastructure (communications, industry, agricultural production, medical and health care, schools).

Such disturbance causes the population to flee sometimes to places lacking in basic necessities, and this increases the risk of separating families and creating even more orphans. There is thus a close connection between the specific problems of children and the general problems of the population.

The ICRC therefore takes a global approach to the difficulties encountered by populations affected by the conflicts. It is out of the question, for example, to open feeding centres for children only to see these children return to family environments lacking in food supplies. This excessively sectoral approach is replaced by general food distributions to the entire affected population, thus ensuring the lasting nutritional rehabilitation of the children.

Nevertheles, bandaging wounds does little to eradicate the cause of the ill. Humanity has at its disposal legal instruments which could enable it to preserve its future, that is, its children. It is obviously in its own interest to persuade governments to respect the existing rules rather than to ignore them, while investing time and energy in the creation of new ones.
INFLUX OF WOUNDED IN QUETTA

The ever-increasing numbers of Afghan war wounded admitted to the ICRC hospital in Quetta (Pakistan) during recent months has made it necessary for the Italian Red Cross to dispatch a second surgical team to the site. The team, comprising a surgeon, an anaesthetist and two operating-theatre nurses, arrived in Quetta on 31 July. The team already on the spot could no longer cope with the situation. Additional local personnel was also recruited.

A record number of 120 wounded arrived in July at this hospital in the province of Baluchistan which has a capacity of about 60 beds. During the same month last year, for example, there were only 82 admissions. Because of the overcrowding, some patients are housed in tents set up close to the hospital. In addition, an annex was recently built to accommodate a new operating theatre and an intensive care ward.

According to one delegate, most of the victims who arrive in Quetta are seriously wounded. “The atmosphere in this hospital is particularly grim,” he said. “Most of the patients have had to travel long distances and arrive with wounds that are several days old.” The majority of the wounded are met as soon as they cross the Afghan-Pakistani border by Pakistan Red Crescent teams based in the Chaman and Badini first-aid posts. “But they still have a long journey ahead of them,” said the delegate. “It takes three to four hours for an ambulance to travel from Chaman, which is about 120 km from the capital of Baluchistan. From Badini, which is about twice as far away, it takes eight to ten hours because of the poor state of the road.”

During the month of July, the surgical team in Quetta performed 306 operations. Many of the wounded have to undergo several operations. Patients who can be moved or who are recovering are transferred to local hospitals or continue to receive care as outpatients.

In contrast, the situation at the second ICRC hospital in Peshawar, containing 100 beds, is considered normal. A total of 133 wounded were admitted there in July.

IN BRIEF

In the Yemen Arab Republic, ICRC delegates visited some 4,000 detainees, including 42 held for security reasons, between 23 June and 24 July. The detainees were in eight detention centres in the main provincial towns.

Some thirty wheelchairs manufactured at the Peshawar paraplegic centre, which is run by the Pakistan Red Crescent, were recently sent to the Afghan Red Crescent to help the National Society care for the war disabled. The chairs will also serve as models for the manufacture of wheelchairs in Kabul.

The ICRC delegation in Angola is currently drawing up lists of recipients for the seed distribution which is due to begin shortly. Recently displaced persons in the areas ("municipios") traditionally assisted by the ICRC in the provinces of Huambo and Bié will be given maize, sorghum, soya and vegetable (tomatoes, onions and cabbage) seed. The seed programme began in 1985; this year some 100,000 displaced people will benefit from these distributions.

Prison visits in Uganda

Three Ugandan prisons were recently visited by ICRC delegates. From 12 June to 8 July they visited the Jinja prison east of Kampala. They then went, from 27 to 31 July, to the Mbale prison north-east of the capital. The last visit was to the Luzira Upper prison in Kampala from 29 July to 14 August.

A sanitary engineer and a nutritionist, sent from Geneva, also visited the prisons to study detention conditions and make necessary improvements.

Edited by the
Press Division of the ICRC.

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 and Red Crescent Movement. 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.
Prisoners without protection

The conflict between Chad and Libya, which intensified this year up to the ceasefire on 11 September, has resulted in thousands of victims. Hundreds of Libyan prisoners captured in the fighting are detained in Chad. In all, more than 1,600 prisoners of war are estimated by some observers to be held in Chad, mainly Libyans but also other nationalities, while Libya has said it is holding prisoners of the Chadian armed forces. Since the beginning of the year the ICRC, despite numerous representations made to both sides at the highest level, has been unable to obtain access to these POWs, and has therefore not been able to fulfil its international mandate in accordance with the Third Geneva Convention.

Persistent efforts on behalf of the prisoners

The ICRC has, however, made every effort in its approaches both to N'Djamena and Tripoli. In January, the ICRC President at the time, Alexandre Hay, requested President Hissène Habré to authorize ICRC delegates to visit all the POWs in Chad. In April, an ICRC request for Libyan prisoners to receive medical visits was refused. The ICRC discussed the issue in May at the Foreign Ministry in N'Djamena, and in July the Director of Operations himself went to the Chad capital and held talks on the situation with the Chad President. Further representations were made in N'Djamena in August, and in Paris in September with the Chad ambassador to France.

As far as Libya is concerned, an offer of services was made back in January. The ICRC Delegate General for Africa visited Tripoli at the end of May, for talks with the Libyan authorities on the situation in northern Chad and the question of the prisoners.

Finally, in view of the escalation of the fighting, the ICRC delivered a note to both sides in early September, again reminding them of their obligations as States party to the Geneva Conventions. The note also urged Chad and Libya to grant ICRC delegates access without delay to the prisoners of war captured during the fighting. At the time of going to press, these efforts had not been successful. This protracted situation constitutes a grave violation of international humanitarian law.

Moreover, in view of the presence in Chad of a French intervention force, the ICRC has also called on France, as a State party to the Conventions, to take all the humanitarian measures required of it by virtue of its obligations under the Conventions.

In brief

The ICRC is opening a regional delegation in Tunis this month. It will cover activities in Tunisia, Libya, Mauritania, Morocco and Algeria, and those related to the Western Sahara conflict.

Rebellion in Manila

The ICRC was called upon to provide logistic support and medical supplies to the Philippine National Red Cross (PNRC) during the attempted military coup in Manila at the end of August. The PNRC went swiftly into action. An emergency team was alerted as soon as news got through that around 300 rebel soldiers had attacked Malacanang presidential palace, Camp Aguinaldo (headquarters of the Armed Forces of the Philippines), Channel 4 government broadcasting station and Villamor air base.

Early contacts were established between the ICRC and the PNRC; contacts which were maintained on a constant basis for 36 hours. The ICRC delegation in Manila immediately provided first-aid supplies to equip seven PNRC ambulances. By mid-morning, they had been posted in strategic places close to the fighting: three near Channel 4, one each near Malacanang, Camp Aguinaldo and Villamor, and another on standby at PNRC headquarters.

Two ICRC ambulances, complete with drivers and first-aid supplies, were lent to the PNRC later on the first day, as it had become clear that the seven ambulances were having difficulty in coping with the growing numbers of wounded to be transported.

The PNRC succeeded in ferrying fresh blood supplies throughout the day to the hospitals receiving the wounded. Blood donations in Makati provided 97 units of blood and stocks were brought

(continued on page 4)
The stakes are high

James Bond’s latest film — “The Living Daylights” — has appeared on cinema screens in many countries throughout the world and has caused a certain degree of consternation within the Red Cross. The film shows several scenes where the red cross and red crescent emblems are being improperly used: a kidnapping takes place using a helicopter with the emblem on its sides, and the same distinctive mark is displayed on sacks containing drugs!

The National Societies in those countries where the film was produced have made known their disapproval and the ICRC, in concert with numerous Societies, has clearly denounced this illegal use of the emblem. Following legal action, The French Red Cross has even succeeded in having a statement appear at the start of the film drawing attention to the abuse of the emblem.

Why, some people ask, are feelings running so high about film scenes which in no way call into question the Red Cross and Red Crescent Movement: the misuses are clearly portrayed as such and do not disfigure the moral integrity of the members of the Movement?

It is simply because so much is at stake. Today, the red cross and red crescent emblems are chiefly known — at least in countries in a state of peace — through the National Societies which bear their name and carry out humanitarian work. But that is not the original significance of these emblems: they were chosen to designate, in time of armed conflict, the neutral status of staff, installations and equipment which are essential to help the wounded and which must not become a target for combatants. Countless numbers of wounded have been assisted thanks to respect for these emblems, and on battlefields to this day they continue to save lives. It is to help with such work that National Red Cross and Red Crescent Societies have been established in almost all countries of the world.

Clearly, this system of protection — which has been expanded since 1977 to include electrical, acoustic, radio and radar signals in line with the technological developments of modern warfare — relies upon trust. Combatants cannot be asked to respect the red cross if their comrades are shot and killed from a helicopter or ambulance improperly displaying the emblem. States have shown their understanding of this by qualifying such acts as war crimes: crimes which must be prosecuted wherever they occur and without exception.

In order to fulfill the noble purpose assigned to it, the emblem must be sacrosanct. This is why there are strict regulations governing its use in peacetime, and why National Societies in their respective countries play a vigilant and difficult role to ensure it is not abused: the red cross and red crescent emblems are victims of their own success, which many people try to turn to their own account.

In addition, States have undertaken to make the nature and role of the emblem widely known among the armed forces and the population in general. The latest James Bond film, however, does exactly the opposite; it “breaks the taboo”, and by rendering certain serious actions amusing it undermines the true significance of the emblem. It therefore deservedly calls for censure.

For the problem does not occur solely in the fictional world of films and novels. It is all too real, as past and recent experience has shown. When confronted with such misuse of the emblem — which could take its toll in human lives — the ICRC, and indeed the entire Red Cross and Red Crescent Movement, must not only express its concern but must also clearly remind States and other parties to armed conflicts of their responsibility to ensure respect for the emblem at all times.

Yves Sandoz
Head of the Principles and Law Department

Floods in Nicaragua

Following seasonal heavy rains, much of the eastern part of Nicaragua has been hit by serious flooding. ICRC delegates and members of the Nicaraguan Red Cross (NRC) present along the Rio Coco Abajo, on the border with Honduras in the north of the country, observed in mid-July that the rains had caused the river to overflow, posing a serious threat to those living in the area and to their harvests. Subsequent reports proved that the situation was repeated in other areas in the east of the country.

Six ICRC delegates, based in Puerto Cabezas, in the north-east, and Bluefields, in the south-east, together with several NRC members, have taken charge of surveys to evaluate the situation, and distributions of relief supplies, using the Red Cross infrastructure already in place.

Last month, the Nicaraguan government authorized the ICRC to visit the three north-eastern areas of the country which are among the most affected by the flooding: the Rio Coco Arriba, the Rio Prinzapolka and around the Laguna de Wounta. Joint ICRC/NRC teams immediately set out for these areas, to carry out surveys and provide assistance where necessary.

Much of eastern Nicaragua is difficult to reach owing to the conflict situation and logistics are complicated by the lack of roads. Even when an expedition sets out by road from the capital, Managua, the only way of reaching the areas actually hit by the floods is by boat.

Despite the difficulties, the ICRC and NRC were able to provide medical assistance and distribute 65 tonnes of relief supplies, including mosquito nets, blankets, tools, building materials, and some food, to almost 6,600 people along the Rio Coco Abajo at the end of July and early in August. The ICRC estimates that some 10,000 people have been affected by the floods in this area alone.

At the same time, distributions took place to the north of Bluefields, along the Rio Grande de Matagalpa, where over 3,000 people received mosquito nets, blankets, sugar, oil and salt from the ICRC and NRC, according to their needs.

Recent access to the rest of north-eastern Nicaragua will provide results giving a more complete picture of the situation following the floods.
The devastating locust

To combat an invasion of migratory locusts in northern Ethiopia, the ICRC has been using two aircraft to spray insecticide there. After sending a special team to organize the operation, the ICRC began spraying last August. The team is currently trying to develop a strategy to destroy the eggs and larvae in the locusts’ winter nesting places.

It has been called a disaster, a scourge, a plague. But words fail when a swarm of locusts — which can contain up to 2,000 million insects — descends on crops, for in only one day it can destroy enough food to feed a million people. Twenty thousand hectares in Brazil and at least as many in Africa have fallen to this ravaging pest which is spreading, though over smaller areas, along the Red Sea coast and as far east as Pakistan.

The locust’s shape, size, weight, colour and behaviour can vary to a spectacular extent depending on whether it is in the solitary or the gregarious phase, i.e. in the swarm. Until very recently, little was known about its gregarious phase, for swarms of locusts, this eighth plague which God sent down on Egypt, were so rare that it was hard to collect enough information to take preventive action.

When solitary, the locust consumes 30-70% of its own weight per day in fresh vegetable matter. When in a swarm, the same locust can devour the equivalent of its own weight — two to three grammes — per day. A swarm of locusts can therefore eat its way through 4,000 metric tonnes of plant matter per day. And that is not all. In addition to the branches and stems broken by the sheer weight of insects clinging to them as they eat, there is the damage done by their mandibles and the gashes made by their claws and the spines on their legs. All these wounds can lead to infection and what is left of the plants cannot survive.

If prompt action is not taken, thousands or even millions of tonnes of food, particularly cereals, are threatened each day, above all millet, maize, sorghum and rice.

However, acridids (the scientific name for this family of insects which includes grasshoppers and locusts, the latter being the more voracious, more nomadic and therefore more devastating) are not all harmful, and some can even be useful.

For example, in many societies they are part of the people’s standard diet. It is only in Western countries that the idea of eating insects is repulsive to most people. Moreover, certain types of acridids are important for the survival of some pastoral groups (Lentula obtusifrons makes a pastoral economy possible in certain parts of the world because it feeds almost exclusively on a tree poisonous to sheep and thus limits its spread). Finally, the masses of dead insects can be used as fertilizer. In 1936, Argentina exported 3,000 metric tonnes of fertilizer consisting of 90% locust meal and 10% nitrogen.

Scientists are now using computers to assemble vast quantities of data in order to create a model for the specific behaviour of each type of insect, with variations to take into account sex and biological state. These models are then used to establish a prognosis and a large-scale strategy for the elimination of the swarms or even to prevent their formation.

“We use pesticides”, explains Dr. Giorgio Nembrini, ICRC environmental health specialist, “only as a last resort, when the locusts have become so numerous that traditional methods are no longer effective. Then there is no choice but to use aircraft and spray the insecticides which are, of course, toxic and non-specific and therefore harmful from an environmental point of view. Ideally, we would like to use other, less aggressive methods, such as raking and hoeing to destroy the eggs. But how can you do that over such huge areas? The local people should also be persuaded to change their habits and make more aware of the need for proper management of their environment. For example, food crop diversification should be introduced again in each region. But that can take years. In the meantime, we fortunately have the means to put up a strong fight, to mount an emergency operation so that the people can survive.”
Manila (continued from page 1)

from PNRC regional blood transfusion centres. The Health Department was also involved in co-ordinating blood needs.

The following morning, ICRC medical co-ordinator, Dr. Fuchs, together with the PNRC Director of First Aiders and First Aid, Dr. Jauregui, carried out a survey of the three hospitals which had received the most victims. As a result of these visits, the ICRC gave two of the hospitals emergency medical supplies, including dressing sets, stitching material and medicine.

The Philippine government regained control during the second day, after some 36 hours of fighting during which hospitals admitted some 20 dead and 263 wounded. Figures announced later by the Philippine government included 53 dead and over 280 wounded.

The International Red Cross Movement is in mourning, after the sudden departure from the world scene of Enrique de la Mata, President of the League of Red Cross and Red Crescent Societies for the past six years.

Mr. de la Mata, who died in Rome on September 6, aged 53, was one of the most active presidents the League has ever had. Through his energy and drive he strengthened the League’s public image and sought to modernize the Movement, pressing for a revision of International Red Cross statutes and the agreement between the ICRC and the League.

His personal contact with the leaders of National Societies during some 200 field trips was particularly appreciated, and he tried to enlarge the role played by Third World members in the Federation. Twice head of the Spanish Red Cross, Mr. de la Mata had contacts with many governments and with United Nations leaders.

Re-elected for a second four-year term in 1985, he strove to increase and consolidate the League’s membership.

Sixteen new National Societies were admitted while he was President, bringing the present total to 145.

He also fostered the Movement’s concern for peace, and strongly supported the work of the Commission on the Red Cross and Peace, and the Second World Red Cross and Red Crescent Conference on Peace held in 1984.

ICRC President Cornelio Sommaruga in a tribute: “I am deeply distressed by the sudden death of Enrique de la Mata. In the months since I took up my mission at the ICRC, the President of the League had become a friend; we were together in San Remo the evening before he died.

Together with the members of the Red Cross and Red Crescent throughout the world, I mourn the passing of a man who was wholly committed to the Movement, who tirelessly travelled the world to visit the National Societies and was unyielding in his efforts on their behalf.”

In a further ICRC tribute, former President Alexandre Hay said: “I was very sad to hear the news of President Enrique de la Mata’s death, which came as a great shock to me. From November 1981 to May 1987, we had worked together as the heads of our respective institutions in a co-operative effort which was at times difficult, but indispensable to the Movement’s unity. Our relationship was based on a spirit of understanding and respect for each other’s opinions.

“I would like to pay tribute to President de la Mata’s work for the Movement. It is no exaggeration to say that he wore himself out toiling at that great and noble task. I will remember him as a very committed man, constantly striving to promote the National Societies, all the National Societies, in order to create vigorous and effective organizations in the service of humanity.”

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Transfer in the Gulf

Twenty-six Iranian crewmen, and the bodies of three others, were handed over to Omani authorities at Oman airport by American officials on 26 September, in an operation supervised by the ICRC. The crewmen, including six injured, were from the Iranian ship captured in the Gulf five days earlier. They were brought to the capital of Oman, Muscat, by helicopter from an American ship, and then handed over by the Omani authorities to Iranian officials who had come on a special flight to fly them home to Iran.

In brief

ICRC delegates visited Tipitapa prison in the Nicaraguan capital, Managua, from 22-29 August, and saw 2,250 detainees, including 120 in private talks. Medical consultations were also carried out. The annual three-week visit to Managua’s Zona Franca prison took place from 25 July to 12 August.

Worldwide Red Cross health activities, in war situations and for peace and development, were the central themes of an International Red Cross and Red Crescent Seminar in Moscow last month.

The four-day meeting included nearly 50 National Societies, the League of Red Cross and Red Crescent Societies, the ICRC, and the Henry-Dunant Institute.

The seminar was organized by the Alliance of Red Cross and Red Crescent Societies of the USSR.

Yasser Arafat, Chairman of the Palestine Liberation Organization, was received at Geneva headquarters by ICRC President Cornelio Sommaruga in September. Talks covered ICRC activities in the Middle East, including the Israeli-occupied territories and Lebanon.

Edited by the Press Division of the ICRC.

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TRAGIC ACCIDENTS

Catherine Chappuis (Photo/B. Planner)

In October, the ICRC was deeply saddened by two fatal accidents in the same month.

On 14 October, in Angola, a large Hercules transport plane crashed soon after take-off from Kuito, a town in the centre of the country. There were no survivors among the six passengers and crew.

The aircraft was flying back from the Planalto after delivering a batch of seeds to people there, who are particularly affected by the conflict. For reasons that are yet to be established, the crew tried to make an emergency landing about 40 kilometres from Kuito and crashed near a village, killing a woman and her child. The plane was carrying four crew members — two Irish, Dorian Shone, the Captain, and Kevin Tocknell; one British, Nicolas Duff; and one New Zealander, Gary Heap — and two passengers, one Angolan, Nuno Ferreira, and one Swiss ICRC delegate, Catherine Chappuis.

Catherine Chappuis, who was 27, came from Geneva and had been working for the ICRC since 11 June 1986. She arrived in Luanda on 18 June that year to work as a secretary at the delegation.

A commission of enquiry, composed of representatives of the Angolan and Swiss authorities and experts from the manufacturer and the charter company that leased the plane, has been set up to try and determine the causes of the disaster.

On 18 October, in Lebanon, another ICRC delegate, Pernette Zehnder, was killed in a road accident when the vehicle she was driving collided with a lorry. The two passengers, also ICRC delegates, were only slightly injured.

Pernette Zehnder had started her mission in Lebanon only nine days before.

The President of the ICRC, Mr. Cornelio Sommaruga, has conveyed the institution's condolences and sympathy to the victims' families.

Delegation Opens in Suriname

The authorities in Suriname, in Latin America, have approved the opening of an ICRC delegation in the capital, Paramaribo. The ICRC programme in Suriname will include several activities.

A delegate based in Paramaribo is to visit prisoners held by both sides in the conflict, starting with a number of detainees held for security reasons at Fort Zelandia prison.

Medical assistance is planned for about 20,000 people living in the Upper Suriname River region, an isolated area which has difficulties in obtaining supplies because of the conflict. The ICRC intends to use motorized canoes to ferry sick people in need of urgent treatment to hospital.

Some 10,000 people have fled the fighting in Suriname and have found refuge in neighbouring French Guiana. The Suriname authorities and the French government have asked the ICRC to look into the possible repatriation of these refugees, and it will try to arrange for their return as soon as the situation allows.

Activities in Suriname — with an initial budget of 500,000 Swiss francs — will include regular visits to all the hospitals in Paramaribo to see which medical supplies they lack. So far this year, working in close collaboration with the Suriname Red Cross, the ICRC has provided medical aid costing over 50,000 Swiss francs. Assistance has mainly been given to hospitals, as well as regional health services in conflict zones. Medicines have also been requested to deal with tuberculosis cases in central and western Suriname.

Finally, the delegation plans to launch a dissemination programme on international humanitarian law among the soldiers and opposition forces involved in the fighting.

JOINT MISSION TO SRI LANKA

Following a joint proposal for a co-ordinated mission to Sri Lanka, representatives of the International Committee of the Red Cross (ICRC) and the League of Red Cross and Red Crescent Societies left for Colombo on 25 October.
SERVING THE PEACE CAUSE IN EL SALVADOR

At the beginning of October, the ICRC was called upon to provide its collaboration on the occasion of talks held between the Salvadorean authorities and the opposition FMLN (Farabundo Marti National Liberation Front) in the Salvadorean capital, San Salvador.

The talks took place at the Vatican Mission in the context of the Central American peace agreement signed in Guatemala on 7 August and were placed under the mediation of the Catholic Archbishop of San Salvador, monseigneur Rivera y Damas.

At the request of all parties concerned, the ICRC provided logistic support for the safe conduct of eight FMLN/FDR representatives to and from the capital. ICRC delegates and medical teams, accompanied by the ambassadors of Spain, Italy, Mexico, Costa Rica, Peru, Argentina, Colombia and the Dominican Republic, and representatives of the Catholic Church, participated in the operation.

Three convoys ensured the transportation of the FMLN/FDR representatives, two of whom were collected from separate places in the field and six from the airport, having flown in from Panama. Each convoy was escorted by two ICRC vehicles, equipped with ICRC radio equipment which proved essential to the success of the operation. Thanks to the constant radio contact with the Salvadorean authorities, security problems which threatened the talks were carefully avoided.

During the talks, members of the ICRC team accompanied the FMLN/FDR representatives in all their movements between their lodgings at the Spanish and Mexican embassies and the talks at the Mission.

Meanwhile, the Salvadorean Red Cross Society (SRCS) was present in force and acted with a highly commendable degree of efficiency and diplomacy. It ensured that there were no problems on the routes followed by the convoys, both within and without the town.

The SRCS also provided around 250 first-aiders, some of whom formed a human barrier around the Mission, and about 10 ambulances. Following tension between the police and union supporters outside the building, SRCS first-aiders courageously placed themselves between the two parties and thus succeeded in defusing the situation. At the end of the operation, the president of the ICRC, Cornelio Sommaruga, sent a telex to the president of the SRCS with thanks for the excellent job performed for this occasion.

All such undertakings are only made possible by the ICRC's constant strict adherence to its principle of neutrality, whether in carrying out its mandate or in the regular contacts with governments and opposition parties. It is thanks to this policy of neutrality that such confidence in the Red Cross and its emblem is shown by all parties in El Salvador.

On the Khmero-Thai border:

The Relief Organisations Work Around the Deadlock

After ten years of camp life, the refugees feel they have lost all sense of dignity and honour.

After ten years of camp life, the refugees feel they have lost all sense of dignity and honour.

The number of suicides in the camps has grown. Acts of vengeance are a daily event. Strange behaviour, which can include self-mutilation, is not uncommon. All these actions are to be attributed to the fact of being enclosed, as these towns, which is what these camps are, whether small or medium-sized, offer a greater resemblance to the prison world than to that of peaceful villages.

All the relief organisations can do, in such a situation, is to continue their work and deal with this deadlock in a humanitarian way. This stance will remain ambiguous as long as no political solution has been found. And one is needed before it is too late and the consequences of the Cambodian crisis on a large part of the population are confirmed through negligence.

However, the crisis has not been resolved and the general impression is that the various States involved are making do with this status quo.

Disruption could well come from the victims of the situation themselves. Tired of waiting for so many years, these people may well let loose all the violence they have retained up until now.

News in brief

On 19 October, the ICRC signed an agreement with the Indonesian Ministry of Foreign Affairs officializing its regional delegation in Jakarta. This regional delegation covers some 21 countries in South-East Asia and the Pacific, including Indonesia, Australia, Brunei, Fiji, Malaysia, New Zealand, Papua New Guinea and Singapore.

On 19 October, Guatemala ratified the two additional Protocols to the Geneva Conventions with effect as from 11 April 1988. Guatemala signed the four Geneva Conventions on 12 December 1977.
ETHIOPIA: STATE OF ALERT

Last May, the ICRC was authorized by the Ethiopian authorities to resume its work in the country, and has accordingly continued its efforts to assist the population living in the conflict zones, mainly in Tigre and Eritrea, in northern Ethiopia. One of the ICRC's main concerns remains the further deterioration of the food situation in these two areas, due to persistent drought.

Throughout July, ICRC delegates carried out food and sometimes seed distributions wherever necessary, as part of its usual assistance activities.

The ICRC has also resumed its dissemination work on an intensive scale. Various courses for members of the armed forces have been set up by local ICRC staff in both Eritrea and Tigre. In addition, the ICRC has taken part in an Ethiopian Red Cross programme to help the population of the town of Asmara, which is suffering from an almost complete lack of water. Six of the delegation's lorries have been fitted with tanks and supply the town with 1,500,000 litres of water per week, giving priority to those who are most in need.

The threat of an unprecedented invasion of migratory locusts, meaning the destruction of almost all the crops grown in the north of the country, led the ICRC to take an active part in the locust control campaign launched by the authorities and several specialized organisations. The ICRC chartered a specially equipped aircraft and began spraying in August. Two small aircraft, which the ICRC usually uses for its operations in Ethiopia, were also fitted with special equipment and began their first flights at the beginning of September. Apart from these operations, the ICRC's participation in the programme included the supply and transport of pesticides, and the institution also made available the necessary logistic facilities.

The spraying operation, which was carried out according to FAO standards, destroyed a large number of swarms, particularly in the conflict areas in central Tigre, which are inaccessible by road for security reasons. The locust control programme was temporarily interrupted at the end of September.

The persistent drought, and the threat it represents to the October harvests, has become the ICRC's primary concern. Throughout July and August, a nutritionist and an agronomist carried out a number of surveys to determine the effects of this new disaster on the crops and on the nutritional situation of the population. During August, food distributions were stepped up not only in Eritrea and Tigre, the worst affected areas, but also in Gondar, to help the population overcome their habitual difficulty in finding sustenance between two harvests. Over 100,000 people thus received extra assistance.

It is already certain that there will be a serious food shortage in the coming weeks, which will make the setting up of a large-scale assistance campaign inevitable.

THE ICRC ACTIVE IN AFGHANISTAN

In January 1987, the ICRC returned to Afghanistan, after four years of absence, and now has a team setting up programmes in Kabul.

An additional budget of just over four million Swiss francs is being used with priority given to joint medical programmes with the Afghan Red Crescent Society (ARCS), based on two agreements signed earlier in the year.

A survey carried out by the ICRC at the end of 1986 demonstrated that there was a need for medical aid and that the number of amputees in and around Kabul called for an orthopaedic rehabilitation centre.

An agreement was signed with the ARCS in January for the setting up of such a centre for all those wounded in the conflict. Up until now, all ICRC assistance to the Afghan war wounded has been given in Pakistan, where ICRC medical facilities include an orthopaedic centre and a paraplegic centre, which is now run by the Pakistan Red Crescent Society (PRCS), in Peshawar.

Since January, two ICRC orthopaedic technicians have been preparing and equipping a building in Kabul, a former factory owned by the ARCS. The work is nearing completion and the ARCS, in collaboration with the ICRC, has recruited around 10 local staff to be trained as orthopaedic technicians. The training will include the production of artificial limbs and the fitting and rehabilitation of amputees. Production is expected to begin early in 1988.

Following a survey in March, a second agreement was signed with the ARCS in August, this time including ICRC support for ARCS dispensaries in favour of the civilian population. Under the terms of this agreement, the ICRC is to provide medication, basic materials and any logistic support needed, to about 10 ARCS dispensaries in and around Kabul, as well as training to improve nursing standards.

An ICRC administrator and a nurse were sent to Kabul at the end of September to supervise this programme. Limited stocks are already in place and more will be provided once an in-depth survey has pinpointed the supplies that are most needed.

Although activities are limited to Kabul for the moment, the ICRC hopes to extend them, as soon as possible, to those provinces where the population is most affected by the conflict. As regards visits to detainees in Kabul, the ICRC received authorization from the government in January to visit all prisoners held in Afghan prisons, in accordance with standard ICRC procedures. A visit to Pul-i-Charki prison began in March, but had to be interrupted the same month, after completion of the first stage. Negotiations are continuing with the hope that it will be resumed in the near future.
The International Red Cross Commemorates 125 Years of Existence

Within the space of three weeks, the ICRC has twice supervised the handover to Iranian representatives of Iranian seamen captured by the United States armed forces present in the Gulf. In both cases, the authorities of the Sultanate of Oman acted as a neutral intermediary. Both operations took place at Muscat airport.

In the latest repatriation, on 17 October, four wounded seamen and the bodies of two others were taken to the airport by American representatives, and handed over by the Omani authorities to the Iranians. The day before, an ICRC delegate and doctor visited the four Iranian survivors on board an American ship. Three weeks earlier in a similar operation, 26 seamen — including six wounded — and three bodies were returned to Iran.

The presence of units of different armed forces in the Gulf is a reminder of the rules of international humanitarian law — and in particular the provisions contained in the Geneva Conventions — which apply to the consequences of military action. It should be stressed that these rules apply even without a state of belligerency existing, or a declaration of war.

The humanitarian mandate entrusted to the ICRC by the international community in case of armed conflict is provided for in the Conventions. Accordingly, it is the duty of the ICRC to protect and assist the victims of such situations.

Within the context of its activities in the conflict between Iran and Iraq, the ICRC assisted in the repatriation of Iraqi POWs on 1 October. A group of six delegates, doctors and nurses, on board a plane chartered by the ICRC, brought 101 disabled, sick and elderly Iraqi POWs from Tehran to Baghdad.

Parties to a conflict have an obligation under the Third Geneva Convention to repatriate severely wounded and sick prisoners of war throughout the duration of hostilities, the ICRC therefore hopes that all these POWs held in Iran and Iraq will be able to return to their own countries soon.

News in brief

On 6 October, the ICRC officially opened a new regional delegation in Hong Kong. Three delegates, including a tracing delegate, will cover activities in Hong Kong, mainland China, Taiwan, Japan, Macao, North Korea and South Korea.

Principal ICRC activities in the area include tracing, dissemination in favour of national Red Cross Societies, the transfer of Red Cross messages and regular contacts with the governments and authorities in the area.

The Council of Delegates, which will be held in Río de Janeiro on 27 November and bring together the representatives of 145 National Red Cross and Red Crescent Societies, the League and the ICRC, will mark the launching of the celebrations commemorating the 125th anniversary of the International Movement of the Red Cross and Red Crescent.

In November 1862, Henry Dunant published “A Memory of Solferino”, a work which describes the tragic fate of soldiers abandoned on the battlefield without care or protection. This book deeply impressed the public of his time and triggered off a process which resulted in the signing of the First Geneva Convention two years later.

Under the central theme “125 years at work”, this commemoration of the birth of the Red Cross will be spread over 22 months, representing the period between the publication of “A Memory of Solferino” and the signature of the First Geneva Convention, in August 1864. It will consist of two successive phases. The first, from November 1987 to October 1988, will be devoted to the role of the Movement in development. The rest of the campaign, from October 1988 to August 1989, will focus on respect for international humanitarian law, the principles that guide Red Cross action and the Movement’s contribution to peace.

The purpose of this campaign is to enable National Societies to make their activities better known in their respective countries and to give people throughout the world a clearer insight into the ideals and objectives of the Movement.

The League and the ICRC will combine efforts to provide National Societies with material to give support to their information campaigns. Special events will be organized in Geneva, where the Movement was born, and all over the rest of the world.

THE KING OF SPAIN VISITS THE ICRC

His Majesty King Juan Carlos of Spain and Queen Sofia, accompanied by the Spanish Foreign Minister, Government officials and the President of the Spanish Red Cross, visited ICRC headquarters in Geneva, on 21 October. The royal couple were in Geneva for the presentation of the Nansen Medal, awarded to the King by the United Nations High Commissioner for Refugees.

They were received at ICRC headquarters by President Sommaruga, together with members of the Committee and Directorate. The President paid tribute to his guests as the highest-ranking representatives of the Spanish Red Cross, which is under the patronage of the royal family, and thanked the Spanish Government, Red Cross and people for the moral, diplomatic and financial support they give to the ICRC.

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 and Red Crescent Movement. 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.

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A race against time has begun. At stake is nothing less than the survival of several million people.

Just three years ago, hundreds of thousands of people died of starvation and disease, when the world woke up too late to the horror of famine. Today, once again, the people of northern Ethiopia are on the brink of a new famine and, unless large amounts of food reach them very quickly, the disaster could be even greater than in 1984-85.

The ICRC has sought clearance from all the armed forces present in the north for food convoys without military escort to move freely along the roads and reach the drought victims in their isolated villages. The public appeal was launched by ICRC President Cornelio Sommaruga on 12 November, on behalf of all the humanitarian organizations attempting to provide an impartial assistance to the civilian population. “There is very little time left,” the President stressed, calling for “open roads for survival”.

The security risk involved, as shown by an attack on a convoy in Eritrea in October, made such an understanding essential. The ICRC appeal for safe passage through conflict areas received a favourable reception, but at the time of going to press discussions were continuing. The aim of the ICRC action is to prevent farmers and villagers from leaving their homes in large numbers in search of food. Many died during the exodus to overcrowded feeding centres in the last famine, and the camps themselves posed health and sanitary problems. Only a few weeks remain to distribute the food by road to the villages, and already the exodus has begun. Tens of thousands started to move from the Sekota region of northern Wollo towards Gondar in November, for example. More serious still, the first deaths were reported at the end of last month in Tigray, Wollo and Gondar.

A million tonnes of food

From now until the autumn of 1988 the population in the conflict provinces of Eritrea and Tigray, as well as northern Wollo and northern Gondar, will be dependent on assistance. One million tonnes of food are required for the whole of Ethiopia, together with the trucks and fuel necessary for a massive relief operation. The famine victims have seen their crops decimated by drought this year. The crop failure has been total in some parts, and over a wide area of the north more than 80 percent of the crops have been lost. What food reserves there are will run out by the end of December.

The scale of the human tragedy that now confronts these four provinces, which are roughly two-thirds the size of France, and the memory of the appalling suffering and death three years ago, make it difficult to imagine that any other considerations will be put before humanitarian necessity. In his appeal, the ICRC President said any delay would leave hundreds of thousands of people on the downhill path of malnutrition. “It cannot be allowed to happen”, he said.

Because of the effects of the conflict, the ICRC and other organizations have been unable to provide enough assistance. The ICRC has about 15,000 tonnes of food stocked in its warehouses in Ethiopia. It plans to ship another 42,000 tonnes before the end of next April. During the rest of 1988, a further 72,000 tonnes are scheduled, which could feed 800,000 people a month.

The only way to avoid another devastating tragedy lies in a concerted effort and a firm commitment by all those involved, both inside and outside Ethiopia, to open the roads and deliver food to the victims as close as possible to where they live.

The warning for 1988 has been given, and the international community must work together to meet this humanitarian challenge without delay.
**Haiti: A Delegate on the Spot**

Substantial support for the Haitian National Red Cross Society constitutes the major component of an aid programme to be implemented on the spot by an ICRC delegate, based in Port-au-Prince since the beginning of November.

Due to the deterioration in the situation throughout the country, the ICRC sent two delegates to Haiti, earlier in the year, to evaluate needs. The programme of action, based on the findings of their report, thus gives priority to strengthening the operational capacity of the Haitian Red Cross to enable it to cope with the needs of the population in case of disturbances.

Six local branches of the National Society will benefit from the operation, with the ICRC helping to restructure them and supplying them with the medical and first-aid equipment — particularly ambulances — that is so sadly lacking at present. The ICRC will also be involved in the training of volunteers and first-aid workers, and in the improvement of the National Society’s telecommunications system.

The sum of 400,000 Swiss francs has been allocated to the first phase of the programme, covering the period from October 1987 to April 1988.

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**Actions Begin in Suriname**

ICRC actions in Suriname got quickly underway immediately following the arrival of a delegate in Paramaribo, the capital, at the beginning of November.

On 31 October, an aircraft operated by the Missionary Aviation Fellowship (MAF) and flown by an American pilot, was hijacked and the pilot detained. The ICRC subsequently received a request from the MAF, followed by an official request from the government of Suriname, to intervene in its capacity as a neutral intermediary.

With the agreement of all parties concerned and the cooperation of the French authorities, the pilot was turned over to the ICRC, which, in turn, handed him over, on 10 November, to the Consul of Suriname in St. Laurent, French Guyana, from where he was flown back to Paramaribo.

On the same day and at the special request of the French authorities, the ICRC accompanied a family of six refugees, who had decided to return to Suriname from French Guyana, on their flight from St. Laurent to Paramaribo.

Some 10,000 people have fled the fighting in Suriname and found refuge in neighbouring French Guyana until the situation permits their return home.

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**A Step Forward in Burma**

During a recent mission to Burma carried out by the ICRC regional delegate, based in New Delhi, a proposal to extend the technical orthopaedic programme run in collaboration with the Ministry of Defence (MoD) and the Burma Red Cross Society for another year provoked a positive reaction from the defence authorities.

The programme started in March, for an initial period of 12 months, when two ICRC prosthetists started work in the military convalescent centre in Rangoon. With the aim of increasing prosthetic production and improving techniques, production (using mainly local material) was transferred to a new unit, equipped by the ICRC, in April and training courses for local personnel in the making and fitting of artificial limbs got underway.

Production targets have been set for 700 artificial limbs in 1987 (compared with 500 last year) and 1,000 in 1988. The final target of 1,200 a year is calculated to allow the MoD not only to fit all new cases with proper prostheses, but also to gradually reduce the number of amputees on the waiting list.

The extension of the cooperation agreement, initially planned to end in March 1988, would allow its aims in terms of training and production to be met before leaving the project entirely in the hands of the MoD.

This programme has been largely modelled on that run for civilian amputees in collaboration with the Ministry of Health and the Burma Red Cross Society, at the Hospital for the Disabled in Rangoon, since November 1985. ICRC participation in this separate programme is due to end in June 1988.
bances, establishing a Red Cross presence in places where there was practically none before and improving the image of the National Society both within the country and abroad.

The COs are selected according to strict criteria: they must have professional experience in social work, teaching and/or paramedical activities; they have to be members of the community in which they are to work and be well accepted by it; and, finally, they must have no political affiliation.

Although the projects vary according to the priorities of the different communities, the programme as a whole centers on first aid and dissemination (mainly of the Red Cross principles), which are incorporated in all activities undertaken by the COs. Naturally, they receive constant support from their National Society and the ICRC.

So far, the only COs who have been called upon to act during disturbances are those in the Cape area. In May 1986, they showed great courage and efficiency when they had to set up first-aid posts and distribute relief supplies. As a result, the Red Cross became much more widely accepted by the local population.

Represented by the COs, of whom there were 66 in September (there should be around 100 next year), the South African Red Cross is now present in some 40 townships throughout the country, in Namibia and in the Transkei, Ciskei, KwaZulu and KwaNdebele homelands. For the moment, the ICRC is still financing most of the programme, but the National Society will gradually take over this responsibility.
A Day in Southern Lebanon

In Lebanon, the ICRC, in collaboration with the Lebanese Red Cross, is continuing its distributions of family parcels and medicines to victims of the conflict, whose daily lives are made all the more difficult by the serious economic crisis that has hit the country.

Françoise Derron, press officer at the ICRC, joined a Red Cross team on a tour of the villages in the Tyre area, situated on the edge of the “security zone”.

At 8.00 am in the offices of the ICRC sub-delegation in Tyre, Monica, a nurse, assembled medicines and medical material in preparation for a day out in the Lebanese Red Cross mobile clinic. Two villages, Srobbine and Yater, situated on the edge of the “security zone”, were on the agenda that day. Monica was accompanied by a delegate, Marcel, who was to carry out distributions of family parcels and blankets in both villages. A doctor and two first aiders from the Lebanese Red Cross joined the group just before they set out.

In Srobbine, which has around 100 inhabitants made up mainly of women, children and old people, the entire village had gathered in the village square to await the ICRC convoy. No cars pass through Srobbine. There are no outsiders in the village and the arrival of the Red Cross represented the event of the week.

Monica, together with the doctor and first aiders, got everything ready in a house that one of the villagers had put at their disposal and the consultations began. Fifteen patients came and received the necessary medicines for their treatment.

In the meantime, the delegate began his distributions: one parcel per family, half a parcel for people living on their own and a blanket for everyone. In this little village, whose survival almost entirely depends on aid from the outside, every family receives aid from the ICRC.

Having drunk tea with the head of the village, the group left Srobbine for Yater. This second village is larger than the first. The ICRC has provided regular assistance to the inhabitants over the last few months.

However, since fairly recently, the village has ceased to be isolated. The villagers can move around and have started being active again. Natives of the village, who were displaced for several weeks or months, have been able to return home. Once again, the entire village was awaiting the arrival of the ICRC van.

The ICRC keeps a close watch on the evolution of this village. Together with its leaders, the ICRC takes care not to create a dependence on its assistance on the part of those who can look after their own needs. Marcel therefore distributed family parcels and blankets to only around 500 people on that occasion and not to the whole population, which is nevertheless affected, like the rest of the country, by the economic crisis. The beneficiaries of ICRC assistance were families which had just returned to the village, to help reinstall them, and those where the breadwinner was detained, with the resulting loss of the revenue on which their subsistence depends. It was a difficult and delicate task for the ICRC delegate and his Lebanese colleague to explain the choice of beneficiaries to the inhabitants.

In the mobile clinic, the Lebanese Red Cross doctor and the ICRC nurse had 55 patients that day, who came for consultations and received the necessary medicines.

The Lebanese Red Cross mobile clinic, accompanied by an ICRC vehicle, brings medical and material assistance to the villagers in Yater. In the background, several houses have been damaged by bombardments.

Fiji: ICRC Presence

In October, a delegate arrived in Suva, the capital of the archipelago, for a mission of approximately two months.

ICRC activities in the country focus on the dissemination of the fundamental principles of the Red Cross and international humanitarian law among the armed forces. Dissemination sessions for the armed forces began in mid-November and a “Soldier’s Manual”, prepared in collaboration with the National Society, is now being printed.

Similar sessions will be organized in schools, where a history of the Red Cross in pictures will be distributed to 20,000 schoolchildren in the course of the next few weeks.

The presence of a delegate in the archipelago will also enable the ICRC to strengthen links with the Fiji Red Cross Society.

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