The ICRC leaves Lebanon

The ICRC withdrew its delegates from Lebanon in December, after receiving death threats against them. The decision came just four days after Peter Winkler, the delegate kidnapped in southern Lebanon in November, was released.

This is the first time that the ICRC has left a war-torn country under such circumstances. The 17 delegates still in Lebanon immediately flew back to Switzerland. ICRC headquarters in Geneva announced that it was ready to resume its activities to protect and assist the victims of the conflict as soon as the death threats were “clearly and unequivocally withdrawn.”

In a public statement, the ICRC described the threats as “intolerable”. While it always accepted the risks inherent in conflict situations, the institution stated that it could not put up with “a threat that negates the very essence of its humanitarian mission.”

The leaders of Lebanon’s two governments both urged the ICRC to reverse its decision.

The ICRC had been present in Lebanon for over 20 years, working in favour of victims on all sides. Its activities were stepped up after the outbreak of the civil war in 1975, and delegates of the ICRC were present during some of the most difficult moments the country has ever known. In many areas, particularly in the south, the ICRC was often the only organization able to provide the protection and assistance so desperately needed. “In 20 years we have built a monument in Lebanon”, the head of the ICRC delegation in Beirut said shortly after the decision to withdraw was announced. “No one had touched it. It was a symbol for the population and for the parties to the conflict.”

On many occasions, ICRC delegates evacuated the wounded and dead, often after negotiating ceasefires. Protection and assistance was given to tens of thousands of civilians trapped in fighting or displaced by the violence. Delegates visited combatants captured during clashes, and organized the release of many prisoners. Medical supplies were also provided to hospitals and dispensaries suffering from an economy crippled by the long years of crisis.

Tragically the threats against ICRC delegates in Lebanon and the decision to leave the country will have the greatest effect on the population itself.

The release of Peter Winkler, who was kidnapped in the southern town of Sidon on 17 November, had led to renewed hope but this was soon dashed. Winkler was freed in Sidon on 16 December and handed over to the Swedish ambassador who had arrived from Damascus. He was then driven to Beirut where he was welcomed by the Swiss ambassador.

He was in good health and said that he had been treated well throughout his ordeal. Nevertheless, chained to the wall of a windowless cell guarded by two masked men, “I had never been so frightened in all my life”, he admitted. However, the experience had not dampened his enthusiasm. He declared that he was more determined than ever to continue working for the ICRC.

The institution thanked the Swiss authorities for their efforts and the Swedish ambassador for the role he had played in freeing the delegate. It also expressed gratitude to all the parties present in Lebanon and everyone who had shown solidarity.

In a handwritten message received two weeks after his abduction, Winkler had stated: “I was kidnapped not as a Red Cross delegate but as a Swiss citizen. My government knows what my kidnappers want from it and has to cooperate in order to save my life.” It was the first time that an ICRC delegate had been taken hostage in connection with the Swiss federal government.

The ICRC appealed for Winkler to be set free on several occasions, and denounced the kidnapping as an attack on its efforts to protect and assist the victims of conflict. Dozens of National Red Cross and Red Crescent Societies launched media campaigns in their countries calling for the ICRC delegate to be freed immediately.

Several Lebanese medical and welfare associations expressed their support for the ICRC by organizing sit-ins in ICRC offices around the country, especially in the southern towns of Sidon and Tyre. Winkler’s release was viewed as recognition of the ICRC’s humanitarian mission.

Winkler flew back to Switzerland two days after he regained his freedom... two days before victims of the conflict in Lebanon were deprived of their last hope.

Peter Winkler, shortly after his release.
Southern Sudan relief operation gets under way

The ICRC began ferrying urgently needed food and medical supplies into southern Sudan early in December, at the start of an operation to reach civilians suffering from the disastrous effects of conflict and famine.

The operation was launched after the Sudanese government and the SPLA (Sudan People's Liberation Army) gave their final approval to an ICRC plan of action at the end of November. The breakthrough came after months of negotiations during which the situation in the south deteriorated. The ICRC, in accordance with its role as a neutral intermediary, had to obtain the agreement of both sides before starting.

As the operation finally got under way, the ICRC was painfully aware that for many it was already too late. Since the ICRC last assessed requirements in July last year, thousands of people had died of starvation. For many others, however, there was hope that they might yet be saved.

ICRC-chartered planes clearly marked with red crosses shuttled daily between the Sudanese capital, Khartoum, and the town of Wau, and from Lokichokio, in northern Kenya, to the SPLA-held town of Akon, carrying food and medicines, delegates and medical staff.

Sub-delegations were set up in both towns and the first distributions carried out. Flights were soon stepped up to take supplies to Aweil from Wau, and to Yirol from Lokichokio.

Thousands of people were still crowded around the main southern towns, driven from their homes by the combined effects of conflict and famine. Hundreds of thousands of others had left for the north of the country, or taken refuge in neighbouring Ethiopia, and many had died on the way. A whole way of life was turned upside down in the tragic flight from death and despair.

The ICRC intended to extend the operation to the town of Malakal, capital of Upper Nile province, and to SPLA-held Kongor by the end of December. It was hoped that, with the agreement of the government and the SPLA, other places where conflict victims were in urgent need of assistance would also be reached.

An emergency appeal of over 25 million Swiss francs was launched in December to cover the costs of the operation until March.

ICRC visits military detention centres in Uganda

The ICRC visited military barracks in Uganda at the end of 1988, after obtaining access to all army detention centres in the country for the first time in more than two and a half years.

Authorisation for the visits was given by President Museveni of Uganda in November during a meeting with the head of the ICRC delegation in the capital, Kampala.

The visits began in mid-November and continued throughout December. The delegates saw over 350 detainees in M'Buya, Summit View and Makindye barracks in Kampala, before moving on to the provinces.

The ICRC has been trying to gain access to these detainees on a regular basis ever since it opened its delegation in the Ugandan capital in 1979. It was able to go to seven military barracks in 1986 before the visits were suspended.

Assistance for displaced people

A relief programme for displaced people gathered around the northern town of Gulu started at the beginning of December. ICRC delegates distributed food, blankets and kitchen utensils to 1,200 people during the first week of the operation.

Surveys made at the end of November found that some 15,000 out of the 70,000 displaced people living on the outskirts of Gulu were suffering from malnutrition. The number of people around the town had quadrupled since May. Most had fled clashes between the Ugandan army and opposition forces leaving all their belongings behind them.

Security conditions appeared to improve slightly in the area during December and some people were reported to have moved back towards their homes in the west.

In the meantime, medical supplies and medicines were given to the local hospital in Gulu, where the ICRC also began a special food programme for undernourished children. Daily rations of porridge and enriched milk were thus provided under the supervision of an ICRC nurse.

South-east of Gulu, near the town of Soroti, a delegate and a nurse assessed the needs of displaced people living in camps in the county of Amuria. Some of the people were suffering from malnutrition, and the conditions of health and hygiene needed to be improved. The ICRC planned to distribute food, blankets and kitchen utensils to some 20,000 people, and encourage the authorities to extend their vaccination programme to cover all the camps.

News in brief

In Angola, the ICRC distributed seeds to over 90,000 families on the conflict-torn Planalto during September, October and November. It was the fourth successive year of an agricultural programme that aimed to help civilians grow as much of their own food as possible.
In 1988, diplomatic efforts to resolve several lengthy conflicts raised hopes of bringing peace to some of the world’s major crisis regions. Negotiations led to a better outlook in Afghanistan, Angola and Namibia, Western Sahara, and Iran and Iraq. According to ICRC Director of Operations André Pasquier: “Even if these diplomatic efforts have not yet brought about final solutions, they have certainly facilitated the ICRC’s efforts to improve conditions for conflict victims.”

The political climate improved, but most of the humanitarian problems remained unsolved. In 1988, the ICRC was active on all five continents, covering some 80 countries. Some of its biggest operations saw positive developments, while others were confronted with serious difficulties. As Mr. Pasquier put it: “Humanitarian politics is the art of doing what is possible.”

A year of progress ...

One of the largest programmes of the ICRC was in Afghanistan, where it considerably extended protection and assistance for prisoners and war wounded during the year, and was able to work in the provinces where the needs were acute.

An agreement signed in Geneva under United Nations auspices in April led to the beginning of a Soviet withdrawal from Afghanistan, and hopes that peace might soon return after nine years of conflict.

However, the situation was still extremely difficult as fighting increased in most parts of the country. Despite this, the ICRC was able to see more prisoners than ever before. Detainees held by the Afghan authorities were visited in the capital, Kabul, and in two provincial towns, and delegates based in Pakistan visited prisoners held by resistance movements.

Medical programmes were also extended. At the beginning of 1988, the ICRC’s orthopaedic centre began coping with the large number of casualties caused by mines, and in October a new war surgery hospital, built and staffed by the ICRC, opened in Kabul. Medical assistance was given to hospitals in some provincial towns, as well as to dispensaries run by the Afghan Red Crescent.

Across the border in Pakistan, record numbers of Afghan war wounded arrived at the ICRC hospitals in Peshawar and Quetta. Both hospitals were enlarged, and more first-aid posts were set up on the frontier to deal with the injured.

Evacuation of a wounded civilian in Lebanon.

In Africa, the ICRC achieved a major breakthrough at the end of the year. After months of negotiations, it was finally able to begin an airlift to southern Sudan, where conflict and famine had ravaged the population. Food and medical supplies were flown to towns under government control or in rebel hands, in an effort to save thousands of people from starvation.

... and of major concerns

But there were disappointments during 1988 as well. In Lebanon, where the ICRC had been present for over 20 years, it withdrew all its delegates in December after death threats were made against them. The suspension of its activities in Lebanon, which it was hoped would only be temporary, came four days after Peter Winkler, the delegate kidnapped in the south in November, was released. “This illustrates the difficulty in certain situations of getting parties to a conflict to understand the role of the Red Cross and respect our activities”, Mr. Pasquier commented.

Another situation of major concern to the ICRC in the Middle East was the Israeli-occupied territories. The intifada, which started at the end of 1987, continued throughout the year, and the death toll mounted week by week. Hundreds of young Palestinians were killed, and thousands injured and arrested.

ICRC delegates visited over 5,000 detainees in Israel and the occupied territories held in connection with the uprising. They went to hospitals receiving the injured, and had regular access to the camps that Israel set up.

Another enduring crisis of particular concern to the ICRC was the Thai-Kampuchean border, where over 250,000 people have been living in camps for nearly 10 years, often under highly precarious security conditions. During 1988, delegates continued to give medical assistance, reunited families, and enabled many thousands of these displaced civilians to contact relatives living abroad.

However, the ICRC was denied access to some camps. Tens of thousands of civilians were in camps controlled by fighting factions which prevented relief organizations from entering. As Mr. Pasquier commented: “Civilians are becoming hostages of a political and military situation.”

In Iran and Iraq, an estimated 100,000 prisoners of war remained in captivity, despite UN-sponsored talks between the two countries that led to a ceasefire in August. Under the Geneva Conventions these POWs should have been repatriated immediately after active hostilities came to an end.

An operation to repatriate wounded and sick prisoners began in November, but the ICRC was forced to suspend it after just over 200 POWs were flown back to Tehran or Baghdad. The ICRC pursued its efforts to have all the prisoners from the Gulf war sent home. Some of them had been in captivity for eight years. “In a conflict where prisoners of war are clearly protected by the Geneva Conventions, this fact alone does not mean that the conditions are good”, Mr. Pasquier commented.

In the Horn of Africa, thousands of prisoners of war and civilian internees were repatriated by the ICRC in August. Over 3,500 Ethiopian POWs and civilians and some 245 Somali POWs, captured during the Ogaden conflict and held for up to 11 years, were able to go back to their country. The operation followed the signing of an agreement between Ethiopia and Somalia four months earlier.

In many other countries the work of the ICRC continued as usual in 1988, often without publicity. Whether the victims were imprisoned, displaced, injured, hungry or threatened, the ICRC did its best to ensure that they received the care they were entitled to.
Protection of children in armed conflicts

The ICRC has been seeking changes to a Draft Convention on the Rights of the Child for almost three years. Article 20 of the proposed Convention is of particular importance to the ICRC as it seeks to provide protection for children in armed conflicts. However, it tends to weaken the protection which has already been given by international humanitarian law.

A United Nations working group has been preparing the Convention since 1979, but it was not until 1985 that the Dutch, Swedish and Finnish delegations introduced the article in question. The ICRC realised the danger it represented after it passed its first reading in January 1986.

The Geneva Conventions and their Additional Protocols contain no less than 25 articles offering special protection to children in armed conflicts. The ICRC feels strongly that new instruments must not be allowed to undermine the rights already acquired.

At the Twenty-fifth International Conference of the Red Cross, held in Geneva in 1986, 118 governments, together with the whole International Red Cross and Red Crescent Movement, adopted a resolution stressing that "the protection accorded by the new Convention should be at least the same as that accorded by the Geneva Conventions and the two Additional Protocols."

In addition, organizations like Rädda Barnen International and the Quaker UN Office have supported ICRC efforts to improve the draft. The Youth Section of the Swedish Red Cross organized an appeal last summer addressed to the United Nations, which was supported by over 650 youth organizations around the world, including the Youth Sections of 70 National Red Cross and Red Crescent Societies.

In spite of these efforts, the draft passed its second reading in December without the changes sought by the ICRC being accepted. While international humanitarian law has ensured that medical care and assistance have become absolute rights, Article 20 of the proposed Convention asks States only to take "all feasible measures" in order that children affected by armed conflict receive care and protection. This is by far the most unsatisfactory aspect of the article.

Like Additional Protocol I, the present text prohibits the recruitment of children under 15, and calls on States to take all feasible measures to prevent children under 15 from taking a direct part in hostilities. However, there is no reference to children under 15 being indirectly involved in the acts of war. This can include reconnaissance work or transporting arms and food for the armed forces.

Françoise Krill, a lawyer in the ICRC's Legal Division who has followed the dossier closely, commented: "One can only regret that, 11 years after the adoption of the Additional Protocols of 1977, and in view of the presence in combat zones of all too many adolescents aged between 15 and 18, it has not been possible to make any progress in this area."

Before States can sign the Convention, the draft has to be submitted to the UN Human Rights Commission and its Economic and Social Committee, and will then go to the UN General Assembly. The ICRC still hopes that Article 20 will be strengthened.

Spreading the word

The Bulgarian army has said that it will draw up a programme on international humanitarian law for all members of the armed forces. The decision was taken after the ICRC organized its first meeting on the subject in Bulgaria.

A delegate gave a talk in November to about 800 officers of the Bulgarian armed forces in the capital, Sofia, and underlined the need to make the rules of humanitarian law known to all servicemen in the country.

Courses were also given to members of the Bulgarian Red Cross at the Society's headquarters, as well as to over 100 law students at Sofia university.

In June 1988, the Bulgarian Red Cross set up a national commission on international humanitarian law, after holding a seminar organized with the Institute of San Remo, and in collaboration with the ICRC and the Office of the United Nations High Commissioner for Refugees. The meeting, which was attended by members of the Bulgarian armed forces, university professors and government officials, was a big success, and consolidated Bulgarian interest in humanitarian law.

The President of the Youth Section of the Swedish Red Cross hands over to the United Nations the signatures of 650 youth organizations which responded to the appeal against children taking part in armed conflicts.

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.
ICRC convoy attacked in Uganda

A Ugandan Red Cross worker was killed and an ICRC delegate wounded on 9 January in eastern Uganda when armed men attacked a convoy carrying relief supplies for conflict victims.

The ICRC condemned the attack, and stressed that the vehicles in the convoy were clearly marked with the Red Cross emblem and all the parties present in the area were aware of the ICRC's humanitarian activities.

Uganda Red Cross employee Michael Egabu and ICRC delegate Jürg Bührer were at the head of the convoy travelling from the town of Soroti to Amuria where thousands of people displaced by fighting were waiting for assistance. As gunmen opened fire, Bührer, who was driving the vehicle, managed to jump out, while Egabu was killed outright as he crouched in the passenger seat.

Continued assistance at Gulu

Around the northern town of Gulu, ICRC delegates continued the relief programme for displaced civilians which began in early December. Food, blankets and kitchen utensils had been distributed to a total of over 8,000 people by mid-January. The programme was based on the results of assessments in December which had revealed cases of malnutrition, as well as poor hygienic conditions, among the displaced population living in camps outside the town.

Prison visits in Burundi

A team of ICRC delegates completed a five-week round of visits to 11 prisons in Burundi in January, to see detainees held in relation to the events that took place in the north of the country last August. The prison visits were carried out in accordance with the usual ICRC criteria, including private interviews with each of the prisoners.

Relief programme in the north

Delegates in the northern provinces of Kirundo and Ngozi, where last year's violence broke out, had distributed relief supplies to over 28,000 people by mid-January. In agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR), the programme was extended to civilians returning from neighbouring Rwanda where they took refuge as a result of the clashes. Less than 2,000 Burundese refugees remained in camps across the border by the beginning of January, according to the UNHCR, and the number continued to decrease.

Clothes, blankets, soap and farming tools were distributed to people resettling in their villages in the communes of Ntega and Marangara, where houses had been destroyed or looted. Assistance to displaced people grouped in centres in the two communes finished at the end of October, when the last families went back to their homes.

News in brief

The ICRC carried out two visits in January to an Angolan pilot held in South Africa. He was taken prisoner last December after making a forced landing in Namibia.

A first visit took place on 20 December, when ICRC delegates saw him in private and collected a Red Cross message for his family. During the January visits, the prisoner was given a letter from his father.
Emergency operation in southern Sudan

The ICRC stepped up its airlift of relief supplies to southern Sudan in January, in the first phase of a relief operation for the victims of conflict and famine.

Food and medical supplies were flown in from the Sudanese capital, Khartoum, to the government-controlled towns of Wau and Aweil, and from northern Kenya and Uganda to Akon and Yirol held by the SPLA (Sudan People's Liberation Army).

At Wau, ICRC delegates had distributed food rations to some 9,000 displaced people by mid-January. Medical centres were given supplies of essential medicines. Orphanages and a prison in the town also received assistance, and wounded combatants were treated.

The health and nutritional state of the population at Wau caused serious concern, and in Aweil around 15,000 displaced people were in urgent need of assistance. Food was distributed to the worst cases among the displaced in Aweil, while waiting for greater quantities of relief supplies to get through.

In Akon and Yirol, the ICRC gave food to the most vulnerable groups of the population. Medical teams also reopened dispensaries that had been closed since the conflict began in 1983, and stocked them with medicines and medical materials. Local staff received on-the-spot training as they began to deal with hundreds of patients a day.

The majority of the people in the area depend on cattle for most of their food needs. Since the conflict broke out, veterinary programmes have been interrupted and the herds have been decimated by disease. To help preserve this vital source of food, the ICRC set up a cold chain in December to vaccinate the cattle. Tens of thousands of livestock were vaccinated in January, and it was hoped that in the coming months the figure would rise to hundreds of thousands.

Activities stepped up in Vietnam

In January, a team of delegates from the ICRC's regional delegation in Hanoi visited 12 Chinese prisoners captured by Vietnamese armed forces during incidents along the Sino-Vietnamese border.

This is the third time since 1979 that the ICRC has had access to Chinese prisoners held in Vietnam. Ten of them were seen during the last visit in September 1987. Just a few days after the January visit ended, the Vietnamese authorities freed 10 military and 3 civilian Chinese prisoners, and China released four Vietnamese.

ICRC delegates also carried out in January a series of visits to Vietnamese prisoners held in China, the third since visits resumed in December 1986. Forty prisoners were seen in three places of detention. The prisoners included 17 seen by the ICRC in February last year, and nine sailors captured during clashes over the Spratley islands in March 1987.

For the first time in Vietnam, the ICRC has given courses on tracing activities for the National Red Cross Society. The first two courses, held in Ho Chi Minh City in December, were attended by representatives of Vietnamese Red Cross branches from 21 provinces in the south.

A tracing service was started at the headquarters of the Vietnamese Red Cross in Hanoi last year, and it was agreed in October that the ICRC's Central Tracing Agency would help organize courses for the Society's local offices.

The five-day meetings, in which a representative of the Ministry of the Interior also participated, focussed on the organisation of tracing work, and included practical exercises in working groups. The meetings provided an excellent opportunity for a constructive exchange of ideas between the participants. The programme will continue this year in order to reach local Red Cross branches in all 41 provinces.

Orthopaedic programme in the south

An ICRC prosthetist recently arrived in Ho Chi Minh City to set up an orthopaedic workshop for Vietnamese war invalids. The project is the result of a survey carried out by an ICRC orthopaedic specialist last October to assess the requirements and the services available in the country. The northern provinces were covered by an orthopaedic centre near Hanoi. However, in the south, the authorities wished to expand their facilities in view of the considerable needs.

The ICRC workshop will be housed in an existing orthopaedic rehabilitation centre, where it will produce components for orthopaedic appliances and train local personnel.
Outposts set up in Afghanistan

The ICRC extended its large-scale operation in Afghanistan in January, setting up bases outside the capital, Kabul, to reach more victims of the conflict.

An office in the west

An office was set up in Herat, an important town in the north-west of the country. A team of delegates arrived there from Kabul in December, and assessed the requirements of the population in the town and the surrounding countryside. Contact was made with the local authorities and opposition leaders to explain the role of the ICRC.

In Herat, which has a population of around 150,000, medical facilities need to be improved. Surgeons are required to perform operations on the large number of wounded arriving from all over the region. Ambulance services to transport the wounded and sick to Herat should be set up. Clinics are also necessary for villages in the province where medical facilities are almost non-existent.

Two hospitals in Herat received ICRC medical supplies in December, and an ICRC technician began repairing medical installations.

A separate team visited the prison in Herat for the first time while the surveys were underway. The visit lasted 10 days and was carried out in accordance with standard ICRC procedures. The detainees were able to write messages to their families and were provided with food, clothes and soap.

First-aid posts in the east

Two first-aid posts also began operating in January in the eastern provinces of Paktika and Kunar. They are the first that the ICRC has established inside Afghanistan. They are intended to speed up the evacuation of war wounded to the ICRC's surgical hospital across the border in Peshawar. The opening of the first-aid posts followed assessments carried out in the two provinces in December, during which delegates also visited a number of prisoners held by the Afghan resistance movements.

The ICRC already has nine first-aid posts along the border treating the wounded and transporting the most serious cases to its hospitals in Peshawar and Quetta. However, the system for evacuating casualties from combat zones in the Afghan interior needed to be improved to ensure the injured reached the frontier and obtained the necessary treatment. Ambulances marked with the Red Cross emblem were stationed at the new first-aid posts at Soroza, north-west of Urgun, in Paktika province, and at Nurgal, some 20 kilometres north-east of Jalalabad, in the Kunar Valley. The posts are available to all war wounded and can provide initial treatment before the victims are transported to Peshawar for surgery.

ICRC delegates distribute relief supplies to detainees at Pul-I-Charki prison in Kabul. (Photo P. Halonen)

Repatriation of Haitian refugees

Over 230 Haitian civilians were repatriated by the Cuban Red Cross in January, after they landed by boat in Cuba at the end of last year.

The ICRC facilitated contacts between the two countries to enable the repatriation to take place, and financed the two flights that took the people back to the Haitian capital, Port-au-Prince. This is the fourth group of Haitian refugees that the ICRC has helped to repatriate from Cuba over the past 12 months.
First family reunion in Kampuchea

The ICRC returned a 16-year-old Khmer from Thailand to Kampuchea in January, and reunited him with his parents in the south of the country, in the first case of its kind.

The repatriation brought to an end a long saga for a young man who had left his native country without really wanting to. In September 1986, Sos Sloh Lan was invited to go fishing off the coast of his home town, Kompot, by some of his cousins. When the boat landed in Thailand a day later, his companions asked the Thai authorities for asylum. The young Khmer was sentenced to two years detention in a centre for juvenile delinquents at Rayong, despite having expressed his wish to go home.

In April 1987, the Office of the United Nations High Commissioner for Refugees handed the case over to the ICRC. ICRC delegates visited the Kampuchean youth several times and organized the exchange of Red Cross messages with his family.

Authorisation to transfer the Khmer boy from the detention centre to the ICRC's surgical hospital at Khao-I-Dang on the Thai-Kampuchean border was received in September 1988, and he stayed there until all the necessary formalities for his repatriation had been completed.

Finally, on 22 December, Sos Sloh Lea was flown from Bangkok to Ho Chi Minh City, accompanied by an ICRC delegate. On arrival, he was handed over to the head of the ICRC delegation in Phnom Penh and together they went back to Kampuchea where the boy was reunited with his parents.

In the past, the ICRC has assisted people wishing to leave Kampuchea to be reunited with members of their families living abroad. This is the first time that the institution has helped a Kampuchean citizen to return home. The delegation in Phnom Penh has submitted nine more requests from Kampucheans abroad who wish to go back to their families.

Recent diplomatic efforts to find a solution to the Kampuchean conflict have once more brought to light the delicate question of the repatriation of refugees. The ICRC offers the opportunity of re-establishing contacts with the families they left behind so many years ago, and of going back to join them again.

Towards a chemical weapons ban

In a declaration issued at the end of a high-level conference on chemical weapons held in Paris in January, the representatives of 149 countries pledged not to use chemical weapons, and urged the United Nations Conference on Disarmament to conclude a convention as soon as possible to ban their production and storage, and bring about the destruction of existing stocks.

The ICRC welcomed the outcome of the five-day meeting which marked a new determination to eliminate chemical weapons completely. The ICRC has long been opposed to these weapons. As early as 1918, during the First World War, it stated that they were "a method of warfare which could only be described as criminal".

In a message sent to participants before the January conference began, the ICRC stressed the indiscriminate and particularly cruel nature of chemical weapons, and called for efforts towards their total abolition.

The ICRC took an active part in the work leading up to the adoption of the Geneva Protocol of 1925 which prohibits their use in international armed conflicts. However, some countries reserved the right to use them in retaliation, and the production and storage of these lethal arms were not forbidden. Protocol I of 1977 additional to the Geneva Conventions also outlaws the use of weapons which cause superfluous injury.

Chemical weapons have been employed by a number of countries in recent years, killing and causing untold suffering to many innocent civilians, despite the legal ban on their use. The Paris conference reaffirmed the 1925 Protocol, calling on States to ratify it if they had not already done so.

The next step towards a total ban on chemical weapons began in Geneva less than a week after the Paris conference ended. The chemical weapons committee of the UN Disarmament Conference met for three weeks of negotiations on the technical aspects of a universal treaty, before the full conference was to resume on 7 February.

The ICRC hoped that the international consensus achieved in Paris would provide the necessary impetus to ensure the creation of a new convention which would go further than ever before by banning the very existence of chemical arms.

Edited by the Press Division of the ICRC.
19 Avenue de la Paix
1202 Geneva
Tel. 34 60 01 - Telex 22269

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ICRC delegate wounded in the occupied territories

An ICRC delegate was wounded in the Israeli-occupied territories in February, when he was shot in the leg by an Israeli soldier. The delegate was taken to hospital in Tel Aviv, before being flown back to Switzerland to recover from his injuries.

The shooting occurred at the entrance to Khan Younis camp in the Gaza Strip, after two delegates arrived to help evacuate people injured during an earlier confrontation between Israeli soldiers and demonstrators. The Israeli foreign ministry expressed its regrets to the ICRC over the incident, and stated that the soldiers had received instructions to allow members of the Red Cross to carry out their humanitarian activities. A delegation of Israeli officers, led by the deputy coordinator of operations in the occupied territories, visited the wounded delegate before he left hospital for Switzerland.

The ICRC returns to Lebanon

The ICRC decided to resume its activities in Lebanon in February, seven weeks after suspending its operations and withdrawing all its delegates. It had been forced to take the unprecedented step after death threats were made against ICRC personnel last December, shortly after the kidnapping and release of a delegate.

The decision to return followed assurances on the future safety of the ICRC’s staff given during intensive contacts with the various groups present in Lebanon and several States connected with the Lebanese crisis.

In a public statement, the ICRC expressed its confidence in the renewed and sustained support and respect of all, and said that it was resuming its mission for the benefit of the victims awaiting its protection and assistance “with fresh determination”. It further issued a reminder that its work is governed “in all circumstances by its principles of independence and impartiality.”

Fourteen delegates, who had been on standby in Geneva since the withdrawal, returned to the delegation in West Beirut to organize the resumption of activities throughout the country. More were expected to follow to complete the team.

During its seven-week absence, the ICRC maintained its administrative and operational infrastructure in Lebanon through its local staff. It also continued to support the activities of the Lebanese Red Cross by providing medical and relief supplies for distribution to the hospitals and civilians most in need of assistance.

The ICRC planned to resume as quickly as possible all the activities that have provided protection and assistance for so many conflict victims in the country over the past 20 years. As one Lebanese faction said, “The ICRC’s activities in Lebanon, and particularly in the south of the country, are indispensable.”
The ICRC remains in Afghanistan as tension rises

The ICRC was one of the few organizations remaining in the Afghan capital, Kabul, in February. The Soviet armed forces completed their withdrawal in the middle of the month, and the majority of the embassies had either closed down or reduced their personnel.

"The ICRC has a mandate conferred on it by the international community to protect and assist the victims of conflict and we will continue to act impartially in Kabul as well as in other parts of Afghanistan," commented Jean de Courten, ICRC Delegate General for Asia. Amid rising tension and increasing uncertainty, the ICRC maintained a staff of around 40 expatriates in Kabul, including 17 provided by National Red Cross Societies.

The delegation concentrated its efforts on treating the wounded and providing protection for detainees and prisoners held as a result of the conflict. The war surgery hospital in Kabul treated patients recently wounded during incidents in and around the capital. A number of them came from the Salang area, north of Kabul.

At mid-February, the 50 beds in the main hospital building were full for the first time. New admissions were put in wards in an annexe completed in December which enlarged the hospital's capacity to 150 beds. The number of out-patients increased to 200 a week, most of them women, children or the elderly.

Five ambulances were stationed in the hospital compound in February, ready to provide a rapid evacuation service in case of emergency. The vehicles were flown in at the end of January on board a Hercules transport plane chartered by the ICRC. The aircraft made two flights between Islamabad and Kabul, and also brought in medical supplies.

ICRC nursing staff assisted Afghan Red Crescent dispensaries which were also having to cope with an increasing number of patients. Three nurses covered seven dispensaries, helping the local staff and making sure there were enough medical materials.

In Pakistan, the ICRC's two war surgery hospitals at Peshawar and Quetta continued to treat Afghan conflict victims. Most of them arrived from the Afghan interior through one of the 12 first-aid posts that the ICRC has set up in the region. A number of the patients were wounded during fighting in recent weeks around Jalalabad and Kandahar.

In the meantime, delegates visited detainees and prisoners held by the Afghan administration and by opposition movements. In Kabul, a new series of visits began at Pul-i-Charki prison, and hundreds of Red Cross messages were collected or distributed, maintaining an exchange of news between the detainees and their families.

Following a request from the ICRC, two prisoners out of a group of 20 released by the Afghan authorities in February were handed over to the ICRC delegation. They were subsequently passed on to the Office of the United Nations High Commissioner for Refugees (UNHCR) for resettlement abroad.

Delegates based in Pakistan continued to visit prisoners held by Afghan opposition movements. They registered new prisoners and collected and distributed family messages.

New mission to East Timor

A team of ICRC delegates visited 24 security detainees held in prisons in East Timor's capital, Dili, in January. Eight of the prisoners had been arrested during the disturbances that broke out in Dili last October.

The delegates also visited the last 11 security detainees from East Timor still held in the Indonesian capital, Jakarta. Following ICRC recommendations, the Indonesian authorities have gradually transferred East Timor prisoners back to Dili. The most recent group of 16 were returned last November.

The considerable distance separating the detainees from home have made it difficult for their families to visit them. In December, for the first time in almost two years, the ICRC enabled 23 relatives to make the journey of 2,000 kilometres. The ICRC organized and paid for their flights from Dili to Jakarta, as most of them, living on a meagre income, could not afford to pay for the trip themselves. It is hoped that the 11 prisoners will be transferred back to Dili as soon as possible.

During the January mission to East Timor, the delegates also carried out a 12-day assessment of the medico-nutritional situation in 18 places in the eastern half of the territory. The team, composed of a doctor, a nutritionist and a nurse, accompanied by a doctor from the Indonesian Red Cross, concentrated on the health of children under six and general living conditions.

It was the fifth evaluation of its kind since 1985. These assessments have served as an early warning system during the difficult period between harvests at the beginning of the year. No urgent needs were found this time, but the ICRC nurse working in East Timor will continue to follow the situation in the most vulnerable areas.
ICRC President Cornelio Sommaruga, at his annual press conference in February, urged governments to give priority to humanitarian problems. Despite progress towards resolving regional conflicts, the humanitarian needs remained immense, he said.

The ICRC President told more than 50 journalists that the three main aims of the ICRC in 1988 were to fight against the harassment of civilian populations and the torture of detainees, especially political detainees, and to prevent prisoners of war from becoming hostage to negotiations.

**Prisoners of war**

Mr. Sommaruga said it was inadmissible that the ICRC had not been allowed to register all the prisoners of war held by Iran and Iraq. He regretted that obligations under the Third Geneva Convention to repatriate prisoners of war immediately after the end of active hostilities had not been fulfilled. Six months after a ceasefire came into effect, the fate of an estimated 100,000 prisoners remained unresolved. Nevertheless, the ICRC organized the repatriation of 351 disabled, wounded or sick Iraqi and Iranian prisoners of war during 1988, and Iraq sent home another 255 Iranian prisoners of war under ICRC auspices in January this year.

The President also regretted that Libyan prisoners of war in Chad still did not benefit from the protection of the Third Geneva Convention. However, he welcomed Chad's release from prison last year of 452 members of the opposition whom the ICRC had visited at regular intervals.

He said that the most immediate objectives of the ICRC were to repatriate Iranian and Iraqi prisoners of war, obtain access to Libyan prisoners of war in Chad, and visit prisoners from the Western Sahara conflict held by Morocco and the Polisario Front.

Speaking of the Western Sahara, President Sommaruga highlighted the suffering of prisoners' families, left for up to 10 years without knowing whether their loved ones were alive or dead. It was due to situations like these that the ICRC had to continue to push for political solutions, he stated.

Mr. Sommaruga expressed satisfaction at the repatriation last year by the ICRC of 3,789 prisoners of war from the Ogaden conflict, some of whom had been in captivity for eleven years, and of 214 Chadian prisoners from Libya with the assistance of the ICRC.

**Operational concerns**

As well as major operations in Afghanistan and southern Sudan, the President singled out the drama of displaced people in Mozambique and almost one million Mozambican refugees in neighbouring countries.

In the Israeli-occupied territories, the ICRC was seeking to encourage greater respect for humanitarian law by increasing its presence in the territories, and maintaining a firm dialogue with the Israeli authorities.

Mr. Sommaruga also hoped for progress this year in the difficult negotiations with South Africa, to obtain access to categories of prisoners covered by the ICRC's mandate.

Concerning Central America, he said that even if fighting had subsided, the problems facing the civilian population remained acute, particularly in El Salvador and Nicaragua, and efforts to assist civilians should be maintained.

During 1988, the ICRC had 44 delegations active in 88 countries around the world. Prisoners of war and detainees were visited in 770 places of detention in 36 countries. A total of 44,000 tonnes of food and non-medical supplies were distributed in 38 countries. Almost one million people in northern Ethiopia received food, and large amounts were also provided to victims of the conflicts in Angola, Mozambique, Lebanon and Nicaragua. Around 1,850,000 Red Cross messages were exchanged through the ICRC's Central Tracing Agency between relatives separated by conflict.

**Mobilizing world opinion**

The President of the ICRC stressed that there could not be lasting peace unless the serious humanitarian problems were resolved. He announced intensified efforts to promote humanitarian law, and greater collaboration with the 147 National Red Cross and Red Crescent Societies in order to create a general humanitarian mobilization.
Khmer camp reopens on Thai-Kampuchean border

The ICRC and international organizations were able to resume their work in favour of the Khmer civilians in the camp of Otrao along the Thai-Kampuchean border at the end of January, after over a month without access. The camp, which is administered by the Khmer Rouge, was closed to humanitarian agencies by the Thai authorities in December following the destruction of the dispensary run by the Catholic Office for Emergency Relief and Refugees (COERR).

Ambulances from the ICRC’s first-aid centre at Kap Cherm immediately began evacuating patients to local Thai hospitals, while the most urgent cases were taken to the ICRC’s surgical hospital at Khao-I-Dang. An ambulance was put on permanent standby in Otrao to ensure a rapid service. The camp hospital lay in ruins, and more evacuations were expected.

With the agreement of the camp administrators, the ICRC is organizing the exchange of Red Cross messages between the patients evacuated and their relatives, to ensure that the families received regular news.

Otrao, which is in the northern border area, has been of growing concern to the ICRC over the past few months in view of the gradual exodus of the civilian population to places inaccessible to humanitarian organizations. However, when the camp reopened in January, there were estimated to be over 6,000 people, compared to some 3,000 in December, and more continued to arrive. Most of them came from smaller Khmer Rouge camps in the region, where protection and assistance could not be provided by humanitarian organizations. The return of the Khmer civilians to Otrao seems to reflect moves by the Thai authorities to create a more open and accessible camp, as is the case at Site 8 in the central border area, in line with recent requests from the ICRC.

The voluntary agencies working at Otrao started to help the people settle. Much of the camp had been dismantled as the population left, and the new arrivals camped under makeshift shelters made out of wood, straw and canvas.

Food and medicines were the major priorities. UNBRO (United Nations Border Relief Operations) began weekly distributions of rice and fish, and provided building materials for houses. COERR gave medical consultations at an out-patients dispensary, as preliminary plans for a new hospital were discussed.

The ICRC has asked the Thai authorities to increase access in the southern border area as well, so that all civilians living there in camps under Khmer Rouge control can be given greater protection and receive the assistance they need.

Seminar for African journalists

Journalists from 24 countries across Africa attended a seminar in Tunis in February on the theme “Humanity and the Media”.

The four-day meeting, organized by the ICRC and the Union of African Journalists (UAJ), was the second of its kind, following one that took place in Nairobi in 1985 on “The Journalist and International Humanitarian Law”.

The Tunis seminar ended with a call for journalists to contribute to peace and understanding between peoples by promoting humanitarian principles and ideals. Among other recommendations, it urged Africa’s news media to publicise the need for measures to combat the damaging effects of conflicts and natural disasters on development.

The participants proposed that the ICRC and the UAJ ask the Secretary General of the United Nations to proclaim a Year of International Humanitarian Law. They also called for greater freedom of the press and increased protection for journalists on the African continent.
Relief operation extended in southern Sudan

In March, the ICRC flew to three additional towns in southern Sudan, in an effort to reach as many victims of the conflict as possible before the rainy season sets in, making roads and airstrips unusable.

Teams of delegates were on board the first flights that landed in the government-controlled towns of Juba and Malakal, and in Kongor held by the SPLA (Sudan People’s Liberation Army). Regular flights followed, taking in food and medicines. With these new destinations supplies were reaching all three southern provinces — Bahr-el-Ghazal, Upper Nile, and Equatoria.

At Kongor, there was concern for the nutritional state of the population and the health of the cattle on which people depend for food, while tens of thousands of displaced civilians had sought refuge around Juba in the far south.

Activities continued in Wau and Aweil, Akon and Yirol, where an airlift of food and medical supplies began in December. By early March, ICRC delegates had distributed over 2,000 tonnes of relief supplies, including food, cooking utensils and blankets. Food deliveries have since been stepped up, and two Hercules transport planes were arriving daily in Wau.

The ICRC had a fleet of nine aircraft, ranging from large Hercules and Transall transport planes to single-engined Pilatus Porters able to land on the smallest airstrips, shuttling supplies into southern Sudan from the Sudanese capital, Khartoum, and from Kenya and Uganda.

The ICRC’s operation received valuable support from a UN-sponsored conference that took place in Khartoum. Addressing the conference, ICRC Director of Operations André Pasquier stressed the ICRC’s determination to increase its activities in the south.

Following an outbreak of meningitis, the ICRC, in collaboration with the Sudanese Ministry of Health and Médecins Sans Frontières (MSF), carried out a large-scale vaccination campaign in the government-controlled towns of Wau and Aweil. The ICRC vaccinated some 10,000 displaced people in Wau and transported vaccines to Aweil where an MSF team reached 30,000 people.

ICRC delegates also assessed the situation in SPLA-held Akon and Yirol, and prepared stocks of vaccines and medicines in case the epidemic spread. In the meantime, the ICRC continued to immunize as many children as possible against the six major illnesses and diseases, including measles and polio. The operation has been organized in cooperation with UNICEF which is providing the necessary vaccines and equipment.

In addition, ICRC veterinary surgeons went on vaccinating herds of cattle, and over 110,000 animals had been vaccinated by the middle of March.

Across the border in northern Kenya, the ICRC’s surgical hospital for Sudanese war wounded, at Lokichokio, was full to capacity with around 140 patients.

At the end of February, an ICRC plane flew into the southern Sudanese town of Kapoeta to collect the bodies of two American pilots killed when their plane crashed in the area in January. The bodies were taken to the Kenyan capital, Nairobi, where they were handed over to the United States ambassador.

New plea for civilians in Lebanon

As fierce fighting raged in Beirut in March, the ICRC delegation in the Lebanese capital publicly appealed to all the parties involved to put a stop to the indiscriminate shelling of civilian areas.

Civilians were the main victims of the heavy shelling that left many dead and wounded. ICRC delegates visited hospitals receiving the injured and distributed essential medical supplies.

In the appeal, broadcast by Lebanese radio stations, the ICRC reminded all factions that the attacks were contrary to the most elementary humanitarian principles, and called on them to respect the civilian population.

Nicaragua releases former National Guards

The ICRC in Nicaragua assisted nearly 1,900 members of the former National Guard in March when they were freed by the Nicaraguan authorities in the biggest release of detainees in the country’s history.

The government move followed Central American talks held in El Salvador in February. ICRC delegates carried out preliminary visits to the jailed guardsmen at Tipitapa prison in the Nicaraguan capital, Managua, a few days before their liberation, and provided them with clothes, shoes and food parcels as they were freed on 17 March. Fifty buses, hired by the ICRC delegation, transported the men back to their homes.

The ICRC had been visiting the guardsmen regularly since they were imprisoned in 1979. Visits continue to around 1,500 other security detainees held in Nicaraguan jails.
Return to Ugandan town of Soroti

The ICRC launched a new assistance programme around Soroti in northern Uganda in March, two months after suspending its activities in the area following an attack on an ICRC relief convoy in which a Ugandan Red Cross worker was killed and an ICRC delegate injured.

Distributions of seeds and hoes for 25,000 families began in mid-March to the south-west of the town. Security conditions had improved and it was not too late for planting. Assessments carried out at the end of February showed that the population had virtually no seeds to produce the protein foods they needed.

At Gulu, north-west of Soroti, the ICRC stepped up its relief operation as fighting in the area brought a constant flow of civilians to the outskirts of the town. Over 10,000 new arrivals had been registered by mid-March, while a first group of more than 2,500 were given blankets, cooking pots and soap at Lukome, 15 kilometres north of Gulu. At the same time, an ICRC doctor vaccinated 300 women and children at Lukome, in order to ensure a more systematic immunization of the civilian population after an outbreak of measles at Gulu.

At the end of February, the ICRC participated in the transfer of over 3,000 Sudanese refugees from Kitgum to Adjumani in the northern border area. The operation was carried out as a result of the precarious security conditions in the region and to enable the people to receive assistance from the Office of the United Nations High Commissioner for Refugees (UNHCR) which has facilities near Adjumani. At the request of the UNHCR, the ICRC provided air transport for the transfer, and ICRC delegates were present throughout the ten-day operation.

In the meantime, the ICRC delegation in the Ugandan capital, Kampala, began the second nationwide series of visits to military barracks since last November. Over 400 security detainees were seen in Makindye, Summit View and M'Buya barracks in Kampala, before the team of delegates left for the provinces at the beginning of March.

State of emergency at camp on Thai-Kampuchean border

The precarious situation of some of the camps along the Thai-Kampuchean border was demonstrated again at the beginning of March, when Site 2, the main camp in the central border area, was put on maximum alert as heavy shellings broke out along the frontier. There were fears for the 180,000 civilians in the camp, situated only one kilometre from the border, as shells rained down nearby.

The ICRC participated in the evacuation of the most vulnerable groups of people soon after the fighting began. Delegates transported patients from the dispensaries at Site 2 to hospitals at Khao-I-Dang. Two wounded combatants were also taken to the ICRC's surgical hospital on the first day of the fighting.

In coordination with the ICRC, UNBRO (United Nations Border Relief Operations) evacuated over 300 pregnant women to Khao-I-Dang, while a group of around 5,000 people, made up of the elderly, the handicapped and mothers-to-be, were taken to Site 3 further from the border.

The ICRC reminded the authorities that the civilian nature of the camps along the frontier should be respected and the population moved permanently to safer areas.

Increased aid for Afghan conflict victims

In Afghanistan, as heavy fighting erupted around the town of Jalalabad in early March, the ICRC had to cope with a large influx of wounded at its war surgery hospital at Peshawar across the border in Pakistan. The 250-bed facility received over 200 patients during the first ten days of the fighting, which is as many as it usually admits in a full month.

The evacuation system along the frontier was quickly reinforced. Extra ambulances were sent to the first-aid post at Landi Kotal, and a converted bus, able to carry up to ten patients at a time, was put on stand-by at the ICRC's delegation at Peshawar.

In the meantime, the other ICRC hospital in Pakistan, at Quetta, received dozens of wounded through the first-aid post at Chaman as a result of intensified fighting around Kandahar.

Delegates were able to visit hundreds of prisoners captured by Afghan opposition movements. The prisoners were registered, given the opportunity of writing Red Cross messages to their families and, in some cases, provided with medical assistance.

An ICRC-chartered plane began flights from Peshawar to the Afghan capital, Kabul, in mid-March, carrying medical and relief supplies. It made a first trip to Kabul at the end of February when the ICRC repatriated the bodies of nine Afghans killed when their aircraft crashed in Pakistan in January.

The number of ICRC delegates in Kabul gradually increased again as the personnel evacuated on security grounds in February returned to work. The orthopaedic centre was reopened after a three-week closure, and assistance to hospitals and Red Crescent dispensaries continued.

A new series of visits to detainees at Pul-I-Charki prison in Kabul ended in March, while a team of delegates began visiting the main prison at Mazar-I-Sharif, in northern Afghanistan. This is the second prison visit at Mazar-I-Sharif since October last year, and the delegates were able to distribute Red Cross messages to the prisoners. They also gave messages to the families of detainees visited elsewhere in the country, and prepared to assess the situation to the west of the town.
The ICRC in aid of war invalids

In the past few months, the ICRC has helped to set up three new orthopaedic projects in Africa and Asia for people handicapped as a result of conflict.

In February, the ICRC officially opened an orthopaedic workshop in Ho Chi Minh City in southern Vietnam. ICRC specialists had been preparing the workshop since December last year following an agreement with the Vietnamese authorities. The new facility, which is situated in an existing rehabilitation centre, will ensure the production of the components needed to make artificial limbs.

Another new programme was launched in December in the Ugandan capital, Kampala, at Mulago hospital. It is a joint venture with the Ugandan Ministry of Health, the British and Ugandan Red Cross Societies, and the International Volunteer Association for Development. The production and fitting of orthopaedic appliances is already well underway.

In Angola, a new orthopaedic centre opened in November in the capital, Luanda, run in cooperation with the Angolan Ministry of Health and the Angolan and Swedish Red Cross Societies. The ICRC, which has already set up two orthopaedic centres in Angola over the past nine years, is acting as technical adviser for the latest project.

The ICRC began helping war disabled after the Second World War. Today it is involved in 20 orthopaedic centres in 13 countries around the world. Since 1979, over 20,000 people have been fitted with artificial limbs and orthopaedic appliances. In the meantime, more than 1,200 paraplegics have been admitted to the ICRC's paraplegic centre in Peshawar, in Pakistan.

War invalids: handicapped for life

"War disabled differ from other conflict victims because their disability is permanent," commented Alain Garachon, in charge of rehabilitation projects at the ICRC. "Prisoners can be released, the sick cured, the wounded healed and the hungry fed. But when you have lost a limb or become paraplegic, it is for life."

The ICRC's orthopaedic programmes are set up in cooperation with the Ministries of Health or Social Affairs (as in Zimbabwe, Burma, Nicaragua and Mozambique) and sometimes with National Red Cross or Red Crescent Societies (Pakistan) or private institutions (Lebanon and Chad).

Essential to the long-term success of any project is the training given to local staff. Some of the trainees selected are disabled themselves and all the more motivated in their work. Diplomas are issued at the end of training courses and often, thanks to negotiations with the sponsoring ministry, they become officially recognized qualifications.

Peru: renewed access to emergency zones

ICRC assistance programmes in emergency zones in Peru resumed in March, following talks with the national authorities. The zones cover seven of the 24 Peruvian departments where the civilian population is particularly affected by the continuing conflict.

The regions under emergency rule include the department of Ayacucho where, apart from a few brief periods, the ICRC has been unable to work since January 1987. A delegate and a nurse reopened the sub-delegation in Ayacucho on 1 March and prepared to provide medical and material aid for the civilian victims of the unrest, and to teach humanitarian law to members of the armed forces, the police and the local population.

An ICRC-trained local technician fits a war invalid with an artificial limb at the ICRC's orthopaedic centre at Beira, in Mozambique.

In the early years, the appliances used depended on foreign suppliers and were very expensive. The ICRC changed its approach in the 1970s, and soon became a trend-setter in the application of appropriate technology.

Towards self-sufficiency

In most of the countries where the ICRC has orthopaedic projects, little or nothing had previously been done to rehabilitate war invalids. In some cases, such as Afghanistan, Lebanon or Vietnam, the ICRC works where no one else can. Its policy is to make the centres self-sufficient once the initial programme is finished.

Local materials are used as much as possible to make a range of products which include artificial limbs, appliances for paraplegics, and orthopaedic aids such as crutches and wheelchairs. ICRC orthopaedic specialists create designs suitable to the materials available and to the everyday living conditions of the handicapped.

There are too many people disabled by conflicts for the ICRC to take care of them all. What it can do is to ensure that local technicians are sufficiently well trained to be able to pass on their skills to others. Gradually this may become a national effort to help those disabled by conflicts lead a normal life.
The ICRC distributed food rations to some 24,000 people a week on the Angolan Planalto in March. The operation covered Huambo and Benguela, the two conflict-stricken provinces worst affected by the seasonal shortage of food preceding the April harvests.

A Hercules transport plane began airlifting supplies of corn, beans and oil from the coast to the high central plateau at the end of January. Security conditions have long made it impossible to take supplies to the Planalto by road. Four smaller aircraft flew the food to the villages in need of help, while lorries took provisions from Huambo town centre to displaced people gathered on the outskirts of the town.

A feeding centre for young children was opened in January in Bailundo, in Huambo province, where the level of malnutrition was already causing concern. At mid-March, there were around 130 children receiving special food rations at the centre.

The ICRC completed distributions of seeds to over 90,000 families on the Planalto last December, for the fourth consecutive year. However, as the families waited to gather their crops and replenish empty food stocks, drought threatened to affect the quality and quantity of the harvest.

In February, the ICRC approached the Angolan authorities for permission to launch assistance programmes in the south-western border province of Cunene. The request followed recent visits to a number of Angolan provinces to assess the effects of the conflict and renew contacts with local authorities and Red Cross branches.

The ICRC had a sub-delegation in Cunene province from 1981 to 1984 when the Lusaka peace agreement was signed. The visit to the province at the end of January showed that the civilian population had continued to suffer as a result of the fighting and that the medical infrastructure was almost non-existent. Three years of drought had further aggravated the situation. The ICRC in the Angolan capital, Luanda, hoped to be able to reopen the sub-delegation as soon as possible to provide necessary assistance.
The ICRC appeals again as casualty rate rises in Lebanon

The ICRC again appealed to all parties to the Lebanese conflict in April to respect the fundamental principles of humanitarian law. For the fourth time since the conflict escalated in mid-March, the institution called on the belligerents to spare civilians and civilian property.

Thousands of shells, rockets and bombs hit houses, apartment blocks, shops, schools and hospitals across the Lebanese capital, Beirut, and the surrounding areas. News reports estimated that over 250 people were killed and more than a thousand others wounded during the first month of the fiercest fighting the country has witnessed for several years. The civilian population suffered the most casualties and thousands of people fled their homes in search of safety.

During a press conference in Beirut in early April, the head of the ICRC’s delegation in Lebanon issued a reminder that the bombing of towns and civilian zones, and the use of methods and means of combat that threaten the health or survival of the civilian population, were strictly prohibited by international humanitarian law. In the wake of the explosion of a gas container at a petrol terminal in northern Beirut, he also stressed that the environment had to be protected against serious, widespread and durable damage.

A number of hospitals hit by shells were forced to close, reducing the possibilities of treatment available for the wounded. Around 80 per cent of Beirut was without electricity by mid-April, and serious shortages of fuel threatened to bring hospital generators to a halt and further compromise medical activities.

Throughout the fighting, ICRC delegates and members of the Lebanese Red Cross made untiring efforts to help the victims of the bombardments. Lebanese Red Cross workers evacuated the wounded to the remaining hospitals, while ICRC delegates monitored the requirements of all medical services in areas affected by the events, rapidly providing emergency supplies when necessary. Ten tonnes of ICRC medical supplies arrived at the port of Tripoli from Cyprus in April, and more medical staff were sent out from Geneva.

In the meantime, blankets, kitchen sets and parcels containing essential supplies were distributed to civilians whose homes had been destroyed by the shelling, or who had been forced to flee the fighting. Over 12,000 people had benefitted from these distributions by mid-April.

Visits to prisoners held by the various parties to the Lebanese conflict were carried out in March for the first time since the ICRC resumed its activities in February. Emergency stocks have been replenished throughout the country and emergency assistance programmes are again underway.
The ICRC reaches 18 areas in southern Sudan

The ICRC’s relief operation for victims of the conflict in southern Sudan was extended in April to reach a total of 18 locations in areas either held by the Sudanese government or by the Sudan People’s Liberation Army (SPLA).

The ICRC also added four more transport planes to its fleet of 10 chartered aircraft which are flying in food and medical supplies from the Sudanese capital, Khartoum, and from neighbouring Kenya and Uganda. By mid-April, the planes were airlifting over 150 tonnes of food to southern Sudan every day.

With only a few weeks left before the rainy season made certain regions inaccessible, the ICRC concentrated its efforts on parts of the south which are difficult to reach and where other organisations cannot work.

Food distributions continued, but stocks were also built up in the regions where the airlift will become impossible as a result of the rains. Thousands of tonnes have already been delivered, but more is needed to ensure the survival of almost half a million people in the coming months.

The ICRC has been providing food for some 25,000 displaced people grouped in four camps around the town of Wau, and supplementary food rations were distributed to 11,500 people in Aweil in April. In other areas controlled by the government, including Juba and Malakal, the ICRC is helping to support over 110,000 more people.

The stockpiling of food in rural areas should allow the ICRC to assist 300,000 people during the most difficult time of the year when airstrips and roads cannot be used.

Medical activities were also pursued wherever ICRC delegates were present. The sick or wounded were evacuated from rural areas to regional hospitals, and consultations were given in some places. Dispensaries and hospitals received essential medical material, and as ICRC teams flew to new destinations some urgently needed medical supplies were provided immediately. The medical infrastructure outside the main towns has been virtually destroyed since the conflict began in 1983.

The ICRC had vaccinated most of the population of Wau against meningitis by the end of March, having reached around 50,000 people. In the meantime, most of the people in Aweil (around 45,000) were vaccinated by several relief organisations with logistic support from the ICRC.

In addition, ICRC veterinary surgeons continued to vaccinate herds of cattle scattered throughout the region, in an attempt to preserve this vital source of food for the semi-nomadic tribes of the south. More than 220,000 head of cattle had been vaccinated by mid-April.

Despite the conflict that has ravaged southern Sudan, the next harvest needs to be planted wherever possible. In a one million Swiss franc programme, the ICRC began distributing over 300 tonnes of seeds on both sides of the fighting to plant sorghum, beans, groundnuts and vegetables.

The programme started in Wau in April, with the distribution of seeds and hoes to 30,000 beneficiaries. In other areas, supplies of grain were being flown in ready to start the operation.

Attempted coup in Haiti

The ICRC’s regional delegate based in Costa Rica was able to visit 26 detainees held in the Haitian capital, Port-au-Prince, as a result of the attempted coup that shook the city in early April.

The visits followed discussions with the President of Haiti, General Prosper Avril, shortly after the delegate’s arrival in the country.

The Haitian Red Cross evacuated the wounded during the first weekend of unrest and, on 8 April, the Haitian President launched an urgent appeal to the National Society to help evacuate more wounded from clashes around the Presidential Palace and the country’s main military barracks. The Red Cross Society immediately sent in ambulances and first-aid teams which treated the wounded and evacuated the most serious cases to hospitals around the capital.

Agricultural programme completed near Soroti

In Uganda, the ICRC completed distributions of seeds and farming tools in April, to cover the needs of 125,000 people south-west of the town of Soroti. One hundred tonnes of sorghum and 200 tonnes of bean seeds, together with 50,000 hoes were handed out over a one-month period.

The programme was launched following the improvement of security conditions in the area, and because the conflict had deprived the population of the means with which to produce their own food.

The second series of visits to military barracks in Uganda was finished at the end of March. Over 650 security detainees were visited in 13 places of detention nationwide. The visits were carried out according to standard ICRC criteria, which include private interviews with each of the prisoners.
More aid for conflict victims in Mozambique

In April, the ICRC further extended its assistance programme for civilians affected by the conflict in Mozambique. The relief operation was able to start again in January, after being suspended for more than five months for security reasons.

In Manica province, food distributions for some 2,700 people began at Mungari in April, while at Machaze over 4,000 civilians had received food rations by mid-March.

Delegates visited the town of Inhaminga in Sofala province in April, for the first time since activities were resumed. They had planned to go to the town in January, but security conditions had made the trip impossible. Around 1,000 civilians were found to be in a critical nutritional condition. Distributions of food rations soon got underway, while delegates prepared to open a special feeding centre for the most severe cases of malnutrition.

The ICRC was the only organisation working in zones not fully controlled by the Mozambican government. In Sofala province, basic medical assistance was provided during consultations and first-aid training was given, while over 5,000 civilians received clothing.

At Casa Banana and Machanga, wells were constructed where needed to give thousands of displaced people a clean water supply and prevent the outbreak of sickness and disease.

In both Manica and Sofala provinces, the ICRC flew in medical supplies, and evacuated dozens of patients from rural dispensaries to the provincial capitals of Beira and Chimoio.

Assistance programmes were also pursued in Zambezia province where the ICRC, in collaboration with the Mozambican Red Cross, distributed food rations to over 7,000 displaced people. Clothes and soap had already been provided for this group in January, while in another district residents received blankets and "capulanas" after their houses had been destroyed during fighting.

A team of three ICRC delegates and a member of the Mozambican Red Cross were, however, unable to assist the civilian population at Memba, in Nampula province, where reports indicated that a number of people had died of starvation. The team went to assess the situation in the area, and were still on the spot when Renamo took the town during a night attack in mid-March. Renamo representatives immediately assured the ICRC that all four people were in good health and would be returned at a safe place. Two weeks later they were handed back to members of the ICRC delegation. At mid-April, the ICRC was making every effort to return to the town and give the necessary assistance.

Iraqi prisoners of war repatriated from Iran

The ICRC repatriated a group of 66 wounded, sick or elderly Iraqi prisoners of war from Iran to Iraq on 10 April, as a result of a unilateral decision taken by the government of the Islamic Republic of Iran.

The Iranian authorities handed the prisoners over to the ICRC in Tehran, after delegates had seen them all in private to check on their medical condition and ensure that they wished to return home. The Iranian government had decided to release 70 Iraqi prisoners of war, but four refused the offer of repatriation and remained in Iran.

The 66 prisoners left the Iranian capital on board an aircraft chartered by the ICRC and accompanied by a doctor, two nurses and an ICRC delegate. On arrival in the Iraqi capital, Baghdad, the prisoners were handed over to the Iraqi authorities, completing the ICRC's mission as a neutral intermediary between the two States.

Since the Gulf conflict began in 1980, the ICRC has repatriated over 2,100 Iranian and Iraqi prisoners of war. Over 800 of these have been repatriated since a ceasefire came into effect last August. More than 100,000 prisoners of war are still held by the two sides and should be repatriated without delay, according to the provisions of the Third Geneva Convention.
National Red Cross and Red Crescent Societies around the world have asked their governments to make a special humanitarian gesture to mark this year's World Red Cross and Red Crescent Day on 8 May. They have asked for an exceptional act to help victims of conflict or natural disasters.

The results of this unprecedented initiative will be announced at a press conference at ICRC headquarters in Geneva on 8 May, birthday of Red Cross founder Henry Dunant, and will represent the culmination of the 125th anniversary celebrations of the International Red Cross and Red Crescent Movement.

The humanitarian gestures will be recorded in a "Roll of Honour of the Humanitarian Gesture" at the headquarters of the League of Red Cross and Red Crescent Societies in Geneva. The book will be signed by the accredited diplomatic representatives of the countries concerned.

Today the Geneva Conventions are the world's most widely accepted treaties (166 States out of 171 have signed the Conventions). By becoming party to them, States have undertaken to protect human life and dignity. The Movement depends on their support to carry out its humanitarian mission and improve the lot of hundreds of thousands of helpless people.

The gestures made by governments worldwide should increase the protection and assistance given to people in need, and reaffirm international commitment to the principles and ideals of the Movement.

By mid-April, over 90 of the 148 National Societies had taken steps towards obtaining an agreement from their governments to make a special gesture. Authentic humanitarian acts which protect life and alleviate suffering have been called for. A range of possible actions has been suggested so that each country might act according to its specific needs. The suggestions include releasing a number of security detainees from prison or repatriating prisoners of war in areas where hostilities have ended; helping to reunite or restore contact between separated families; and taking measures to facilitate the work of National Societies in favour of the underprivileged or in disaster and conflict preparedness programmes.

An exceptional request to world governments

Governments worldwide have been asked to make exceptional humanitarian gestures on 8 May which will be added to those carried out every day by members of the International Red Cross and Red Crescent Movement.

Seminar for Caribbean journalists

Journalists from the Caribbean region attended a seminar in Jamaica in April on international humanitarian law and the work of the ICRC.

The meeting in the Jamaican capital, Kingston, was the first of its kind that the ICRC had organized in the Caribbean, and followed similar seminars, notably in Africa, Latin America and the Middle East, intended to make the media more aware of the ICRC's role.

Twenty-four journalists from seven Caribbean islands, as well as from Belize, Guyana and Suriname, participated in the three-day meeting, which was organized in collaboration with the Bustamante Institute of Public and International Affairs and the Jamaica Red Cross. The League of Red Cross and Red Crescent Societies also took part.

The exchange of ideas and experiences provided an important opportunity for the ICRC to become better acquainted with the problems and concerns of the media in the area, and enabled journalists to see how they could promote humanitarian law and support the activities of the ICRC and their own National Societies.

News in brief

In Namibia, by 21 April, an ICRC delegate had visited 19 members of the People's Liberation Army of Namibia (PLAN, the armed branch of SWAPO), captured by the South African-led security forces in early April.

The visits were carried out according to the usual ICRC criteria, which include a private interview with each prisoner.

The ICRC delegation in Namibia continued efforts to obtain access to all captured PLAN prisoners.

Delegates from the ICRC's regional delegation in Colombia visited security detainees in Paramaribo, the capital of Suriname, in April. Six prisoners were visited at Fort Zelandia prison and one in a nearby hospital. This was the second visit to the seven detainees, who were first seen in January.
Senegal/Mauritania: the victims of ethnic violence

The ICRC sent delegates to Senegal and Mauritania in early May, following the most serious ethnic violence the region has seen for many years.

ICRC doctor Robin Gray visited the injured in hospitals in both countries. "On either side of the border, the population was under emotional shock, completely traumatized by the suddenness of the whole tragedy," he said. "Without any doubt, doctors on both sides treated all the wounded to the best of their ability and without discrimination."

After a full assessment of the medical situation, the ICRC organized the repatriation of 11 wounded or sick Mauritanians with 14 members of their families from Dakar to the Mauritanian capital, Nouakchott. Another group of 23 wounded Senegalese and three other people was taken from Nouakchott to Dakar on the return flight. The operation was carried out with logistic support from the French government, which provided a medical aircraft, and the collaboration of the Senegalese Red Cross and the Mauritanian Red Crescent.

The ICRC continued to monitor the situation in Senegal and Mauritania, paying particular attention to the most vulnerable groups of the population. Delegates on either side of the frontier also coordinated the work of the two National Societies which, according to Dr. Gray, were doing "a very good job under very difficult circumstances."

The League of Red Cross and Red Crescent Societies took charge of receiving and despatching relief supplies, to help the National Societies assist people repatriated as a result of the troubles.

The ICRC soon sent in tracing delegates to organize the exchange of family messages and the search for missing persons. Françoise Bory, from the ICRC’s Press Division, visited both sides of the border and reported on the tracing activities:

Mounataga, Assane and Mamadou, aged seven, five and two and a half, did not really understand what was going on. They were visiting Mauritania and were separated from their parents when the violence broke out. Then they stayed with a man they did not know, before being told they were going to leave with a woman they do not know either.

What the children did not realize was that after an hour's flight they would be reunited with their parents in Dakar. The ICRC’s Central Tracing Agency (CTA) found their father and mother in two camps in the Senegalese capital.

This was the first family reunion organized by the ICRC since it began its operation in Senegal and Mauritania following the April disturbances. Two delegates specialized in tracing were sent to Dakar and Nouakchott and began setting up a tracing and message service within each of the National Societies. Short training courses were given to half a dozen volunteers chosen for the job in each country, to help families find missing relatives. The large-scale movements of the population between Senegal and Mauritania over the past few weeks, whether organized or spontaneous, meant that many families had become separated along the way.

The tracing offices in both Dakar and Nouakchott were never empty. Over 4,000 tracing requests had been registered, and several hundred family messages transmitted from one side to the other. Enquiries in villages in the provinces were also about to begin.

In both Mauritania and Senegal, Red Cross and Red Crescent volunteers were working non-stop. The teachers and students among them were relieved that the holidays were approaching — not to take a well-deserved rest but to work full-time for their National Society.

"There are many people who have never lived in the country they originate from and who do not even speak the language," commented Anne-Marie. "Even if family ties are much wider in Africa than elsewhere, which means it is easier to find refuge with distant relatives, the human problems are nevertheless doubly dramatic. On both sides, there is not only the loss of loved ones, separation and exile, but often financial ruin after years of work in the neighbouring country. On either side of the River Senegal, the natural boundary between the two countries, people who have been repatriated or expelled say the same thing: "What are we going to do once we leave the camps?"
At Kongor, the ICRC's relief operation ensures emergency assistance for those in need.

A Herculean task from Khartoum

The sun had just begun to rise over Khartoum at 5 a.m. when the pilots and crew arrived at the airport. The three white Hercules with their red crosses were still dim silhouettes against the skyline. The planes had been reloaded the night before with some 17 tonnes of food each, ready to fly south at first light.

The airlift from the Sudanese capital to the government-controlled towns of Wau, Aweil, Malakal and Juba was stepped up at the end of April when two new Hercules transport planes started to fly for the ICRC. By the time we arrived, the three aircraft were making a total of six return flights a day (some 10 flying hours per crew) to build up stocks in the three provincial capitals of the south before the rains set in. Over 100 tonnes of supplies were being flown in each day, compared to around 35 tonnes in March, and over 150,000 people had already been assisted.

The most vulnerable people remained behind in the camps. There had been one death that morning in the old Food Canning Factory that served as a camp. The stench of death and misery was almost overwhelming. An old man lay on the concrete floor, too weak to sit or stand. A young mother, aged by famine and disease, cradled her baby, the skin pulled taut over its tiny frame. A soup kitchen was planned to provide a liquid diet to keep these people alive.

But the population also needs treatment and protection against illnesses and diseases that need not kill. The medical infrastructure in the south has been destroyed by the conflict. People die of diarrhoea in southern Sudan. Polio, leprosy, tuberculosis and measles have returned with a vengeance to a people without defence.

An ICRC nurse, Jacky Sudan, supplies and supervises four dispensaries run by medical assistants from the Ministry of Health. He makes sure that the seriously sick are transferred from the camps to the local hospital.

The ICRC's vaccination campaign against meningitis and measles was extended to the villages of Gogrial, Rumbeck and Tonj. The campaign had already covered some 50,000 people in Wau, after a meningitis epidemic killed dozens at the beginning of the year. "The epidemic hasn't reached the villages yet," Jacky told us, "but it might before the rains have a chance to clear the air."

New arrivals in Juba

In Juba, the ICRC takes care of new arrivals and provides food for the orphanage and hospital, where patients had been getting only one meal a day. We accompanied ICRC delegates across town to participate in the distribution of food rations to the latest group of newcomers.

Some 30 families were gathered under the trees with the few belongings they had been able to carry when they fled their homes. "Our village has been attacked several times since September," an old man told us. "After the last attack, we had enough. One or two people are missing. I don't know whether they were killed or stepped on mines."
In Sudan, an ICRC press team spent two
months in the country.

race against the rains

In Sudan, an ICRC press team spent two
weeks against the rains
as part of the major effort to airlift relief
supplies, as part of the major effort to airlift relief

Here too, the ICRC is flying in stocks
of food and material supplies to prepare
for the rainy season. Around 1,000 ton-
nes were already stored and another 1,500
were being flown in. The trickle of peo-
ple coming into town could become a tor-
rent if food runs out in the countryside
before the harvests, or if security condi-
tions continue to hamper farming, or if
the rains are not good.

A Pilatus Porter was making four flights
day to the small town of Yei, south-
west of Juba, to take in food. The situa-
tion is critical in Yei, with difficult security
conditions around the town, and the ICRC
is the only organisation taking in supplies.

A maximum number of villages had to
be reached to enable people to stay at
home even during the worst of the season
to come. It is the only way to reduce the
risk of people flocking to the main towns,
creating death traps with malnutrition and
epidemics. Time began to run out as the
first rainstorms hit the south, but the planes
kept coming and were determined to con-
tinue as long as the airstrips would allow.

Reporter: Karen Saddler

In the areas of southern Sudan controll-
ed by the SPLA (Sudan People’s Libera-
tion Army), the ICRC’s operation aims to
assist around 300,000 people, of whom
70,000 should be helped towards the end
of the rainy season (August/September),
according to the latest assessment.

Even though the fighting stopped two or
three years ago in certain regions, last
year’s floods destroyed much of the crops
and contributed to a further reduction in
the livestock, already decimated by
disease. It is estimated that a third of the
1.5 million head of cattle has died since
the conflict began in 1983. The loss is a
severe blow to a population that depends
for survival almost entirely on its cattle.

The ICRC has therefore concentrated its
efforts on rehabilitation. “We are trying
above all to support existing structures
so that the inhabitants can again rely on
the cattle camps that traditionally sur-
round Dinka villages,” explained Jürg
Bühler, a delegate at Kongor. To achieve
this, it has been necessary to vaccinate
the cattle. By mid-May, over 300,000 had
been vaccinated, and the programme aim-
ed to cover a total of 800,000 before the
end of the year.

Rehabilitation also means repairing water
pumps. At Akon, a series of existing pumps
have already been repaired by techni-
cians who have been trained on the job. “It has been a great success”,
commented Peter Altewegg. “Each pump sup-
plies water for between 500 and 5,000
people. There would be no use in treating
children against worms if they continued
to drink polluted water.”

Fishing nets and hooks are also distributed,
as well as mosquito nets, cooking uten-
sils, axes and seeds. All these supplies
disappeared from local markets years ago,
as the conflict cut commercial routes. Sum-
ing up the operation, Monique Collard,
a delegate at Leer, said: “We give people
the means and the energy to survive.”

The energy comes from food on the one
hand, and from medical care on the other.
Every day, Transall and Hercules trans-
port planes bring around 100 ton-
nes of maize or durra from Entebbe
(Uganda) and Nairobi (Kenya) to Akon,
Leer, Kongor and Yirol. The operation
aims to create reserves of between 1,500
and 2,000 tonnes of food in each of the
four towns, in preparation for the rainy
season. Part of these stocks is taken to
bush warehouses within a 100-kilometre
radius of the airstrips, in order to
discourage thousands of people from
gathering around the main distribution
centres during the difficult period to
come.

An important part of the medical pro-
grame is the vaccination of children and
mothers against tetanus. In the space of
a few months, half a dozen nurses have
vaccinated thousands of children, open-
ed dispensaries out in the bush and train-
ed local medical assistants. During their
travels, they have discovered not only the
impressive physical resistance of the local
people, but also a multitude of injuries
which are often very old, including snake
bites, open fractures and severe facial
wounds caused by hyenas.

Every day, a number of the injured are
flown to Lokichokio in Kenya, where the
ICRC hospital is in full swing. It admits
on average 125 patients a month, and a
third of them are war wounded.

Reporter: Thérèse Obrecht

Emergency assistance for victims
of shelling in Lebanon

Heavy shelling in and around the
Lebanese capital, Beirut, continued into
May despite efforts to end the fighting.
The toll of dead and wounded, mainly
among civilians, went on rising, as
massive and indiscriminate bombard-
ments destroyed more civilian areas.
Terrorized, hundreds of thousands
of people fled to relative safety in
the south of the country, and more
followed.

In early May, the ICRC launched an
emergency assistance programme for
around 100,000 displaced families in
southern Lebanon who fled the capital
with virtually nothing and were soon
in a critical situation.

Some 23,000 families were assisted
during the first three weeks of the pro-
grame, using the ICRC’s emergency
stocks already in Lebanon. A boat sent
by the ICRC was due to arrive in Sidon
at the end of May with 1,600 tonnes
of food, paid for by the European
Economic Community.

A medical programme for over 140
dispensaries in the south was set up,
particularly for children, as the influx
of displaced people swamped local
services.

In Beirut, delegates continued to pro-
vide medicines and medical material
for the hospitals treating victims of the
conflict, and helped families affected
by the shelling. By the beginning of
May, more than 60,000 people had
received food or material assistance
from the ICRC since the fighting broke
out in March.

Among the operations launched for
victims of the shelling outside the
Lebanese capital, the ICRC negotiated
a ceasefire in the Chouf mountains so
that delegates could distribute vital
medical and relief supplies to around
500 families in two villages on either
side of the frontline.

Following a request from the French
authorities, the ICRC began to
repatriate wounded Lebanese civilians
transferred to France in April for treat-
ment. A French aircraft flew the first
group of six people and four bodies
to Damas, from where they were
repatriated by the ICRC with the col-
laboration of the Syrian Red Crescent
and the Lebanese Red Cross. An ICRC
delegate, a doctor and a translator
visited the wounded in Paris before
the operation began, to ensure they
were fit to travel and wished to return
home.
Governments respond to Movement’s special request

By mid-May, 56 governments around the world had already responded to a call from the International Red Cross and Red Crescent Movement to make a special humanitarian gesture to commemorate the Movement’s 125th anniversary.

Some substantial gestures were made, including the release of political detainees and prisoners, the abolition of the death penalty, increases in refugee quotas, measures to reunite separated families, promises to ratify the Protocols additional to the Geneva Conventions, and greater support for National Societies.

These and other results were announced on World Red Cross and Red Crescent Day on 8 May, the birthday of the Movement’s founder Henry Dunant, during a press conference given by ICRC President Cornelio Sommaruga, with the participation of Mario Villarole Lander and Pár Stenbäck, respectively President and Secretary General of the League of Red Cross and Red Crescent Societies.

The gestures were seen as a solid commitment to humanitarian principles and the work of the Movement. “They are a very special way of marking 125 years of solidarity with the victims of conflict and natural or man-made disasters, 125 years of fidelity to the fundamental principles of a Movement which has to date rescued millions of people from death, oblivion and catastrophe”, Sommaruga and Villarole stated in a joint message on 8 May.

Among the decisions taken by governments, according to information from National Societies, Mali was to abolish the death penalty and release political detainees. Rwanda, Tanzania and Togo were to free certain categories of prisoners. Yemen decided to reduce the sentences of 500 detainees, while three prisoners were pardoned by the Nicaraguan National Assembly. Similar measures were exerted from Afghanistan, Angola, Senegal and the United Arab Emirates.

The Democratic Republic of Germany offered special medical care for 85 wounded or sick people from southern Africa and the Middle East. Finland and France decided to increase their quotas for refugees, and the Indonesian government said they would launch a national campaign to promote international humanitarian law and the principles of the Movement.

The United States donated ten million dollars to the ICRC’s assistance programmes for victims of the conflicts in Afghanistan, southern Sudan and Somalia, and Australia contributed 250,000 Australian dollars to the ICRC’s activities in Lebanon. The Dutch government made two special contributions, amounting to 6.2 million florins, to the ICRC’s relief operation in southern Sudan. Canada donated 150,000 Canadian dollars to allow a medical team from the Canadian Red Cross to help the ICRC give medical assistance to Afghan conflict victims in Pakistan. And the United Kingdom provided two million pounds sterling for relief work in Sudan, and funded a medical team in Kabul.

Apart from the gestures from traditional donor countries, two special efforts should be mentioned. Madagascar raised 10 million Malagasy francs for the League of Red Cross and Red Crescent Societies, and the government of Iceland contributed 5 million Icelandic Kroners to the International Red Cross and Red Crescent Movement.

Hungary became the first East European country to ratify the Additional Protocols to the Geneva Conventions, while Canada, Algeria, Haiti and Spain also announced they would become party to the Protocols.

The campaign will continue until 22 August, the 125th anniversary of the signing of the First Geneva Convention, and it is hoped that all governments with a Red Cross or Red Crescent Society will respond favourably to the Movement’s request and inscribe their government’s contribution in a “Roll of Honour of the Humanitarian Gesture” at ICRC headquarters in Geneva.

Mission to Soviet Georgia

An ICRC delegation carried out a medical mission to Soviet Georgia in May, following a request from the Alliance of Red Cross and Red Crescent Societies of the U.S.S.R.. The Soviet Alliance asked the ICRC to send in experts to advise Soviet doctors on the treatment to give to victims of the demonstrations on 9 April in the Georgian capital, Tbilisi.

The ICRC team, composed of Professor Mummenthaler, Director of the Neurology Clinic in Berne, Dr. Portmann, a biochemist and specialist in toxicology, and a delegate and a doctor, flew to Moscow on 5 May and went on to spend a week in Tbilisi.

Thanks to the collaboration of the Soviet authorities, the two Swiss specialists were able to examine all the people hospitalized with neurological problems following the April demonstrations during which gas was used.

The experts’ findings were analyzed with local doctors to help in the diagnosis and treatment of over 300 patients. A report containing practical recommendations was subsequently sent to the Soviet Alliance for the medical authorities in Georgia.

Edited by the Press Division of the ICRC. 19, avenue de la Paix CH-1202 Geneva Tel.: (022) 734 60 01 Fax.: (022) 734 82 80 Telex: 22269

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Presidential visit to Latin America

ICRC President Cornélio Sommaruga recently made a 10-day visit to Colombia and Peru to discuss humanitarian issues with the heads of state and senior ministers.

Peru ratified the two Protocols additional to the Geneva Conventions by presidential decree on 31 May, the day before the ICRC President was due to arrive in the country. Peru thus became the 85th State Party to Protocol I, and the 75th for Protocol II.

During the talks in Peru, notably with the President of the Republic and the President of the Council of Ministers, the authorities agreed to allow ICRC delegates to resume visits to prisons controlled by the Ministry of Justice in all the emergency zones. Visits to detention centres in emergency zones were suspended at the end of last year. The ICRC President was able to visit the ICRC’s sub-delegation in Ayacucho, one of the emergency zones concerned by the new decision.

President Sommaruga also negotiated an agreement giving full legal recognition, with privileges and immunities, to the ICRC’s delegation which began working in Peru in 1984. The agreement was signed by the ICRC President and the Peruvian Minister of Justice acting as Minister of Foreign Affairs.

In Colombia, Mr. Sommaruga was received by the President of the Republic and the Minister of Foreign Affairs, and thanked the government for allowing the ICRC to visit security detainees in prisons under the Ministry of Justice over the past 20 years. He encouraged the Colombian authorities to ratify the Additional Protocols, and expressed the readiness of the ICRC and the Colombian Red Cross to step up programmes to disseminate the basic rules of international humanitarian law, particularly to members of the armed forces and the police.

Mr. Sommaruga also informed the President of the Republic about the preparations being made for the XXVIth International Red Cross and Red Crescent Conference to be held in Colombia in 1991.

The ICRC President met representatives of the National Red Cross Societies in both countries to hear about their activities and to discuss a number of humanitarian questions, as well as cooperation within the International Red Cross and Red Crescent Movement.

While in the Colombian capital, Bogotá, Mr. Sommaruga met the Andean Parliament’s Human Rights Commission and discussed programmes for the dissemination of international humanitarian law. The Commission gave its full support to the humanitarian work of the ICRC.

The ICRC sees prisoners held by Polisario Front

Four hundred Moroccan prisoners held by the Polisario Front were visited by ICRC delegates at Tindouf in June. Polisario intended to free 200 of them, who were all wounded, sick or elderly. The ICRC agreed to organize their repatriation and, in accordance with its role as a neutral intermediary, transmitted the proposal to the Moroccan authorities. The proposal was refused, however, on the grounds that the repatriation was outside the framework of the United Nations peace plan accepted by the two parties in August last year.

The ICRC is concerned at the humanitarian consequences for the prisoners of Morocco’s decision, and considers that matters related to the release and repatriation of prisoners are independent of any political settlement.

Since 1975, when Polisario began its struggle for the independence of the Western Sahara, the ICRC has now had access on six occasions to prisoners held by the movement. Delegates have visited a total of 974 Moroccan prisoners, and seen 75 Sahrawi prisoners captured by Moroccan armed forces. Despite repeated representations to both parties, the ICRC still does not have access to all the prisoners held as a result of the conflict.

News in brief

The ICRC visited security detainees in Ecuador in June, at the invitation of the Ecuadorian government. It is the first time in 15 years that the ICRC has had access to prisoners in the country.

A delegate and a doctor from the regional delegation in Colombia saw 30 detainees in four places of detention in the capital, Quito, and the southern town of Guayaquil.

The ICRC carried out a second series of visits to security detainees in Cuba in May, almost a year after the first round was completed.

A team led by the head of the ICRC’s regional delegation in Costa Rica saw 257 prisoners in ten detention centres throughout the country, including the Masora psychiatric hospital in Havana.

The visits took place according to standard ICRC criteria. Private interviews were held with each prisoner and the delegates registered detainees they had not seen before.
Expansion of ICRC operation in Afghanistan

The ICRC received authorization from the Afghan authorities in June to open sub-delegations in the towns of Herat and Mazar-I-Sharif. These provincial outposts will allow the ICRC to launch new medical programmes for the victims of the conflict, and continue prison visits and tracing work on a more regular basis.

Delegates carried out a second visit to Herat prison in May and went on to see detainees at the prison in Farah, around 200 km south of the town, for the first time in early June.

A first mission was also made to Wardak province just outside Kabul. Delegates from the Afghan capital joined another ICRC team from Pakistan to assess the most urgent needs of the victims of the fighting.

In Kabul itself, the ICRC's war surgery hospital admitted a record number of patients in May, victims of sporadic shelling of the capital or of fighting in neighbouring provinces. Post-surgery cases began to be transferred to the Afghan Red Crescent hospital, and the ICRC hospital gradually reached a daily average of around 90 patients. Medical supplies continued to be flown in twice a week from Pakistan on board an ICRC-chartered plane.

The first lectures on ICRC activities and international humanitarian law were given to members of the armed forces in Kabul in May, shortly after permission was received from the Afghan authorities. Three sessions were organized for more than 670 officers and cadets at the army and air force academies.

Continued fighting, particularly around Jalalabad, Khost and Kandahar, led to a constant influx of war wounded at the ICRC's war surgery hospitals in Peshawar and Quetta across the border in Pakistan.

In the meantime, delegates from Peshawar and Quetta visited prisoners held by Afghan opposition movements along the eastern border area, and monitored the evacuation system for people wounded in the fighting.

Medical programme in northern Somalia

The ICRC's latest war surgery hospital, at Berbera in northern Somalia, is nearly completed and due to open this month. In the meantime, delegates from the ICRC's regional delegation in Zaire went to six detention centres nationwide, a number of which were visited for the first time. The last round of visits to prisons in Benin took place in April last year.

In Burundi, a second series of visits to security detainees ended at the beginning of May. Delegates and a doctor from the ICRC's regional delegation in Zaire went to six detention centres and saw 97 detainees. In January the ICRC visited 78 prisoners.

The Berbera hospital is the ninth war surgery hospital where the ICRC is operating. The others are in Peshawar and Quetta, in Pakistan, Kabul, in Afghanistan, Khao-I-Dang along the Thai-Cambodian border, Kampot and Pursat in Cambodia, Lokichokio in Kenya, to treat the victims of the conflict in southern Sudan, and Luangundu in Angola.

The conflict in northern Somalia broke out over a year ago. After negotiations with the Somali authorities, and talks with the Somali National Movement, the ICRC obtained the necessary guarantees to work throughout the conflict zone.

The medical infrastructure in the north has been virtually destroyed as a result of the conflict. Many thousands of people are said to have been killed in the fighting, and many of the wounded died for lack of treatment.

The ICRC also intends to provide emergency assistance for the large numbers of displaced people, with the help of the Somali Red Crescent. "There is a tremendous need for humanitarian aid in northern Somalia," said the Geneva-based coordinator of the ICRC operation.
Increased assistance for the civilian population in Mozambique

On 1 January this year, the ICRC was authorized to resume its relief operation in Mozambique after six months on stand-by. This time, however, it has extended its activities to four provinces, compared to only one last year. The operation is conducted mainly by air from Maputo, to bring assistance to civilians wherever they may be; whether in areas controlled by the government or by Renamo (National Resistance of Mozambique). The ICRC is the only organisation able to run such an operation in Mozambique today.

According to Friedrun Medert, the ICRC's relief coordinator in Maputo: "In order to understand the ICRC’s operation in Mozambique, it is important to realise that there are considerable logistic problems. There are only three ports accessible to cargo ships along the whole 2,000-km coastline, and most of the lines of communication in the country have been cut since 1983."

A DC 3, two Cessnas and an Islander, based in Beira, carry out most of the air transport for the ICRC’s activities in the provinces. The flights depend on unpredictable fuel supplies and weather conditions that are not always favourable.

Despite these constraints, the 50 expatriates (including 20 from National Societies), together with 240 local employees and members of the Mozambican Red Cross, have developed a wide range of activities since the beginning of the year. This is a source of pride to Martin Allemann, the delegate in charge of information and dissemination: "All the different types of activities the ICRC carries out around the world, every single one of them, are represented here."

Although the operation started slowly because of the rains, over 80,000 people have benefited from distributions of food and clothes since January. 29,000 of them in May alone. Women, children, elderly and the disabled have thus received 300 tonnes of corn, 95 tonnes of beans, 40 tonnes of oil and 23 tonnes of clothing in the provinces of Sofala, Manica, Zambezia and Nampula.

For the first time in Mozambique, the ICRC has been transporting food by road in Nampula province since April, from Nacala to Geba where distributions take place. "The return trip takes about a week if all goes well," said Alec Guichard, head of the sub-delegation in Nampula. "Occasionally, we have to turn back after several hours on the road because a bridge has collapsed. Sometimes we get stuck in the sand, and it can take a long time to dig out an 11-tonne lorry."

There are around 300 doctors working in Mozambique and at least half of them are from abroad. The ICRC helps the Ministry of Health and the Mozambican Red Cross by flying in medicines and health personnel, evacuating the wounded and sick and sometimes taking them back home. It also supports training programmes for first-aid workers from the Mozambican Red Cross.

In the district of Memba, in the northern province of Nampula, the influx of people displaced by the conflict and drought has caused famine. The ICRC has set up a nutritional rehabilitation programme, distributing food and giving technical support to the nutritional rehabilitation centre at the dispensary in Namahaca which takes care of 120 children. "I will never be able to consider this as just a job," said Claire Graber, the ICRC nurse at the dispensary. "It is more of a passion. I also admire the work that the Italian nuns and priests have been doing here, out in the middle of nowhere, for several years."

In places which are inaccessible to other governmental or non-governmental organisations, such as Panja and Tambara, an ICRC nurse gives basic medical training to some 20 volunteers in two dispensaries and supervises consultations and the treatment of patients.

Medical assistance also includes taking care of hygiene. The ICRC has built four wells and repaired two others. At Inhassunge in Zambezia province, latrines have been built in two camps accommodating a total of 15,000 displaced people. A campaign against scabies has also been launched in Nampula and Inhassunge, in collaboration with the Mozambican Red Cross.

Texts by Jacques Briod

**Ile**

Ile is like an island, except that it is surrounded by a sea of inhospitable land; a sea of land where no vehicles can venture due to the poor state of the roads. Relief supplies are, therefore, brought by plane to the town, where more than 3,500 people, weakened by hunger, are waiting for the ICRC. The old Dakota aircraft with its three tonnes of corn, beans and oil, is accustomed to the flight from Quelimane to Ile. It has been making the trip several times a week since the beginning of June, even if sometimes it has to turn back because of bad weather.

On 15 June, at 10.15 am, four delegates and a nutritionist land safely at Ile after a 50-minute flight, but no one is there. The people are waiting some 10 kilometres away, near the warehouse where the distribution is to take place. All along the bumpy road, people wave at us and children shout with joy: we do not know if it is meant for us or for our motorbikes with their flags flapping behind them stamped with a cross as red as the colour of the earth here.

Hundreds of people are waiting as the distribution of food rations begins. The people leave one after the other, shivering under the fine rain, with their 18 kg per person. We will not eat until evening when it is all over: delegates have to ensure first that these victims of the Mozambican conflict are provided for.
Special programme for Lebanon’s displaced population

The members of the ICRC’s delegation in Lebanon heaved a sigh of relief on the evening of 30 May, as a boat chartered by the ICRC, the Nihal, arrived at the southern port of Sidon. On board were supplies from the European Economic Community, to enable the delegation to complete its relief operation for families displaced from the capital, Beirut.

The 600 tonnes of rice, 600 tonnes of beans and lentils, 80 tonnes of sugar, 60 tonnes of oil and 200,000 candles were packed into family parcels at Sidon and distributed all over the country to families who fled the shelling that pounded the capital and surrounding areas from 14 March. People whose houses were partially or completely destroyed, and who were unable to flee, also received aid from the ICRC.

The emergency assistance programme began in March and ICRC stocks already in Lebanon covered the needs of over 30,000 families during the first few weeks. But these supplies were not enough to help all those in need. Faced with an increasing number of displaced people, the ICRC launched a special appeal for support. The programme was completed thanks to financial support from the EEC, and by mid-June around 100,000 families had received assistance.

Mobile clinics resume

Apart from this exceptional programme, the mobile clinics of the ICRC and the Lebanese Red Cross began working again in southern Lebanon at the end of May, in villages along the so-called security zone.

The clinics provide free consultations, treatment and medicines for people living in 11 villages where the economic situation for the children and old people left behind is precarious, and medical care is organized, at best, by an inhabitant with some knowledge of first aid.

The ICRC is the only organisation which has been able to obtain safe and regular access to these villages. The movements of the mobile clinics have to be given to all the fighting factions involved, and each individual trip must be notified in advance.

Basic materials for the consultations and the daily salary of the Lebanese doctor are also provided by the ICRC, together with a delegate or a nurse to accompany the medical team. The Lebanese Red Cross provides an ambulance, a driver/first-aid worker and a nurse, as well as medicines for serious illnesses.

Supplies are unloaded from the cargo ship at Sidon for the ICRC’s operation in favour of Lebanon’s displaced population.

Last year, up to 1,000 people a month benefited from the programme, which in addition to medical assistance also offers protection to the villagers.

ICRC operation stepped up in Senegal and Mauritania

The ICRC was recently authorized to visit Mauritanian detainees in Senegal and Senegalese detained in Mauritania, following talks with the governments of the two countries.

The agreements cover people imprisoned before or after the ethnic confrontations that broke out in April, and are part of the ICRC’s efforts to protect and assist people made particularly vulnerable as a result of the events.

At the end of May, the delegation in Dakar set up an emergency assistance programme for new arrivals in the border area, as increasing numbers of people crossed into Senegal. Supplies were purchased locally with funds provided by the Federal Republic of Germany and were distributed together with the Senegalese Red Cross. Around 20,000 people were receiving weekly rations of food and had been given cooking utensils, clothes and blankets by mid-June.

Eight delegates from the ICRC were present on each side of the border in June, and continued to monitor the situation. They also worked closely with members of the Mauritanian Red Crescent and the Senegalese Red Cross who have been giving medical and material assistance to the victims since the violence broke out.

The ICRC has provided vehicles, medical supplies and other material assistance amounting to over 300,000 Swiss francs for each of the National Societies to help them cope with the needs.
High casualty rate in Kabul

Many civilians were wounded in the Afghan capital, Kabul, in July, as a series of rocket attacks pounded the city. The attacks, the fiercest so far this year, severely tested the ability of medical services to cope with the victims.

The ICRC war surgery hospital admitted a record number of patients and the surgeons worked overtime operating on the injured. Jean-Jacques Fréard, head of the ICRC delegation in Kabul, sent back this report:

"The two surgical teams at the ICRC's hospital for war wounded generally work in shifts, but they had to join forces on a number of occasions to cope with the large influx of casualties. For the first time since the hospital opened last October, it had over 110 war wounded. Some were victims of the rocket attacks, like the woman who will remain paralysed after her spine was hit by shrapnel, or the six-year-old child whose face will be permanently disfigured as a result of serious burns.

"But there are also the all too common cases of those who have stepped on mines or been hit by stray bullets. Many of them come from Kabul, often within half an hour of the accident, but a large number also arrive from neighbouring provinces where the conflict continues to claim its daily share of victims.

"On Monday, 10 July, the rockets were more numerous and deadly than usual. Thirty wounded arrived at the ICRC hospital within a few hours, while other hospitals in Kabul admitted around 140 patients. After several rockets landed close to the hospital, medical staff got into the ambulances and went to collect the wounded. You only felt fear afterwards. You had to act, in order to decide, for example, what to do with a baby crying in the arms of its mother who had just died on a stretcher in the entrance hall."

Meanwhile, in eastern Afghanistan, the ICRC evacuated wounded in July from a new first-aid post set up at Misrabad, north of Kandahar. As fighting escalated around the town, about five casualties a day were soon being taken to the ICRC's war surgery hospital at Quetta, in Pakistan, after receiving initial treatment.

There are now four first-aid posts in Afghan provinces bordering Pakistan and ten on the Pakistani side of the frontier, to treat and evacuate the victims of the fighting in Afghanistan.

Security conditions worsen on Thai/Cambodian border

Over 10,000 civilians fled Khmer Rouge camps in the southern border area between Thailand and Cambodia during the first half of July, to escape heavy shelling in and around the sites, and more followed. The camps are among an unknown number administered by the Khmer Rouge which are situated close to combat zones and to which international relief organizations have not been allowed access.

The civilians gathered at the Khmer Rouge-administered Site K, a new camp set up in May away from the border. The camp is accessible to international organizations, as requested by the ICRC and other relief agencies working along the frontier.

The exodus confirmed a serious deterioration in security conditions for the civilian population in the Khmer Rouge camps. Another 800 people arrived at the southern border camp of Sok Sann in May and June. The ICRC registered the new arrivals, held private interviews with each of them and, with a number of United Nations organizations, persuaded the Thai authorities not to send them back where they had come from.

Apart from the effects of the conflict, there is also the problem of security inside the camps. At Site 2, which is administered by the Thai authorities and accommodates over 140,000 people, there are regularly incidents in which people are wounded or threatened by armed elements. The ICRC has asked the Thai authorities to put civilians and soldiers in separate camps, and to exercise tighter control over internal security.

In 1988, the Thai authorities responded by setting up a new security service, called the Displaced People's Protection Unit (DPPU), and the situation inside the camps improved for a while. Recently the situation has again deteriorated, however. There were as many security incidents in May and June as during the whole of the first four months of this year.

"The security situation along the border is very serious," said Paul Grossrider, Deputy Delegate General for the ICRC's operations in Asia. "Between incidents in the camps and the conflict on the border, the people live in constant fear and the situation is worsening." A durable solution will depend on a political settlement; a settlement which needs to take into consideration all the humanitarian problems.
Operation southern Sudan on target

In southern Sudan, where a conflict has raged for six years, efforts to save the survivors of last year's famine and prevent another disaster this year have so far been successful. The ICRC, together with a number of non-governmental organizations and the United Nations' Lifeline operation, continued working in July, to help the population through the rainy season.

The ICRC's relief operation entered its eighth month in early July and had succeeded in flying over 14,000 tonnes of supplies to the south from the Sudanese capital, Khartoum, Kenya and Uganda, according to plan. Half of the goods had already been distributed, while the rest were stored in warehouses to cover the months to come.

"We have so far avoided the mass starvation of 1988 and a mass movement of the population," said Harald Schmid de Grünneck, Deputy Delegate General for the ICRC's operations in Africa. "Last year, tens of thousands of people in search of food had moved by April, and thousands of them died during the following months."

As expected, the rains slowed down the relief operation from mid-June, but a limited number of aircraft went on transporting supplies to the south.

Flights were also interrupted after the military coup in Khartoum at the end of June, but resumed within a few days. The ICRC received assurances from Sudan's new leaders that the relief programme in the south of the country would be allowed to continue.

The civilian population has been able to plant crops using hundreds of tonnes of seeds and thousands of hoes provided by the ICRC, and harvesting should start in August. In areas near rivers, thousands of fishing nets and hooks have also been distributed.

The most vulnerable members of the population continued to receive food rations from the ICRC in July, both in areas controlled by the government and those held by the Sudan People's Liberation Army (SPLA).

In the vast areas of countryside, the ICRC's policy of creating warehouses out in the bush has successfully persuaded people to stay at home. "I visited an area around 40 kilometres from Akon, where a large number of people were clearing an enormous space for planting," said Harald. "In many other places, the seeds had been planted and the crop was already over a foot high," he added.

The large-scale campaign to vaccinate cattle, another essential source of food in rural areas, passed the 470,000 mark in early July.

Medical and health programmes pressed ahead, as a vital complement to the other forms of assistance. Tens of thousands of women and children are being vaccinated, and water and sanitation projects are underway in most of the areas where the ICRC is at work. Dispensaries have been built or repaired wherever possible, and are working under ICRC supervision.

At SPLA-held Yirol, for example, eight ICRC dispensaries in the town and surrounding areas are providing medical assistance.

The ICRC began one of its more traditional roles in June, when delegates carried out the first visit to prisoners captured during the conflict. Over 100 prisoners held by the SPLA were registered near the town of Kapoeta, and Red Cross messages addressed to their families were collected. The visit took place in accordance with the ICRC's standard procedures, and a list of the prisoners seen was later submitted to the military authorities in Khartoum.

A message unchanged 125 years on

Celebrations to mark the 125th anniversary of the International Red Cross and Red Crescent Movement are coming to a close, with a final phase devoted to the 125th birthday of the first Geneva Convention of 1864.

The first event was organized by Geneva University's Faculty of Law at the end of June, when senior United Nations officials, law professors and legal experts from the ICRC participated in a meeting on the relevance today of the 1864 Convention.

The treaty — giving protection to war wounded — is recognized as the first text to provide for a multilateral humanitarian action and as the source of modern, written humanitarian law. The meeting also underlined the increasingly close relationship between international humanitarian law and the basic human rights contained in modern international human rights treaties.

"The Convention (the 1864 Geneva Convention) will go down in history mainly as the first text to provide for the protection of the person, the human being; and this is, in a way, the link between...the International Committee of the Red Cross and the United Nations," said Jan Martenson, Director General of the United Nations' Geneva office.

The 125th anniversary of the Convention will be officially commemorated on 22 August in the Swiss federal capital, Berne, during a ceremony organized by the Swiss Confederation. Another event will be held at the United Nations headquarters in New York on 13 October, to coincide with the UN General Assembly. It will take place under the auspices of the Swiss Federal Counsellor for Foreign Affairs, René Felber, and in the presence of UN Secretary General, Javier Pérez de Cuellar, and ICRC President Cornelio Sommeruga. An exhibition on the Geneva Conventions, organized by the ICRC, will open the same day at the UN headquarters.

News in brief

The ICRC ended in July the emergency relief operations it had set up in the wake of the ethnic violence that broke out in Mauritania and Senegal in May.

Relief activities in Senegal were handed over to the Office of the United Nations High Commissioner for Refugees (UNHCR). The ICRC and the Senegalese Red Cross had provided weekly emergency food rations for over 40,000 new arrivals near the border with Mauritania since May.

In Nouakchott, the Mauritanian capital, delegates completed sanitation work at a camp grouping returnees from Senegal, and the administration of the camp was transferred to the Mauritanian Red Crescent.

ICRC delegates continued to visit prisons and to provide training and help for members of the National Societies involved in tracing families separated in the unrest.

* * * * *

In Chile, delegates visited 85 security detainees in 12 prisons during June. A total of 38 visits were made to the prisons in five of the country's 13 regions. ICRC delegates are visiting a total of more than 460 security detainees in Chile.
ICRC President Cornelia Sommaruga went to Israel in June, on the first official visit by a President of the ICRC since the Six-Day War in 1967, and as the Palestinian uprising in the Israeli-occupied territories entered its 19th month.

Mr. Sommaruga met with high-ranking State officials, including Israel’s President, Chaim Herzog, the Prime Minister, Yitzhak Shamir, the Deputy Prime Minister, Shimon Peres, the Ministers of Defence and Justice, Yitzhak Rabin and Dan Meridor, and the Director General of the Ministry of Foreign Affairs, Reuven Merhav. He also held talks with commanding officers of the Israeli armed forces.

In an interview with the ICRC Bulletin, President Sommaruga began by explaining the aims of his visit:

My visit was in response to an official invitation from the Israeli government, and aimed to discuss and express concern over the humanitarian problems in the Israeli occupied West Bank and Gaza Strip.

What were the results of your discussions concerning violations of international humanitarian law?

There were a number of points of disagreement related to respect for the provisions of the Fourth Geneva Convention. We had quite different positions on collective punishments. I underlined the fact that the destruction of houses and deportations could not be accepted by the ICRC, as they are contrary to the provisions of the Fourth Geneva Convention. I also stressed the heavy humanitarian consequences of the use of firearms in the occupied territories, which has resulted in a high number of dead and wounded.

All these points led me to insist on the necessity of applying fully the Fourth Geneva Convention. However, the Israeli government was again not prepared to do so in legal terms. I did, nevertheless, receive assurances from all the ministers I met that they would apply de facto all the provisions of the Convention in the occupied territories.

Just a few days after you ended your visit to Israel, the Israeli authorities expelled another eight residents of the West Bank and the Gaza Strip, bringing the total to 56 since the “Intifada” began in December 1987. What is your reaction to these expulsions?

I feel saddened and disappointed, because even if I did not obtain any promises from the Israeli government that it would not carry out any further expulsions, I did get a clear statement according to which it would apply de facto the provisions of the Fourth Geneva Convention. In this latest incident, they certainly did not do so.

What other humanitarian problems were discussed during your visit?

There were three main points. First of all, we reviewed the situation of detainees, particularly in view of the fact that the ICRC has visited a very large number of detainees — over 40,000 — since the end of 1987. I underlined the fact that detainees from the occupied territories should not be transferred to Israel, but should be detained inside the territories. I also spoke about the situation of detainees under interrogation, as well as a number of new places of detention to which the ICRC does not yet have access. In addition, I insisted on the essential rights of detainees, particularly that of receiving family visits.

These talks resulted in a number of positive replies from the Israeli government, and I hope to see progress on these issues in the very near future.

Secondly, I pointed out the absolute necessity of guaranteeing a better functioning of medical services in the occupied territories, particularly in relation to the free passage of ambulances. There have been a number of incidents where this was not the case. Both the army and the Minister of Defence replied positively on this subject.

In addition, I discussed the possibility of the ICRC getting more involved in medical activities in the occupied territories, by providing assistance and transport for the wounded, for example, and the competent Israeli authorities showed interest in these propositions.

Finally, we reviewed the humanitarian problems related to the seven Israeli soldiers reported missing in Lebanon. I met their families and explained what the ICRC has done so far to find out if they are still alive and, if so, who is detaining them and how they are being treated.

Do you consider that your visit to Israel has been a success?

It was positive in the sense that I was able to talk over a number of important humanitarian issues with members of the Israeli government, and hand over written remarks about the application of the Fourth Geneva Convention in the occupied territories, and I am grateful to the Israeli government for giving me this opportunity and for listening carefully to my comments.
Report on northern Nicaragua

After 18 months as an ICRC delegate in Nicaragua, Béatrice Mégevand returned to Geneva in July. She was in charge of the ICRC's office in Matagalpa, covering a conflict zone in the north-west of the country, and she explained the activities and the difficulties of the ICRC in this region:

"Matagalpa and the area further north up to the Honduran border is a mountainous region, where the civilian population lives in isolated communities scattered throughout the hills. In the most conflictual zones, they live in a highly precarious situation with the presence of both government and Contra armed forces. Here, where no other relief organization is present, the ICRC tries to provide protection and assistance for the population."

However, the task is complicated by the considerable logistic problems. "In January, for example, we visited two places in north-eastern Matagalpa. We drove for three and a half hours from the ICRC office, and then had to leave the car and continue for another three and a half hours by mule. It was raining, we had to cross swollen rivers and the hilly terrain was a sea of mud. The next morning we had a half-hour ride to reach the first place where people from the surrounding communities had gathered to meet us."

In these areas, where the presence of strangers is rare and the ICRC is unknown, it is essential to win the confidence of the inhabitants and explain the role of the institution. In general, the arrival of ICRC delegates brings hope and comfort amid the fear and tension of everyday life. It is a sign that they have not been forgotten.

"There were up to 150 people gathered at the chapel that day, mainly women, children and old people. They had walked several kilometres from their homes to meet us."

An ICRC doctor or nurse gives consultations for serious medical cases, and provides basic first-aid materials to communities with a health officer. The ICRC also carries out vaccination campaigns and assists in the treatment of parasitic illnesses which affect around 90% of the population, as the Ministry of Health cannot reach these conflict zones.

"Major assistance programmes, including food and material supplies, are virtually impossible because of the logistic problems," Béatrice added regretfully. "We just cannot transport sufficient quantities by mule."

In urgent cases, wounded civilians are evacuated to hospital. "On one occasion, we found a young boy who had stepped on a mine that morning," Beatrice said. "His foot had almost been blown away and he was in dreadful pain. After giving him first aid, we managed to get him back to the car, several kilometres away, and then to the nearest branch of the Nicaraguan Red Cross, which rushed him to hospital."

During trips like these, the local people often speak of relatives with whom they have lost contact, who have disappeared once every two months and their travel expenses are reimbursed when they visit a relative in prison.

"It is a hard life for us, but so much harder for the civilian population living in poor conditions in very difficult circumstances. Perhaps one of the most important achievements of the ICRC in this region is to have succeeded in establishing contact with the isolated communities in conflict zones, and thus to have brought a measure of protection which was sorely lacking," Béatrice concluded.

News in brief

In El Salvador, the ICRC visited 161 security detainees in 73 places of detention in June.

During the same period, three soldiers captured by the FMLN (Farabundo Martí National Liberation Front) in the Chalatenango and San Vicente areas, including one who was wounded, were handed over to ICRC delegates, who took them back to their units. The ICRC also evacuated four wounded FMLN combatants from conflict zones and took them to hospital.

A security detainee at the regional prison at Esteli receives a visit from 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.
The ICRC calls for truce in Lebanon

In August, as Lebanon suffered the heaviest shelling in 14 years of conflict, the ICRC appealed to all the belligerents to call a truce on humanitarian grounds. Artillery battles, which had raged with increasing intensity since mid-March, reached a new pitch in August as indiscriminate bombardments killed or wounded hundreds of civilians in Beirut and the surrounding area within a week. Medical services were hampered as a number of hospitals and ambulances were hit and medical supplies began to run low. Some casualties bled to death in their battered homes as rescue workers were forced to take shelter amid the deluge of shells.

In a public statement, the ICRC said a halt to the shelling was essential to enable medical services to be reorganized and to evacuate and treat the wounded, and to allow civilians trapped in shelters without water or electricity to come out for supplies. The ICRC also called on the combatants to respect the elementary rules of humanitarian law protecting civilians, the wounded and medical facilities.

Lebanese Red Cross workers were among the rescuers venturing into the streets to save the wounded and bring out the dead. After hospitals appealed for blood, members of the National Society toured shelters to get donations from people unable to leave. ICRC delegates provided emergency medical material to hospitals as they struggled to cope with the massive influx of wounded. Additional quantities were flown in from ICRC headquarters in Geneva as the delegation’s stocks rapidly diminished.

Life in the shelters became increasingly difficult as the fighting continued unabated for days on end. After assessing the situation, the ICRC delegation, in collaboration with UNICEF, began distributing first-aid kits and disinfectants in mid-August.

In the meantime, many Beirut residents fled south, where thousands of people from the capital have gathered since the fighting escalated in March. As health conditions deteriorated, ICRC delegates reported outbreaks of typhoid in some southern areas. ICRC headquarters in Geneva rapidly sent out a sanitary engineer to evaluate the situation and find a solution to the problems.

In southern Lebanon, the ICRC provided food parcels for the most destitute families living in schools and other public places. At mid-August, a weekly average of over 8,000 people were receiving assistance.
The Geneva Conventions: ICRC President Cornelio Sommaruga and the President of the Swiss Confederation, Jean-Pascal Delamuraz, appealed for an end to violations of the Geneva Conventions in August, and called on States to become party to the two Protocols additional to the Conventions if they had not already done so.

The appeal was made during a ceremony to commemorate the 125th anniversary of the original Geneva Convention of 1864, organized in the Swiss federal capital, Berne, by the Swiss government (depositary of the Geneva Conventions).

“Never yet has a state lost a battle for having observed the rules of the humanitarian law of Geneva,” Mr. Sommaruga declared. “But many states and governments have lost a lot more than a battle when they have trampled on humanitarian principles.”

The Four Geneva Conventions, which were 40 years old in August, have replaced the 1864 Convention as the basis of humanitarian law. They give protection respectively to the wounded and sick on land, the wounded, sick and shipwrecked at sea, prisoners of war and civilians in enemy or occupied territory in international armed conflicts. They also include a common and revolutionary article, Article 3, laying down a minimum of humane treatment that must be respected in non-international armed conflicts, otherwise called civil wars.

In 1977, two Protocols were added to the Conventions to provide extra protection for the victims of international armed conflicts (Protocol I) and non-international armed conflicts (Protocol II). While the Geneva Conventions are universally accepted, with 166 States out of 171 party to them, only 85 States are party to Protocol I and 75 to Protocol II.

States party to the Geneva Conventions are bound not only to uphold them, but also to ensure they are respected. However, as political expediency tends to triumph over humanitarian considerations, the provisions of the Conventions are often only applied in part. The ICRC Bulletin decided to take a look at some of the major conflicts today where the Geneva Conventions apply.

The Middle East

The situation after the conflict between Iran and Iraq is one of the ICRC’s major preoccupations. Over a year after a ceasefire came into effect, the two countries are holding an estimated 100,000 prisoners of war, in violation of the Third Geneva Convention. As President Sommaruga said in Berne recently: “Tens of thousands of prisoners of war are still waiting in camps. Thousands, some after years of internment, are wounded or sick. They have become hostages of international negotiations.”

According to the Third Geneva Convention, prisoners of war should be repatriated without delay at the end of active hostilities. However, not even all

A number of wounded and sick prisoners from the Gulf war are repatriated by the ICRC, while many others remain in captivity.
Respect where respect is due

Conventions, which does not oblige States to accept the institution’s services. Negotiations lasted for around six months before an emergency relief operation could be launched in the conflict-stricken south of the country on 4 December last year.

Since then, the ICRC has taken relief supplies to some 20 places in the south of the country, working both in areas controlled by the government and those held by the People's Liberation Army (SPLA).

The ICRC recently began visiting prisoners captured during the six-year-old conflict. The first visits to SPLA prisoners held by the Sudanese armed forces in Wau and Juba took place in August. Over 100 prisoners in SPLA hands were visited for the first time in June.

Asia

In Afghanistan, the ICRC opened a delegation in Kabul in October 1987 and has since been able to extend its activities outside the capital, visiting detainees, treating the wounded, organizing the exchange of Red Cross messages between people separated by the conflict and helping some of the amputees.

The situation has deteriorated in the country over the past few months as fighting has intensified. In Kabul, hundreds of civilians have been killed or wounded during rocket attacks. The ICRC delegation has approached the parties to the conflict to remind them of the fundamental principles of humanitarian law protecting the civilian population.

Latin America

The conflict in El Salvador has raged for 10 years now and the ICRC has been present throughout that time. Since 1981, the institution has worked on the basis of Article 3 and Protocol II, ratified by El Salvador in 1978.

The ICRC delegation recently asked both the government forces and those of the Farabundo Marti National Liberation Front (FMLN) to respect the rules on the protection of civilians. Over the past few months, delegates have had to step up efforts to protect civilians caught up between the two sides.

ICRC delegates carry out a wide range of activities, including visits to prisoners held by the government or the FMLN, exchanging Red Cross messages and looking for the missing, and assisting civilians affected by the conflict.

Challenges for the future

The situations described above show that humanitarian law is respected to varying degrees in conflicts around the world. The answer to the continued violations lies largely with the international community. Ample provisions exist to protect victims of conflict, whether international or not, but respect must become a conditioned reflex.

In the absence of any supranational body to impose the application of humanitarian law, the ICRC is encouraging States to adopt national measures, in particular legislation to punish war crimes, and administrative steps to fulfil their obligations under the Geneva Conventions to make the rules of humanitarian law as widely known as possible, especially among the armed forces.

The ICRC is also present in areas of the country held by Afghan opposition movements. Its delegation in Pakistan visits prisoners held by the Afghan opposition in eastern Afghanistan and has set up first-aid posts near the major conflict zones. ICRC delegates have been helping Afghan conflict victims in Pakistan since 1979, running hospitals in Peshawar and Quetta, and first-aid posts along the frontier.

Africa

The conflict between Morocco and the Polisario Front, which began 14 years ago, is another situation where the Third Geneva Convention should apply. ICRC delegates have visited 75 Polisario prisoners held by Morocco and over 970 Moroccan prisoners in Polisario's hands. In neither case, however, has the ICRC been able to see all the prisoners held by the two sides.

The ICRC's presence in Sudan is based on Article 3, common to the Four Geneva Conventions, which does not oblige States to accept the institution's services. However, not all the provisions of the Fourth Geneva Convention are respected. The expulsion of residents of occupied territory is prohibited, but the Israeli authorities have expelled over 50 residents of the Gaza Strip and the West Bank since the uprising began. Collective punishment or reprisals, as well as the destruction of property, is prohibited too, but dozens of houses have been dynamited, bulldozed or walled up. Detainees should be kept in the occupied territory, but thousands of prisoners have been transferred to Israel.

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ICRC delegates carry out a wide range of activities, including visits to prisoners held by the government or the FMLN, exchanging Red Cross messages and looking for the missing, and assisting civilians affected by the conflict.

Challenges for the future

The situations described above show that humanitarian law is respected to varying degrees in conflicts around the world. The answer to the continued violations lies largely with the international community. Ample provisions exist to protect victims of conflict, whether international or not, but respect must become a conditioned reflex.

In the absence of any supranational body to impose the application of humanitarian law, the ICRC is encouraging States to adopt national measures, in particular legislation to punish war crimes, and administrative steps to fulfil their obligations under the Geneva Conventions to make the rules of humanitarian law as widely known as possible, especially among the armed forces.

The ICRC is also present in areas of the country held by Afghan opposition movements. Its delegation in Pakistan visits prisoners held by the Afghan opposition in eastern Afghanistan and has set up first-aid posts near the major conflict zones. ICRC delegates have been helping Afghan conflict victims in Pakistan since 1979, running hospitals in Peshawar and Quetta, and first-aid posts along the frontier.

Africa

The conflict between Morocco and the Polisario Front, which began 14 years ago, is another situation where the Third Geneva Convention should apply. ICRC delegates have visited 75 Polisario prisoners held by Morocco and over 970 Moroccan prisoners in Polisario's hands. In neither case, however, has the ICRC been able to see all the prisoners held by the two sides.

The ICRC's presence in Sudan is based on Article 3, common to the Four Geneva Conventions, which does not oblige States to accept the institution’s services. Negotiations lasted for around six months before an emergency relief operation could be launched in the conflict-stricken south of the country on 4 December last year.

Since then, the ICRC has taken relief supplies to some 20 places in the south of the country, working both in areas controlled by the government and those held by the People's Liberation Army (SPLA).

The ICRC recently began visiting prisoners captured during the six-year-old conflict. The first visits to SPLA prisoners held by the Sudanese armed forces in Wau and Juba took place in August. Over 100 prisoners in SPLA hands were visited for the first time in June.

Asia

In Afghanistan, the ICRC opened a delegation in Kabul in October 1987 and has since been able to extend its activities outside the capital, visiting detainees, treating the wounded, organizing the exchange of Red Cross messages between people separated by the conflict and helping some of the amputees.

The situation has deteriorated in the country over the past few months as fighting has intensified. In Kabul, hundreds of civilians have been killed or wounded during rocket attacks. The ICRC delegation has approached the parties to the conflict to remind them of the fundamental principles of humanitarian law protecting the civilian population.

Latin America

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Teams of ICRC delegates left the Afghan capital, Kabul, for the provincial towns of Herat and Mazar-I-Sharif in August, to extend assistance programmes for people affected by the conflict.

The two outposts will enable the ICRC to supply local hospitals with medical material, and continue tracing work and visits to detainees. In Herat, a dispensary will also be set up to treat people injured in the fighting.

The ICRC extended its programme of visits to detainees in August, when delegates based in Kabul visited Qalai Naw prison in Badghis province, in the north-west of the country, for the first time. This is the fifth detention centre administered by the Afghan authorities to which the ICRC has been given access.

Delegates were able to establish initial contacts with the local authorities and population, to tell them about the ICRC, its role and activities in Afghanistan. Red Cross messages collected from prisoners in other parts of the country were also distributed to their families in the region.

In mid-August, the ICRC ended its first visit to the Panshir valley in north-eastern Afghanistan. During a two-month operation, delegates from Peshawar, in Pakistan, visited large numbers of prisoners held by Afghan opposition movements and assessed the medical needs created by the conflict. The most urgent requirements were for first-aid treatment and a system to evacuate the wounded. The ICRC has already set up four first-aid posts in the eastern region of Afghanistan, to treat the wounded and evacuate the most serious cases across the border to its hospitals in Peshawar and Quetta.

In Kabul, rocket attacks continued to cause casualties among the civilian population. In July, the ICRC’s hospital admitted the highest number of victims since it opened in October last year. More emergency medical supplies were provided for other hospitals in the capital in August, as they struggled to cope with the influx of wounded.

Uganda: help continues despite precarious security conditions

The ICRC distributed relief supplies and carried out vaccination campaigns in the districts of Soroti and Gulu, in northern Uganda, in August, often braving difficult security conditions.

Delegates were able to go 15 km beyond the security perimeter around Gulu to reach areas particularly affected by fighting south-west of the town. Relief supplies and seeds were distributed to 16,000 families (around 65,000 people) and a new series of vaccinations was being prepared at the end of the month.

In the meantime, delegates continued to visit detainees in prisons, and food to one thousand detainees from the districts of Apac, Lira and Kitgum in August, after they were freed by the Ugandan authorities.
New hopes for peace in Lebanon

Hope returned to thousands of civilians in Lebanon at the end of September as the parties to the conflict began to observe a new ceasefire.

The last six months have been the most difficult the country has witnessed in 15 years of war, and the departure of hundreds of thousands of Beirut citizens for areas of Lebanon less affected by the fighting had a number of serious repercussions.

Mohammad lived with his family of seven in a classroom at Tyre, in southern Lebanon, for three months. “Our days were filled with sadness, waiting, resignation and misery,” he said. They were among 35,000 people who took refuge in the 250 schools and public buildings in the region, after fleeing the shelling and destruction of Beirut.

A total of around 400,000 people fled to the south. The lucky ones were taken in by family or friends, while the less fortunate were in makeshift homes in the orchards, or along the Awali river, near Sidon.

Beirut had become like a ghost town. Around 85% of its population had left, and even if there was a semblance of life in the morning, people hurried home towards the end of the day, or went straight to the air-raid shelters to sleep, in preparation for the bombardments. The silence, emptiness and almost complete darkness in the Lebanese capital, where there was less and less electricity, gave a sinister atmosphere to the city as night fell.

Displaced people were forced to rely on their savings, which could not last forever. On the other hand, their limited resources were often enough to upset an already precarious local or regional economy. In some villages, the population doubled.

The situation also affected education. In Beirut, the last school year was not completed and diplomas were not handed out because the schools and universities closed in March. In the rest of the country, the most destitute among the displaced were put up in the schools.

A blow to public health

The crisis had the most serious effects on public health. The water and sewage systems, as well as electricity networks, already affected by the years of conflict during which they could not be repaired or modernized, had difficulty in coping with the massive influx of people. For the families living in schools, material and hygienic conditions were minimal and often insufficient. Several cases of dysentery, worms, and eye and skin diseases were found.

The ICRC has followed the plight of the displaced closely both in Beirut and the rest of the country, paying particular attention to those in public places. Several assistance programmes were set up, in addition to food distributions. Sanitation engineers assessed the situation, and one of them is staying on for the next three months.

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Four hundred cleaning and disinfection kits were distributed in the schools and other public places where displaced people were living, and 200 medical kits were given to dispensaries swamped by the extra clients. Plumbing and repair work was carried out on defective systems and equipment. Mobile clinics were also set up rapidly by a number of organizations, including the ICRC, and visited schools around Tyre.

In the Beirut area, the ICRC and the Lebanese Red Cross, with other organizations, sprayed and disinfected hundreds of shelters. The ICRC also equipped several shelters with reservoirs of drinking water and first-aid kits. In the meantime, in the southern suburbs of the capital, the ICRC and UNICEF (United Nations Children’s Fund) worked together on a project to repair water pumps.

Finally, the ICRC twice gave food to the 200 families along the banks of the Awali river, and installed drinking-water taps for them.

Displaced people in southern Lebanon began to return to Beirut at the end of September. The guns had fallen silent, at least for a while, but the destruction remained. Many people will need assistance to help them face the approaching winter in a city ravaged by war.
The ICRC carried out a new census in August of all the security detainees it visits in Nicaragua. The last census was made over a year ago.

A total of 1,306 detainees were counted in the 15 prisons, administered by the National Penitentiary System, which ICRC delegates visit on a regular basis. All the prisoners were members of the Contra opposition movement, except for 38 former National Guardsmen of the Somoza regime.

The ICRC has been visiting security detainees in Nicaragua for more than ten years, and providing assistance for both the prisoners and their families. In March this year the Nicaraguan authorities released almost 1,900 members of the former National Guard following Central American peace talks in El Salvador. The ICRC does not have access to all security detainees in Nicaragua. Delegates have not been allowed to visit people detained in places run by the State Security services, and efforts are continuing to obtain access to these prisoners.

News in brief

In September, the ICRC visited five Chinese prisoners held in Vietnam. Two delegates and a doctor checked on conditions of detention and saw each prisoner in private. Three of the captives had recently notified to the ICRC, while the other two had already been seen in January this year.

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The People's Democratic Republic of Algeria and the Principality of Liechtenstein recently became party to the two Protocols additional to the Geneva Conventions. The Protocols will come into effect on 16 February next year in Algeria and on 10 February in Liechtenstein.

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An ICRC employee was assassinated by unknown assailants at the end of August, while on his way to work in Peshawar, in Pakistan. Mr. Mohammad Zaker was hit by several bullets fired from a car as he walked towards the ICRC's offices, and was killed instantly.

In a public statement, the ICRC said it was "deeply shocked and saddened" by the unexplained killing of Mr. Zaker, who had worked for the delegation in Peshawar since 1984. He was first involved in collecting blood donations for the ICRC's war surgery hospital, and last year became the field officer working directly under the ICRC medical coordinator. Mr. Zaker was described as "a remarkable employee who did his utmost to alleviate the suffering of the victims of the Afghan conflict."

The ICRC viewed the attack as "a very serious violation of the basic principles the ICRC stands for." It issued a reminder that those principles, particularly neutrality and impartiality, are respected by all its employees in their work.

Violent clashes around the eastern Afghan town of Khost led to a heavy influx of wounded at the ICRC's Peshawar hospital from the end of August, with 15 to 20 new patients arriving daily. A fourth surgical team was rapidly sent in to cope with the emergency, while an extra team also arrived at the hospital in Quetta. The conflict in Afghanistan has caused increasing numbers of victims over the past 18 months. In 1987, the ICRC's two hospitals in Pakistan treated around 3,000 Afghan wounded. This figure rose by more than 50% last year to over 4,500, and the trend continues. During the first half of 1989, they had already admitted over 3,200 casualties.

Rocket attacks on Kabul have made the situation all the more worrying. The ICRC opened its hospital in the Afghan capital in October last year, and by the end of August it had admitted more than 1,400 wounded. None of these figures includes the hundreds of out-patients treated for minor injuries each month.

In addition, there is the inestimable number of people throughout Afghanistan who have lost limbs, particularly as a result of mines. The ICRC's orthopaedic centre in Kabul has fitted over 400 people with artificial limbs since it opened in May last year. At the end of August, the first amputees from Herat, where the ICRC has set up an outpost, were flown to Kabul for new limbs.

In September, delegates based in Kabul carried out the ICRC's first visit to Faizabad prison in the far north-eastern province of Badakhshan. Each prisoner was seen in private and given the opportunity of writing home. Delegates also distributed Red Cross messages from relatives elsewhere in the country or living abroad. ICRC delegates have visited thousands of detainees and prisoners held by the Afghan authorities and Afghan resistance movements, and exchanged thousands of Red Cross messages between the prisoners and their families.
Situation improving in southern Sudan

In many areas of southern Sudan, people were busy harvesting their crops in September, and a degree of optimism had returned. The outlook certainly looked brighter than this time last year, when tens of thousands of people were dying of starvation as a result of the conflict and famine.

The ICRC's large-scale distribution of seeds seemed to be paying off. "At Tap, 6km from Akon, the seeds provided by the ICRC cover around two-thirds of the cultivated land, and the crop is almost ripe," a delegate in an SPLA zone said in mid-August. "One of the local people, Joseph, told us that at the same time last year, there were no crops at all in this area."

However, there are certain places where there has been almost total crop failure. ICRC press officer, Jean-Marc Foex, sent this report back from SPLA-held Kongor:

"Cultivated land, saved from the waters by dykes, stretches between flooded areas like green or yellow islands. The fields of sorghum are recognizable by their seedlings, tall and green, or yellowed by the water. To the west, the harvests look good, and to the south they appear to be very good. However, to the east, they have almost totally failed. Dykes which did not hold, late planting, a certain fatalism on the part of some who did not believe in the chances of a good harvest after so many years of suffering, could lead to a delicate situation for part of the population during the months to come."

The harvest in Kongor is nevertheless expected to cover the needs of most of the people for two or three months, as long as the rich help the poor. A lot of people also have cattle which are an important source of food, particularly for those who have lost their crops.

Many have also taken to fishing in the rivers and in the lakes created by the floods. The ICRC has provided fishing hooks and kilometres of thread which is used to make fishing nets. "Out of 15 fish caught by a family, eight are eaten straight away, five or six go to the needy, and the rest is smoked and stored for the future," Jean-Marc said.

In government-controlled towns, delegates were also busy evaluating the harvests. In Wau, the situation looked promising and there were no signs of food shortages in the town or countryside. In small towns, like Yezi and Mundri further south, the crop yield appeared to be satisfactory, and sufficient to stave off food shortages for several weeks.

However, both Yezi and Mundri are isolated as a result of security conditions and, like most places in southern Sudan, they have no reserves to fall back on. Both towns could face difficulties before the end of the year if stocks are not built up.

The ICRC is currently helping social cases in these towns, including orphans, prisoners and the disabled, and is flying in supplies to store for the future.

Restoring a degree of self-sufficiency to a population ravaged by conflict, drought, famine and floods has become an essential aspect of the ICRC's work in southern Sudan. "At the beginning of this operation, we aimed to avoid a repetition of the 1987/88 disaster," said Harald Schmid de Gruneck, Deputy Delegate General for the ICRC's activities in Africa. "We laid emphasis not only on the distribution of food, but also of non-food items... The most important aspects of the rehabilitation programmes we have set up are the vaccination of cattle, which make up 60 — 80% of the local population's diet, and the distribution of seeds and hoes."

Sickness and disease can kill as easily as the conflict in southern Sudan, where vaccination programmes ground to a halt several years ago. By mid-September, the ICRC had vaccinated over 80,000 women and children and more than 570,000 head of cattle in SPLA-held areas alone. Tens of thousands more have been reached in places controlled by the government.

Despite an improvement in the nutritional situation, there is still a lot of work to be done. "We will try to be less involved in food distributions — though this will largely depend on the results of the harvests — and concentrate on rehabilitation programmes, in order to leave something solid behind", Harald Schmid de Gruneck commented. In addition, tracing and medical activities need to continue.

There is also the important task of visiting prisoners and detainees held in relation to the conflict. In June, the ICRC visited a first group of prisoners captured by the SPLA, and saw prisoners held by the government for the first time in August. It is hoped that delegates will be able to extend these visits to all the prisoners held in captivity by the two sides.
A message from youth to the world

Over 500 young people representing 132 nationalities called on the countries of the world in September to put an end to conflict, destruction, pain, pollution, famine and oppression, and to join them in building a brighter future.

This was the essence of the message delivered by the youth of the International Red Cross and Red Crescent Movement in front of the United Nations building in Geneva. “We are the living proof of peaceful co-existence, united by our common commitment to alleviating human suffering,” they declared, before a crowd that included the UN Director General in Geneva, Jan Martenson, Swiss Federal Counsellor Kaspar Villiger, ICRC President Cornelio Sommaruga, Pär Stenbäck, Secretary General of the League of Red Cross and Red Crescent Societies, Swiss Red Cross President Karl Kennel, and the Commissario Straordinario of the Italian Red Cross, Luigi Giannico.

The message was written during Supercamp 89, a unique two-week event organized by the Movement for its younger members, mainly aged between 18 and 22. It began with 10 days where the idea of the Red Cross was born 130 years ago, Castiglione, near Solferrino, in northern Italy. Here, the participants studied the basic Principles of the Movement (Impartiality, Neutrality, Independence, Humanity, Voluntary Service, Unity and Universality), and then made the trip to Geneva, like Henry Dunant, with an important message for the world to consider.

“The sense of achievement of the people from Supercamp once we read out the final draft of the message was fantastic,” said John Gough, Youth Officer from the British Red Cross. “We felt that we had achieved something together... It is something that we have all contributed to. It is something we all agree with.”

It was fitting that the leaders of tomorrow's world should have the final say in the celebrations marking the Movement's 125th anniversary. Their message is to be basis for the future work of the Movement’s 90 million youth members.

Supercamp was an ideal opportunity for young people from all over the world to share experiences and ideas, and to get to know one another. “When you have lived Supercamp, it is difficult to translate the feeling into words,” said Marisa MacLean, Director of the Youth Department at the League of Red Cross and Red Crescent Societies, Swiss Red Cross President Karl Kennel, and the Commissario Straordinario of the Italian Red Cross, Luigi Giannico.

The idea of Supercamp came from Joanna MacLean, Director of the Youth Department at the League of Red Cross and Red Crescent Societies. “The first importance was to say to the world, that Red Cross and Red Crescent youth exists... we are working, we are an incredible force, and potentially a much greater force, for action and work for humanity. The second half of the proposal was also to gain recognition, but within the Movement, that young people have a place in the Movement for the future.”

In conflict-torn countries where Red Cross and Red Crescent Societies are at work, the young members are often in the frontline helping the victims. Mario Aguja, National President of the 4.5-million strong youth section of the Philippines National Red Cross, was pleased that through Supercamp, “we were able to show that if only people would live together and try to understand each other and go through with the Principles of the Movement, then it could be a peaceful world for all of us.”

Supercamp proved that the concerns of youth today are largely the same all over the world. As the young delegates left Geneva with a new vitality, they were also aware that their task was only just beginning. The National Director of Red Cross Youth in Senegal, Babacar Sow, said: “The question we are all asking ourselves is whether what we have launched will be put into practice...But as young people we are going to try our best, each in our own environment, and I hope that it will work.”

Edited by the Press Division of the ICRC.
19, avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 60 01
Fax.: (022) 734 82 80
Telex: 22269

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Two delegates kidnapped in southern Lebanon

Unidentified gunmen kidnapped two ICRC delegates in the southern Lebanese town of Sidon on 6 October. Emanuel Christen and Elio Erriguez were forced from their car at gunpoint as they arrived for work at the ICRC's orthopaedic centre. They were then bundled into a waiting car and driven off to an unknown destination.

This is the second time in under a year that ICRC delegates have been abducted in Lebanon. In November last year, Peter Winkler was kidnapped at Sidon and released a month later. Two days after his release, the ICRC was forced to withdraw its Swiss staff from the country, following death threats against them. They returned to work on 6 February this year, having received the necessary assurances from all the parties concerned.

After the latest kidnapping, the ICRC appealed for the release of its delegates in order to restore "the respect required, at all times and in all circumstances, to enable the ICRC to carry out its mission on behalf of the victims of war". Close contacts were immediately established with all the parties present in the region, many of whom offered their support.

Ten days after Christen and Erriguez were taken hostage, an anonymous telephone caller said they would be killed in three days unless a Lebanese hijacker, Mohammed Hariri, were freed. Hariri was sentenced to life imprisonment in Switzerland last February for hijacking a plane to Geneva and killing a French passenger.

There were serious doubts as to the authenticity of the call, but special task forces were nevertheless set up by the Swiss government and the ICRC to deal with the crisis.

The ICRC delegation in Beirut issued a statement condemning the kidnapping and any action that might be taken to harm its delegates. It described the abduction as "an unacceptable and unjustifiable attack on the humanitarian activities the ICRC has carried out in Lebanon for over 15 years." The delegation repeated that the ICRC was neutral, independent and impartial, and demanded the immediate and unconditional release of the two captives.

Both Christen and Erriguez worked as orthopaedic technicians at the ICRC's centre in Sidon, training local personnel. The centre was forced to close after the kidnapping. In other regions of the country, emergency activities continued with even tighter security measures in force.

At the time of going to press, more than two weeks after the kidnapping, there was still no word on the fate of the two hostages.

President Sommaruga visits UN in New York

During a visit to the United Nations in New York in October, ICRC President Cornelio Sommaruga launched a "solemn appeal" for the immediate and unconditional release of the two delegates kidnapped in southern Lebanon.

President Sommaruga was in New York to attend a ceremony at the UN headquarters to commemorate the 125th anniversary of the original Geneva Convention of 1864, and to open an exhibition on the Geneva Conventions and the ICRC's activities worldwide. He also held talks with the UN Secretary General, Javier Perez de Cuellar, and members of the UN Security Council.

Mr. Sommaruga said he was shocked that two ICRC delegates were being held hostage at the very moment that everyone was expressing their gratitude and confidence in the institution's impartial work. He went on to appeal to all governments to give greater importance to humanitarian issues, adding that political problems have humanitarian aspects that cannot be ignored.

President Sommaruga also gave a press conference for members of the UN Correspondents' Association. He repeated his call for the estimated 100,000 Iranian and Iraqi prisoners of war to be repatriated in accordance with the Third Geneva Convention. "A third of the prisoners of war have not been registered," he said, describing the situation as a "human tragedy" for the prisoners, and for their families who are still without news of them.

The ICRC President also expressed his concern over 200 Moroccan prisoners the Polisario Front has been wanting to free since June, but the Moroccan authorities have not yet accepted.

The exhibition in New York, which will be open until 12 November, is the last celebration of the 125th anniversary of the International Red Cross and Red Crescent Movement. It was organized by the ICRC, the Swiss Federal Council and the United Nations in New York.
**Extended assistance for Somali war victims**

The ICRC transferred a first group of casualties in October from the town of Hargeisa, in north-western Somalia, to its new war surgery hospital at Berbera. The hospital at Berbera began admitting patients in mid-August, and more casualties are expected due to the fighting.

The ICRC's surgical team at the new Berbera hospital operates on a young Somali war victim.

"Thanks to the help of local workers and officials, the first section of the hospital was ready in just three months," said ICRC delegate Werner Roller. "The public health-care system in north-western Somalia has been badly affected by the fighting and a new hospital was urgently needed."

It has been set up in collaboration with the Somali Red Crescent Society and, in keeping with the Red Cross and Red Crescent Principle of impartiality, it provides medical care to war victims without discrimination. Two wards with a total of 33 beds are ready, while four more wards are being completed to bring the total capacity to 77 beds. However, in an emergency, the hospital will be able to accommodate up to 100 patients.

"Things were difficult at the beginning because the people in Berbera did not know who we were," Werner reported. "But now, all that has changed."

Two surgeons and four nurses make up the medical team at Berbera. "The patients seldom express an opinion about the hospital itself, but they make clear, in their own way, that they very much appreciate the care they receive," said Isabelle Baxter, the head nurse.

At the end of September, an ICRC plane resumed regular flights from the sub-delegation in Berbera to several northern towns, in order to evacuate the wounded and assess the needs created by the conflict. The flights went ahead with the agreement of the Somali authorities, as well as the consent of the armed opposition.

Delegates went to Burao, Sheikh, Hargeisa and Boroma, in the first round of visits since early May. At Hargeisa, which has been the scene of fighting in recent months, the most urgent need was for medical assistance. Hospitals were short of basic supplies. Before the ICRC hospital opened, the most seriously wounded had to be flown about 600 kilometres to the capital, Mogadishu.

The Berbera sub-delegation distributes weekly food rations to both the district and the mental hospitals in the town. The medical team also carries out consultations and minor operations for outpatients.

**The ICRC invited to Sri Lanka**

The ICRC has received permission to open a delegation in Sri Lanka and develop traditional activities for the victims of the violence.

The institution has made repeated efforts to be present on the island, where thousands of people are reported to have been killed or injured over the past few years.

The Sri Lankan President, Ranasinghe Premadasa, invited ICRC President Cornelio Sommaruga to send representatives to the island in October. He stated that the ICRC would be allowed to carry out visits to security detainees, tracing work, and provide medical assistance.

A first team of two delegates, a doctor and a nurse flew to the Sri Lankan capital, Colombo, on 15 October to begin setting up the delegation.

**News in brief**

The two Protocols additional to the Geneva Conventions were ratified in September by the Ivory Coast, the People's Republic of Bulgaria and the Union of Soviet Socialist Republics (U.S.S.R.).

Protocols I and II, which reinforce the protection of victims of international and non-international armed conflicts, have now been ratified or adhered to by 91 and 81 States respectively.

The ICRC visited security detainees in seven district prisons in Colombia in September, including Medellin and Cartagena. Delegates saw a total of 59 detainees, and distributed toiletries, medicines and recreational material.
Rocket attacks continued on the Afghan capital, Kabul, in October, with a high proportion hitting the densely-populated city centre. A rocket fell on an Afghan Red Crescent office, killing two people and wounding 13 others. One of the dead and five of the wounded were members of the National Society.

The ICRC once again reminded the parties to the conflict of their duty to spare civilians, and to respect the Red Cross and Red Crescent emblems.

The number of casualties arriving at the ICRC’s war surgery hospital in Kabul increased dramatically. Many casualties also came from north of the city, where fighting was reported along the Salang road leading to the Soviet border. A record 144 beds were occupied in mid-October, stretching the hospital’s resources to their limit.

Fighting also intensified in the region around Herat, in the west of the country. Here, the ICRC’s sub-delegation received the first planeloads of medical supplies from Kabul, enabling its nursing staff to open a dispensary designed mainly to give first aid to war casualties.

The ICRC in Peru

The ICRC delegation in Peru visited over 100 security detainees in September in detention centres in the country’s emergency zones and in the capital, Lima.

Hundreds of people displaced by the fighting or injured during the violence were given material and medical assistance by delegates in the field, including food, clothes, blankets and kitchen sets. The ICRC opened a new office at Tingo Maria in the emergency zone of Huanuco in order to facilitate assistance to people in the area.

The delegation also launched an anti-malaria campaign in regions of the country which have become inaccessible to the national health service. During the first part of the campaign, delegates went to 30 communities along the Apurimac river in Ayacucho and Huancavelica emergency zones and distributed medicine to almost 35,000 people.

Meanwhile, efforts continued to make the ICRC’s role and activities more widely understood, with talks to the civilian population and to officers and soldiers in the armed forces and the police.

The ICRC acts in embassy crises

The ICRC flew 46 wounded members of the Farabundo Marti National Liberation Front (FMLN) from El Salvador to Cuba in October, ending their five-day occupation of the Mexican embassy in San Salvador.

The Salvadoran and Mexican authorities had called on the ICRC to carry out the operation. After obtaining the agreement of all parties concerned, delegates took the wounded from the embassy to the airport in ICRC vehicles, and then flew them to the Cuban capital, Havana, on board an ICRC-chartered plane.

This was the second time in two days that the ICRC had been called on to act as a neutral intermediary in an embassy evacuation.

The day before, the ICRC evacuated 31 people from the Costa Rican embassy in San Salvador, just over 24 hours after armed members of the Federation of Committees of Salvadoran mothers and relatives, a human rights group, occupied the embassy. The evacuation took place at the request of the Salvadoran government and with the consent of all the occupants.
The Soviet government has opened its central archives in Moscow to the ICRC and the International Tracing Service for the first time, giving access to new information on victims of Nazi persecution in the Auschwitz concentration camp.

Delegates were shown 46 so-called "death books" in September, containing the names of around 74,000 people who died in Auschwitz. The books were taken to Moscow after the Soviet army liberated the camp at the end of the Second World War. "We have been trying to obtain these documents for over 25 years, having found out in 1964 that they were in the hands of the Soviet authorities," said Marion Scheinberger, head of East European affairs at the ICRC's Central Tracing Agency.

Each page of the books gives the family name, first name, date and place of birth, nationality, parents' names, profession and, if possible, family address of the person who died, with the cause of death certified by a doctor.

Access was also given to card indexes from Auschwitz with the names of approximately 130,000 people used as forced labour outside the camp in German industry.

While the ICRC's Central Tracing Agency in Geneva centralizes information on the prisoners of war captured during World War II, as well as all post-war tracing cases, the International Tracing Service at Arolsen in West Germany was set up to deal with information on the civilian victims of the war, whether in Germany itself or in the countries it occupied. It is administered by the ICRC, but overseen by an international commission and financed by West Germany.

More than 40 years after the end of the Second World War, many of the families of victims of the Third Reich still do not know exactly what happened to their relatives. Requests for information keep pouring in to the ITS which has millions of documents on civilians deported during the war. The yearly number of requests averaged 30,000 up to 1986, and the Service expects the figure to exceed 100,000 this year.

Unfortunately, the lists of names represented only a fraction of all those who died in Auschwitz, and it is believed that the vast majority of people were never registered. However, once the lists have been processed, they will enable many thousands of cases to be solved, satisfying at last the right of relatives to know the fate of their loved ones.

The International Tracing Service still is seeking information on other concentration camps liberated by the Soviet troops, and the Soviet authorities have promised to carry out a thorough check of all the 200 or so archives nationwide, and to pass on any new information to the ICRC and the ITS.

Another National Society joins the Movement

The ICRC has officially recognized the Saint Vincent and the Grenadines Red Cross, bringing the total number of member Societies of the International Red Cross and Red Crescent Movement to 149.

Initially formed as a branch of the British Red Cross in 1949, the Saint Vincent and the Grenadines Red Cross was recognized by its government in 1984, five years after the country became independent.

The Society accepted the Movement's statutes and applied to the ICRC for full membership in March this year.

The Red Cross Society of Saint Vincent and the Grenadines has around 1,750 members working in 26 groups throughout the country's main islands. As a result of the frequent natural disasters affecting the region, its main activities are on first aid, emergency assistance for disaster victims and tracing.
High casualties in El Salvador

Thousands of people were killed or injured in El Salvador in November, during the worst fighting the country has witnessed in 10 years of conflict.

A youth braves the gunfire to look for water in a northern suburb of San Salvador cut off by the fighting.

Large numbers of civilians were among the victims of the battles that raged between FMLN (Farabundo Marti National Liberation Front) guerrillas and government troops in the densely-populated suburbs of the capital, San Salvador, and several provincial towns. On many occasions, the intensity of the fighting prevented Salvadoran Red Cross workers from reaching the wounded, some of whom died before help arrived.

After three days of violence, with a state of siege and a curfew in force, ICRC headquarters in Geneva appealed for an immediate truce to enable Red Cross teams to evacuate the casualties from combat zones in the capital to hospitals. The appeal went unheeded and two days later, amid continued fighting, the ICRC demanded that all parties respect the rules of international humanitarian law, reminding them of their duty to spare the civilian population and allow medical personnel, ambulances and hospitals to work without hindrance.

Early in the fighting, a Salvadoran Red Cross worker was injured while going to help the wounded. Two Red Cross ambulances were also destroyed and five others damaged when they were caught in the crossfire. The ICRC delegation in San Salvador immediately demanded that the Red Cross emblem be respected.

Despite the dangerous conditions, Salvadoran Red Cross workers managed to evacuate over 450 wounded civilians and combatants during the first week of the violence. The ICRC provided the National Society with extra ambulances and medical supplies to help it cope with the emergency.

Delegates also monitored the situation in the hospitals receiving the wounded. Medical material was given to hospitals in the capital and in San Miguel, 140 km east of San Salvador, where the heavy influx of casualties soon caused serious shortages. Over 15 tonnes of extra medical supplies were flown in immediately to cover the needs.

Tens of thousands of civilians fled the embattled areas of San Salvador and San Miguel in search of refuge. By mid-November, the government and the churches had set up over 50 shelters in San Salvador alone, which were accommodating some 17,000 people. ICRC delegates visited the shelters and provided medical help when necessary.

The ICRC evacuated 17 civilians from the Sheraton Hotel in San Salvador on 20 November, after it was seized by FMLN guerrillas. The evacuation took place during a one-hour ceasefire which resulted from talks between the parties to the conflict, the Spanish embassy and an ecclesiastical commission.

Delegates also succeeded in visiting dozens of people captured by the Salvadoran armed forces during the clashes, and dealt with increasing numbers of requests from families to find missing relatives.

Just over a week before the fighting escalated, the ICRC had already called for civilians to be spared the violence in the country. It said it was profoundly concerned by the high number of innocent victims, and insisted that the civilian population should never be the object of indiscriminate attacks.

Meanwhile, more than 1,200 Salvadoran refugees were repatriated from Honduras at the end of October. The operation was carried out by the Office of the United Nations High Commissioner for Refugees (UNHCR), with logistical support from the ICRC.

News in brief

The Byelorussian Soviet Socialist Republic ratified the two Protocols additional to the Geneva Conventions on 23 October. The Protocols will come into effect on 23 April next year.
Towards an end

Emanuel Christen and Elio Erriquez, the two ICRC delegates kidnapped in Lebanon on 6 October, were still held captive at the end of November. More than seven weeks after they were abducted by gunmen in the southern town of Sidon, there was no word from their kidnappers.

As hopes for a quick release of the delegates faded, the ICRC pressed on with efforts to obtain their freedom. Top ICRC officials visited Lebanon, Libya, Syria and the headquarters of the Palestine Liberation Organisation in Tunisia, where they received pledges of support. Palestinian groups in Lebanon and all the main parties in the country also condemned the abduction.

On 6 November, one month after the kidnapping, the ICRC and the families of the two delegates again appealed for the captives to be released, describing the kidnapping as an "outrageous and unjustifiable act". Their appeal was backed by the President of the Swiss Confederation, Jean-Pascal Delamuraz, who condemned what he called "this inhuman act".

Meanwhile, the orthopaedic centre at Sidon, where Elio and Emmanuel worked as orthopaedic technicians, remained closed. "It is the patients who are paying the price of the closure," said Ibrahim Sahid, an ICRC-trained Lebanese technician at the centre. "Not only are they amputees, but now they can no longer be fitted with artificial limbs."

After 45 days without news of their colleagues, ICRC staff in Lebanon stopped work for a day in protest at the abduction, and a symbolic one-hour stoppage was organized at Geneva headquarters. "Today, the handicapped of southern Lebanon are being penalized by the unbearable absence of the two technicians who gave them hope of being able to walk again," said staff representative Antoine Bouvier.

The 149 Red Cross and Red Crescent Societies issued their own appeal on behalf of the two ICRC delegates at the end of October, as they met in Geneva for the Council of Delegates of the International Red Cross and Red Crescent Movement. They described the kidnapping as an affront to the very essence of the humanitarian mission of the Movement, and said it cruelly deprived hundreds of disabled people in Lebanon of medical assistance.

Despite the many protests, Emanuel and Elio had not been freed at the time of going to press, and no group had claimed responsibility for their kidnapping. The ICRC continued its contacts with all parties in the region, and was determined to secure their release as soon as possible.

April 17, 1975. The entire population of Phnom Penh is driven out of the city and the ICRC is expelled from Cambodia. Five years of war and suffering have taken their toll. But the suffering will continue unabated for the Cambodian people. Virtually every family in Cambodia will lose one or more relatives during the three and a half years to follow. On January 7, 1979, the Vietnamese troops enter the Cambodian capital. Hundreds of civilians, driven to desperation by the events and the increasingly precarious and humiliating living conditions, begin to flee towards the Thai border. The ICRC is able to resume its assistance to the victims of the conflict, and in the first few months a joint relief mission is launched with UNICEF.

Foreigners visiting Phnom Penh today, almost 20 years after the outbreak of war, experience a strange sensation of emptiness on entering the city, though people began to return to the capital in 1980. Despite this impression, business in Phnom Penh is gradually picking up again and life is slowly returning to normal. Last May, the Government adopted a new Constitution, including provisions establishing the right of ownership of private property and abolishing the death penalty.

But the cityscape of Phnom Penh is still punctuated with shell-scarred buildings and desolate streets. Water and electricity cuts are frequent and unpredictable. Means of communication are haphazard or non-existent. In this quiet, isolated city, far from the fighting that continues to rage elsewhere in the country, the traces of 20 long years of suffering are still present.
And yet the real emergency is not in Phnom Penh itself, but in places like Kampot, south-west of the mountain range known as the Cardamomes, where an ICRC surgical team has been working since 1987. The capital is a mere 150 km away, but it takes almost five hours' driving along what is left of the road to reach Kampot. There, the realities of war are in cruel evidence: a young girl, 14 years old, has just had her arm amputated. Her left hip, torso and face are riddled with shrapnel from an explosive device planted in her clothes. In just three days, the hospital had to cope with more than 30 casualties — both civilians and soldiers.

In addition to the logistic and administrative support it has been providing in recent years for the projects run by the Australian, French, Swedish and Swiss Red Cross Societies in conjunction with the "Phnom Penh Red Cross", last February the ICRC set up a second surgical team in Pursat. All these medical teams are working in complete isolation, without any direct means of communication with the delegation in Phnom Penh.

Travelling overland is slow on account of the appalling state of the roads. Consequently, it is extremely difficult to evacuate the wounded under satisfactory conditions. Casualties are generally first carried in a makeshift stretcher and then taken by cart or motorcycle to hospital. The journey there may take two hours at best, but often lasts up to three days. The first aid given to the wounded is generally inadequate, so more often than not considerable complications set in, sometimes entailing the amputation of injured limbs. Since blood for transfusion is in short supply, their very lives are at stake. Working conditions in the hospitals are therefore extremely arduous. Not only was the entire medical infrastructure destroyed between 1975 and 1979, but there is a lack of equipment and qualified medical staff, and hygiene is precarious.

Only in recent months has the ICRC been able to carry out surveys in the western provinces, which are the scene of the most intense fighting, despite the fact that the ICRC has been working in Cambodia for ten years — years during which it has constantly sought to gain access to all the victims wherever they might be. Now that hostilities are flaring up again and the number of mine injuries is rising dramatically, needs are growing with increasing urgency, especially in view of the anticipated mass return — organized or not — of people in camps along the Thai border. The ICRC therefore plans to set up the necessary facilities in both Battambang and Bentay Meanchey in the near future.

The medical teams have also been coping with a large number of malaria patients. The disease has spread rapidly since 1975, with the breakdown of environmental sanitation. At the same time large quantities of antimalarial drugs were brought in, inevitably resulting in acquired drug resistance. It is therefore highly likely that there will be a sharp rise in the number of malaria cases when the displaced people along the Thai border return to Cambodia, after living in a fairly protected environment and losing their natural immunity.

At present there are about 300,000 civilians living in the camps. Their suffering may be less obvious from the outside, but many of them have experienced the anguish of being separated from their loved ones. Whether these people succeed in resuming a normal existence in Cambodia will depend on the place chosen for their resettlement and the extent to which family ties are restored.

This year in March the "Phnom Penh Red Cross" therefore opened a tracing office with the help of the ICRC. Several tracing requests coming from the border have been successfully resolved and many family messages have been sent to and from Cambodia. But the procedures involved take time, and the Red Cross has only limited access to the provinces. Also many people — and streets — have changed their names. All the trauma and disruption of the war years are obstacles to achieving the rapid results everyone is hoping for.

The escalation in the fighting, the prospect of large-scale repatriation and the uncertainty regarding the country's future are so many challenges facing the ICRC today. It must take immediate steps to ensure that its mandate is fully understood and accepted by all the parties to the conflict, because to date the ICRC is still unable to work as it should despite repeated efforts. It still cannot give the people arrested in connection with the conflict the protection to which they are entitled, and there are many wounded it still cannot reach, both in Cambodia and in the camps along the border.

Text by Sylvie Leget
The International Red Cross and Red Crescent Movement has awarded the first Red Cross and Red Crescent Prize for Peace and Humanity to the Lebanese Red Cross.

The prize was created in 1987 to honour a National Society or an individual who has made an important contribution to international solidarity, and its attribution this year for the first time coincides with the 125th anniversary of the Movement.

The new award was presented in October during a ceremony at the Movement's Council of Delegates in Geneva. "Its volunteers and staff have shown their courage, perseverance, devotion, compassion, humanity, fidelity and determination to work for peace and to alleviate human suffering", said Dr. Abou-Goura, President of the Movement's Standing Commission, during a moving tribute to Lebanon's National Society that brought thunderous applause.

Six members of the Movement received the Henry Dunant Medal on the same occasion: Michael Egabu, a Ugandan Red Cross worker killed in northern Uganda in January during an ambush on an ICRC convoy; George Elsey, former President and President Emeritus of the American Red Cross; Dr. Ali Fourati, founder and Honorary President of the Tunisian Red Crescent; Professor Dr. Kashetra Snidvongs, former Executive Vice-President of the Thai Red Cross; Gejza Mencer, Member of the Federal Committee of the Czechoslovak Red Cross; and Leon Stubbings, former Secretary General of the Australian Red Cross.

The Henry Dunant Medal has been awarded every two years since 1969, to recognize and reward acts of great devotion, courage, perseverance, devotion, compassion, humanity, fidelity and determination to work for peace and to alleviate human suffering. Six members of the Movement received the Henry Dunant Medal on the same occasion: Michael Egabu, a Ugandan Red Cross worker killed in northern Uganda in January during an ambush on an ICRC convoy; George Elsey, former President and President Emeritus of the American Red Cross; Dr. Ali Fourati, founder and Honorary President of the Tunisian Red Crescent; Professor Dr. Kashetra Snidvongs, former Executive Vice-President of the Thai Red Cross; Gejza Mencer, Member of the Federal Committee of the Czechoslovak Red Cross; and Leon Stubbings, former Secretary General of the Australian Red Cross.

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Angola: alarming nutritional situation

The ICRC completed distributions of seeds to civilians on the conflict-torn Planalto in Angola in November. The operation, which began in the last week of September, enabled delegates to provide over 1,000 tonnes of seeds for some 120,000 families.

An ICRC-chartered transport plane flew in the seeds from the port of Lobito, and four light aircraft took them out to the villages. Around 20 areas were reached in the provinces of Benguela, Bié and Huambo, where the conflict has disrupted the normal farming cycle.

The ICRC has distributed seeds regularly on the Planalto since 1985, in particular to grow maize, beans and vegetables. The programme enables the civilian population to meet some of their own needs without depending entirely on outside help. The major distributions take place just before the rainy season begins in October or November, when farmers start planting for the April harvest.

Normally, the most difficult period is during the months before harvesting, between January and April, when food reserves have been exhausted. It is during that period that the ICRC usually carries out mass distributions of food.

However, some places are already facing shortages due to the drought that affected the harvest last April. ICRC teams monitoring the nutritional state of the population have found unusually high levels of malnutrition. In some villages, up to 70% of the children under six are showing signs of malnutrition, with over 20% severe malnutrition in several places.

In order to tackle the situation, the ICRC began distributing food rations in addition to the seed packages in October. By the end of the month, 5,000 families had been assisted, and the effort was stepped up in November to avoid a disaster.

News in brief

The ICRC completed a four-week visit to detainees in Jordan in October. Two delegates and a doctor saw 3,280 prisoners in six rehabilitation centres and one military detention centre. The visits, which take place every 18 months, were carried out according to standard ICRC criteria.

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From left to right: Wongkulpat Snidvongs (for Professor Dr. Kashetra Snidvongs of Thailand), Leon Stubbings (Australia), George Elsey (United States of America), Dr. Ali Fourati (Tunisia), Nada Slim (for the Lebanese Red Cross), Professor Herbert Nsuebu (for Michael Egabu of Uganda).