Operation Romania

The ICRC organized a major emergency operation in Romania in December as fierce fighting led to thousands of dead and wounded across the country.

National Societies responded swiftly and generously to the crisis, sending medical and relief supplies and medical personnel. The operation was set up in record time, with ICRC headquarters in Geneva and delegates in the field coordinating the efforts of around 20 National Societies.

The first ICRC delegates arrived in Romania just 11 hours after the downfall of the regime. At Bucharest airport, they protected hundreds of civilians from the shooting and enabled the wounded to be cared for.

The delegates were blocked at the airport for over two days, and during this period they registered a number of prisoners. As more members of the Romanian security police, the Securitate, were captured or gave themselves up, the ICRC urged the Romanian people to avoid summary executions and recognize the humanitarian rights of civilians and military personnel no longer taking part in the fighting.

Meanwhile, more staff and materials arrived in the Hungarian capital, Budapest, and in the town of Varna in Bulgaria, where logistic bases were set up. National Societies in countries bordering Romania were among the first to give assistance, including the Hungarian, Bulgarian, Czechoslovak and Yugoslav Red Cross Societies, while the Alliance of Red Cross and Red Crescent Societies of the USSR mainly acted through the Moldavian and Ukrainian Societies.

Convoys carrying Red Cross supplies and personnel rolled into Romanian towns at a steady rhythm to support hospitals and care for casualties. Among the towns assisted were Timisoara, Oradea, Arad, Sibiu, Craiova and Constanta.

Security conditions were often highly precarious and the ICRC repeatedly appealed for the red cross emblem to be respected. “Everyone is risking their lives at almost every moment”, the head of the ICRC delegation in Bucharest reported on 26 December.

A Hungarian Red Cross worker was shot dead at point blank range in Timisoara, as he accompanied a convoy taking in supplies. The ICRC expressed its indignation and called again for Red Cross personnel and vehicles to be allowed to work unhindered.

By 28 December, the delegation consisted of 34 ICRC delegates and 28 National Society staff, and about 1,000 tonnes of material had arrived, were on their way or had been pledged.

Delegates in Bucharest worked closely with the Romanian Red Cross which received help from dozens of volunteers. The ICRC was also part of an organizing committee set up in the capital to coordinate the efforts of the different relief organizations.

At the end of December, the emergency phase of the medical and relief operation was over, while the protection of detainees remained a top priority.

Visits to detainees

On 4 January, the ICRC was given permission to visit detainees held in Romania as a result of the recent violence. This was confirmed to the Delegate General for Europe and North America during a visit to the Romanian capital, Bucharest, where he met with Romania’s First Vice President of the National Salvation Front, the Ministers of Defence and Internal Trade, and the President of the Romanian Red Cross.

Security conditions were often highly precarious and the ICRC repeatedly appealed for the red cross emblem to be respected. “Everyone is risking their lives at almost every moment”, the head of the ICRC delegation in Bucharest reported on 26 December.

On 6 January, the Minister of the Interior named a liaison officer for the delegation, to enable it to begin the visits.
Attempted coup in the Philippines

Hundreds of people were killed or wounded during an attempted coup in the Philippines in December. It was the sixth and most violent coup attempt the country had witnessed since President Corazon Aquino took office in February 1986.

In the capital, Manila, rebel forces attacked the presidential palace, military and communications targets, and went on to occupy several tourist and residential areas. Dozens of civilians were among the victims, as fighting raged on the streets of the city.

The ICRC and the Philippine National Red Cross (PNRC) helped to evacuate the dead and wounded throughout the violence. Civilians and combatants alike were rushed to hospital in the midst of gunfire and shelling. Extra ICRC vehicles and medical supplies were put at the disposal of the National Society to help it cope with the emergency. Medical material was also provided for hospitals inundated with casualties, while the PNRC appealed for blood donations as stocks ran low.

The PNRC also set up first-aid posts near the scenes of the heaviest fighting to provide on-the-spot treatment for the wounded, and distributed food to around 10,000 people evacuated from their homes near military camps under fire.

Four Red Cross workers were injured and several vehicles damaged as they went into combat zones to help casualties. One PNRC worker was shot in the back as he tried to reach a child injured in the crossfire.

The ICRC and the PNRC called on all parties to put a stop to the "irresponsible and callous" shooting of defenceless civilians, and the deliberate targeting of Red Cross personnel. They demanded that all first aiders be respected and protected so that they could carry out their work.

They also expressed concern at the fate of children, pregnant women, the sick and the elderly who were confined to their homes without food or medicines, and who were exposed to the "terror of continuous shelling and gunfire." Regular messages were also broadcast over the radio and television, calling for the Red Cross emblem to be respected.

The situation returned to normal in Manila after six days of violence. The official death toll was put at 119 with around 600 people wounded. Tension remained high for a few more days at Cebu, in the centre of the country, where the last group of army rebels surrendered.

The uprising

The Palestinian uprising in the Israeli-occupied territories in December, and the toll of dead and wounded, 600 Palestinians and 19 Israelis have killed, and thousands of people have been injured. The ICRC appealed for more help with the most violent situation in the history of the Intifada, Frederic Maurice, a senior delegation member, said:

"The ICRC has been able to help the civilian population over these past two years. We have aimed at having as widespread a presence as possible, to ensure a certain protection of the population and to be able to intervene whenever necessary. We have had access to the scenes of clashes, areas under curfew and closed military zones. These are situations in which people are particularly vulnerable. We have also presented precise and regular reports to the military and civilian authorities on individual as well as general cases of alleged violations of international humanitarian law (IHL), to make them aware of the problems and to suggest solutions.

"During clashes, we try to prevent the situation from getting out of hand and leading to violations of IHL. This means, for example, making sure that people are treated correctly when they are injured or arrested.

"The ICRC reacts on a systematic basis, either verbally or in writing, each time it considers that the methods used are il-
in the occupied territories two years on

Occupied territories was two years old and the number of those killed continued to rise. More than 3,000 people were killed since the end of 1987, and the number of those killed continues to rise. The ICRC delegation has had to cope with the effects of the Intifada for over 20 years. The head of the delegation, explaining what this has meant:

What have been the results of these efforts?

To what extent has the ICRC been able to visit all the people detained as a result of the Intifada?

As far as medical assistance is concerned, our main aim has been to monitor the progress of detainees in Jordan, Lebanon, Syria and Egypt. The ICRC delegation has had to cope with the effects of the Intifada for over 20 years. The head of the delegation, explaining what this has meant:

How much does the ICRC do for the families of detainees?

In order to cope with the effects of the Intifada, including the increase in the number of detainees and the number of dead and wounded, we have developed a sophisticated tracing network. We can now systematically notify families when a relative is arrested and rapidly pass on news to families living outside the occupied territories.

How has the delegation managed to cope with the vast increase in activities over the past two years?

Our staff has more than doubled since the Intifada began, with more delegates, tracing specialists, nurses and doctors. We now have 43 Swiss delegates and 80 Palestinian and Israeli employees.

What are the consequences of the occupation for the residents of the occupied territories?

There is a major problem with the camp of Queziot, for example, which is right in the middle of the Negev desert. The severe climatic conditions are extremely difficult for the population. The ICRC has intervened on many occasions to facilitate the work of ambulance services, and ensure the immunity of hospitals and clinics. We have seen some improvements in this field. In addition, we provide assistance for medical facilities when necessary, without replacing existing structures.

Has the ICRC given material or medical assistance to people in the occupied territories?

Since the uprising began, we have provided ad hoc assistance in the form of tents, blankets and kitchen sets for people whose houses have been destroyed. We know that this is appreciated, and we intend to pursue the programme.

A delegate distributes family messages to detainees from the occupied territories at Atlit prison in Israel.
Kidnappers remain silent on ICRC hostages

The abduction in Lebanon of ICRC delegates Emanuel Christen and Elio Erriquez remained shrouded in mystery in December. The two men were taken away at gunpoint on 6 October in the southern town of Sidon, and there was still no news of them as they entered their third month in captivity.

The ICRC pursued high-level contacts with countries and groups that might be able to help in securing their unconditional release. ICRC President Cornélio Sommaruga met the President of the Lebanese Republic, Mr. Elias Hrawi, in Lebanon and launched an urgent appeal for the release of the two delegates. He also flew to the Syrian capital, Damascus, where the First Vice-President, Mr. Abdel Halim Khaddam, and the Minister of Foreign Affairs, Mr. Farouk El Shara, assured him of their government’s full support.

The waiting was hard to bear, particularly for the families of the two men. Whereas a handwritten message was received from ICRC delegate Peter Winkler two weeks after he was kidnapped near Sidon in November 1988, there was no word from Emanuel and Elio at the time of going to press.

At the end of November, the Christen and Erriquez families expressed their feelings in open letters distributed to the Lebanese press. “We cannot understand why our son has been abducted,” wrote Emanuel’s parents. “We can well imagine, however, how much Emanuel and Elio must be suffering under this forced isolation and inactivity, and that they are sometimes close to despair.”

Elio’s family also expressed their encouragement and concern: “Hour after hour, day after day, we await your return,” they said. “Today, you are an innocent victim of the conflict that is ravaging Lebanon”, but “an immense chain of solidarity exists for you in Switzerland.”

Letters and petitions flooded in to Swiss newspapers and action groups which organized campaigns in support of the two delegates. On 6 December, exactly two months after Emanuel and Elio were taken hostage, the ICRC renewed its appeal for their immediate and unconditional release. At the same time, ICRC spokesman Carlos Bauverd flew to Beirut with over 25,000 signatures from people calling for their freedom.

The signatures were taken to the orthopaedic centre at Sidon where Emanuel and Elio worked as technicians, in a gesture of solidarity and disapproval. “We do not need to know who kidnapped Emanuel Christen and Elio Erriquez, we just want them to be freed,” Bauverd said.

The centre in Sidon, which provided artificial limbs for Lebanese war disabled, has been closed since the kidnapping. The waiting list has grown, and many amputees who had hoped to be fitted with artificial limbs remained dependent on crutches or wheelchairs, or confined to their homes.

The ICRC set up special letterboxes throughout Lebanon in December, for all those wishing to express their solidarity with the two technicians. Several Lebanese groups, including associations for the handicapped, have already protested against the abduction. Messages of support and condemnation have also been received from around the world, including many National Red Cross and Red Crescent Societies.

The ICRC visits detainees in Sri Lanka

For the first time since 1976, the ICRC has been able to visit detainees held in Sri Lanka. Visits began on 22 November and were continuing at the end of the year.

Delegates and a doctor registered over 3,600 detainees at two military detention camps in the south of the country, and interviewed a number of them in private.

The ICRC sent a delegation to the strife-torn island in mid-October at the invitation of Sri Lankan President Ranasinghe Premadasa, with the promise of being able to visit places of detention, help families find missing relatives and provide assistance for people affected by the violence. The ICRC first offered its services in 1983, and has regularly repeated the offer since.

The delegation signed an agreement with the Sri Lankan authorities in November, allowing the ICRC to visit all detainees held by the authorities in connection with the unrest. Initial assessments were made in the central and southern regions of the island in October and November, and the delegation is continuing efforts to gain access to the north-eastern region.
Red Cross workers killed in Philippines ambush

An ICRC delegate and a member of the Philippine National Red Cross (PNRC) were shot and killed in the Philippines on 19 January, when two Red Cross vehicles were ambushed by armed civilians on the southern island of Mindanao.

The attack took place north of Cotabato City, as the team returned from making a survey. The two vehicles, clearly marked with red crosses, were flagged down by four young men who demanded money and stole items from the vehicles. Then, suddenly, shots were fired at the second car, hitting two of the occupants.

ICRC delegate Walter Berweger and PNRC worker Juanito Patong died on the way to Cotabato hospital. A local ICRC employee, Robert Mira, was slightly wounded.

Walter Berweger had headed the ICRC’s sub-delegation on Mindanao for eight months. He had been a delegate in El Salvador and an ICRC administrator in Lebanon and Pakistan. His body was repatriated to Switzerland on 22 January.

In a public statement, the ICRC expressed its profound sympathy to the families of the three Red Cross men, and described the killings as an “outrageous act”. It stated that this tragic event underlined the need for the red cross and red crescent emblems to be respected at all times if delegates were to carry out their neutral and impartial work.

News in brief

In 1989, the ICRC visited a total of 461 security detainees in Chile. Delegates went to 31 prisons throughout the country, carrying out private interviews with the prisoners, registering new detainees, and providing medical and material assistance when necessary.

The ICRC set up an assistance programme in Liberia in January, after fighting broke out in the north-eastern county of Nimba.

An attack was launched by armed opposition forces at the end of December, and violent clashes followed as government troops were sent in. At least 200 people, mostly civilians, were said to have been killed and dozens wounded during the violence. In addition, over 30,000 people fled to neighbouring Ivory Coast, and an estimated 10,000 crossed into Guinea.

Two ICRC delegates from the regional delegation in Nigeria arrived in the Liberian capital, Monrovia, in early January, to assess the situation and try to gain access to people detained in connection with the clashes.

A delegate and two members of the Liberian Red Cross, including a doctor, were soon authorized to visit the Nimba region. Local hospitals in the county were coping with the injured and sick, and around 5,000 civilians displaced by the fighting were gathered in nearby villages. Most of the people had gone to relatives, but needed food and toiletries to avoid the risks of malnutrition and epidemics.

The ICRC immediately organized supplies of rice, cooking oil and soap, and Liberian Red Cross workers took charge of distributing them to the displaced population.

Meanwhile, a delegate from the ICRC’s regional delegation in Togo went to assess the situation of Liberian refugees in Ivory Coast. She made her way to the border area with the Secretary General of the National Red Cross Society and representatives of the League of Red Cross and Red Crescent Societies.

The majority of the refugees were women, children and old people, many of whom were helped by local villagers. However, as the number of people fleeing into the country grew, local resources soon became insufficient.

The ICRC provided the National Society with initial assistance in the form of logistic support and 50 first-aid kits, and helped to elaborate an assistance programme. The League took charge of organizing the relief supplies, launching an appeal for 820,000 Swiss francs to enable the National Society to give food, blankets, cooking utensils and clothes to the most destitute refugees for a period of three months.
US military intervention in Panama

The ICRC launched an assistance operation for victims of the fighting in Panama at the end of December, following the military intervention of the United States.

In a message sent to the United States and Panamanian governments on the day US troops were sent in, the ICRC reminded both parties of their obligations under the Geneva Conventions to protect civilians and provide proper treatment for prisoners of war.

The ICRC's regional delegate, based in Costa Rica, arrived in Panama City the day after the fighting began. He was soon joined by more delegates to help assess the situation and set up an emergency assistance programme.

Hospitals in the capital were inundated with civilian and military casualties. Over 800 people were treated during the first few days of the violence, and medicines and medical material were in short supply.

The ICRC immediately arranged for two planeloads of medical supplies to be flown in from Central America, and the material was distributed to hospitals with the help of the Panama Red Cross.

National Society volunteers evacuated the wounded and dead, and provided first-aid treatment whenever necessary. Together with ICRC staff, they also joined the efforts of other humanitarian organisations in providing relief supplies and medicines for the thousands of people who fled their homes as a result of the fighting. The displaced population were cared for in shelters set up by Church organisations, or in schools.

In addition, the airport was closed and hundreds of foreigners were blocked in the capital. The ICRC and the National Red Cross Society transported around 350 foreign nationals to the airport, where special flights were organized to take them home.

Meanwhile, the ICRC requested permission to visit all the people detained in relation to the conflict. Two camps had been set up by the US military authorities near the Panama canal. Delegates were able to see the first prisoners of war and civilian internees on 30 December, and visits continued in January.

The start of the visits also enabled delegates to reassure the many families without news of relatives who had gone missing during the fighting. Over 300 tracing requests were received by the ICRC, most of them concerning people who had been captured or arrested. Delegates immediately organized the exchange of Red Cross messages between prisoners and internees and their relatives, while at one of the camps family visits were soon authorized.

Repatriation of Gulf war prisoners

The ICRC repatriated 70 sick or wounded Iraqi and Iranian prisoners of war in January, after Iran and Iraq decided to release them on a unilateral basis.

Fifty Iraqi prisoners were handed over to ICRC delegates in Tehran on 17 January. They were flown to Baghdad on board a plane chartered by the ICRC and accompanied by a team of two delegates, a doctor and two nurses. The prisoners were handed over to representatives of the Iraqi authorities on arrival.

The following day, 20 Iranian prisoners boarded the aircraft with the ICRC team for the return flight to Tehran, where they were handed over to the Iranian authorities.

ICRC delegates and doctors interviewed all the prisoners individually and without witnesses before they were repatriated, to ensure that they were well enough to travel, and confirm their wish to return home.

Despite the fact that all the prisoners of war held as a result of the Gulf conflict should have been repatriated 18 months ago when a ceasefire came into effect, a total of over 100,000 Iranian and Iraqi prisoners remain in captivity in the two countries.
**Families plea for hostages’ release**

The families of kidnapped ICRC delegates Emanuel Christen and Elio Erriquez flew to the Lebanese capital, Beirut, in January, and appealed to their abductors to release the two men immediately and unconditionally.

The two orthopaedic technicians were taken away at gunpoint in the southern Lebanese town of Sidon in October last year, and began their fourth month in captivity on 6 January.

"Take the keys of the locked room and unlock the door, and leave them on a street leading to Beirut", pleaded Emanuel’s mother during a televised press conference in the capital. “If the two hostages are watching us, I want my son to know how much we miss him and I hope that no hatred and bitterness have come into his heart because of the situation he is in”, she added.

Another 50,000 letters had been collected in Lebanon.

Despite the moving appeals and messages of support, there was still no word from the two delegates or those holding them at the time of going to press.

Meanwhile, the ICRC pursued its humanitarian activities in Lebanon. Fierce fighting between rival factions in the south of the country continued in January, with an increasing toll of dead and wounded.

The ICRC was one of the few organizations in a position to help.

Delegates organized a seven-hour ceasefire and evacuated the bodies of 14 combatants from several villages, aided by the Lebanese Red Cross. The bodies were then handed over to relatives.

Medical assistance was provided for hospitals, dispensaries and first-aid posts treating casualties. Relief supplies were also given to civilians who fled their homes to escape the violence. Many of them took refuge in schools and other public places, where delegates gave them food parcels, blankets, mattresses and toiletries.

Visits to detainees held by various groups also continued. Delegates visited over 520 detainees between October and mid-January.

Elio’s mother, overcome with emotion, just managed to say a few words: “Please free Elio and Emanuel as soon as possible.”

A number of handicapped Lebanese joined the families in appealing for the release of the two technicians. The handicapped have been deprived of help since the ICRC orthopaedic centre at Sidon closed as a result of the kidnappings. “Their families have come a long way, but they have an even bigger family in Lebanon. Release them so that they can free us from our wheelchairs”, one of them said.

The families brought around 70,000 letters from Switzerland expressing support and asking for the release of the delegates.

A woman in a southern Lebanese village carries one of the ICRC relief parcels distributed for families.

**Assistance programme for Romania**

The International Red Cross and Red Crescent Movement drew up a programme in January to meet some of the most urgent needs of the population in Romania during 1990.

The programme was based on the results of surveys carried out in early January, and which showed that help was still needed in a number of fields.

The top priority for the ICRC remains access to people arrested in connection with the December events. A first group of detainees were visited in January in the Romanian capital, Bucharest, and more visits are expected to follow.

The ICRC will also organize regular medical assistance to hospitals, paediatric and surgical units throughout the country. The programme is in coordination with National Red Cross and Red Crescent Societies which will provide the necessary materials according to lists drawn up by ICRC experts on the spot.

Finally, tracing and dissemination work will be run by the ICRC, in close collaboration with the Romanian Red Cross.

ICRC delegates and representatives of the League of Red Cross and Red Crescent Societies carried out assessments among the most vulnerable members of the population in January, and found that orphans and abandoned children, handicapped and elderly people, in particular, are in a difficult situation. There is a shortage of qualified staff, and institutions are overcrowded, in poor condition and lack basic equipment.

The League is to help the National Society develop activities in favour of these groups, concentrating on material aid and the training of specialized personnel.

National Red Cross and Red Crescent Societies will give the necessary assistance for the programme.

**Senegalese fishermen return home**

The ICRC repatriated 23 Senegalese fishermen in January, following their release by the Mauritanian authorities.

The men were allegedly caught fishing in Mauritanian waters last August, shortly after the two countries broke off diplomatic relations amid tension sparked by ethnic violence.

The fishermen were handed over to the ICRC on 14 January in Mauritania’s capital, Nouakchott, and were then accompanied by a delegate to the border with Senegal where they were met by Senegalese officials.
Thousands receive food aid on Planalto

The ICRC has stepped up distributions of food to civilians on the Planalto in Angola. Around 100,000 people were given monthly rations of corn, beans and oil in December and January, in the central provinces of Huambo, Bie and Benguela which have been seriously affected by the conflict and drought.

The ICRC usually provides food between January and April, just before the harvests. However, the food programme had to be launched as early as October last year after assessments showed exceptionally high levels of malnutrition in a number of villages where food stocks were already exhausted.

About 10 villages are being helped, using a transport plane and five light aircraft to fly in supplies. In some villages, every family is given a monthly ration of 36 kilos of food. Elsewhere, distributions are made according to need, as the situation varies widely from one region to another.

Food assistance is expected to continue on a monthly basis for some 100,000 people to help them survive until the next harvest in April.

The Angolan authorities freed two Namibian prisoners in January, and handed them over to the ICRC. The prisoners had been visited by ICRC delegates on three occasions during their captivity. A delegate accompanied them on a flight to the Namibian capital, Windhoek, on the day they were released.

Only two months before, the ICRC had repatriated another Namibian prisoner, who had also been visited on several occasions during his time in detention. A delegate accompanied him on a flight to Johannesburg at the end of November, and handed him over to the South African authorities on arrival. The head of the ICRC’s delegation in Namibia then flew with him to Windhoek where he was reunited with his family.

One of the prisoners repatriated by the ICRC embraces his father as he arrives home in Namibia.

Shipwrecked Haitians repatriated

Seventy-four Haitians were recently repatriated from Cuba, two years after they were shipwrecked off the Cuban coast.

The ICRC acted as a neutral intermediary between the Red Cross Societies of the two countries which do not have diplomatic relations, to help organize the operation.

The group of Haitians were flown back to Port-au-Prince on board an ICRC-chartered aircraft, accompanied by a representative of the Haitian Red Cross.

A number of similar operations have been carried out under ICRC auspices over the past few years. The previous one took place in January last year.

The ICRC in Sri Lanka

The ICRC delegation in Sri Lanka extended its activities in January, as more medical assessments were carried out and a dissemination programme got underway.

A new survey was conducted in the northern provinces of Mannar and Mullaitivu, about 60 kilometres south of Jaffna, to assess the situation, particularly in relation to medical needs.

The ICRC also organized the first dissemination sessions on international humanitarian law and the Principles of the International Red Cross and Red Crescent Movement. The courses, designed to ensure the respect of basic humanitarian rules, were attended by members of the Sri Lankan armed forces in several towns around the island, including Jaffna, Trincomalee and Vavuniya.

At its delegation in the Sri Lankan capital, Colombo, the ICRC’s tracing agency received an average of 160 requests a day to find relatives reported missing as a result of the violence. A total of more than 3,800 requests have been made since the delegation opened in October last year.

Meanwhile, delegates continued visiting security detainees on the island. By mid-January, over 5,600 detainees had been seen in military detention camps and prisons. Around 350 more were visited in police stations in Colombo and western provinces.

News in brief

In Colombia, 433 security detainees were visited by the ICRC last year. Delegates went to 27 prisons in the capital, Bogota, and the provinces. Aid was provided in the form of toiletries, clothes, mattresses, leisure items and medicines.

Edited by the Press Division of the ICRC.

The ICRC has stepped up distributions of food to civilians on the Planalto in Angola. Around 100,000 people were given monthly rations of corn, beans and oil in December and January, in the central provinces of Huambo, Bie and Benguela which have been seriously affected by the conflict and drought.
Fierce fighting between rival Christian forces in and around Lebanon's East Beirut left thousands of dead and wounded in February. Tank, artillery and rocket fire caused massive destruction and forced civilians into shelters for days on end.

Hospitals flooded with casualties and sometimes hit by shells ran short of essential supplies. The wounded lay in corridors, morgues were full, and the hospitals soon launched urgent appeals for medical supplies, oxygen and food. Water was also running short and a lack of electricity forced the hospitals to rely on emergency power 24 hours a day.

The ICRC repeatedly called for a humanitarian truce to allow its delegates to provide assistance, describing the plight of the civilian population as desperate. It was able to help hospitals to the north of the city during the first few days, but in East Beirut intense fighting continued and negotiated ceasefires collapsed one after the other.

A week after the fighting began, the ICRC and the Lebanese Red Cross were finally able to cross into East Beirut with a convoy carrying supplies. Medicines and medical material, oxygen canisters, food, water and fuel for generators were distributed to several hospitals, and more supplies were delivered in the days that followed. A number of wounded and dead were also evacuated to West Beirut.

As the ICRC made every effort to help the victims of the Lebanese conflict, Emanuel Christen and Elio Erriquez, the two delegates kidnapped last October in the southern town of Sidon, began their fifth month in captivity.

Visits to Panamanian prisoners in the U.S.

The ICRC visited Panama's deposed military leader, General Manuel Noriega, two other Panamanian prisoners of war and one civilian in the United States in February. The prisoners were taken to the U.S. after the American military intervention in Panama in December last year.

An ICRC delegate and a doctor carried out the visits on 16th February at the Metropolitan Correctional Centre in Miami in Florida. The visits are part of the ICRC's mandate under the Third Geneva Convention to visit prisoners of war captured in international armed conflicts.

ICRC delegates also continued visits to prisoners of war detained in American bases in Panama until they were handed over to the Panamanian authorities on 2 February. They were first given access to the prisoners on 30 December.
Surgical team sent to northern Uganda

The ICRC sent a surgical team to the northern Ugandan town of Moyo in February, after war wounded from the fighting in southern Sudan arrived across the border.

An ICRC delegate and a nurse based in the Ugandan capital, Kampala, assessed the situation at Moyo in mid-January, despite the difficulties in travelling through the zones affected by conflict in the north of the country. After more than 50 casualties crossed into Uganda from Sudan in early February, swelling the local hospital, the ICRC flew in a surgical team from its hospital at Lokichokio in Kenya, where victims of the Sudanese conflict are treated.

«We went to ease the hospital’s extra workload caused by the influx of wounded», said ICRC Dr. Lagoutte on his return from Moyo. The 200-bed hospital is in an isolated area in the far north of Uganda, some 12 kilometres from the border with Sudan. It has only one surgeon and serves the needs of the whole region.

The ICRC team began working in one of the hospital’s two operating theatres, and brought in extra equipment and medical supplies from Kampala. «The main problem is severely infected open fractures which are the most difficult in terms of surgery, post-operative care and treatment», Dr. Lagoutte explained.

To avoid overcrowding in the hospital, ICRC technicians set up an infirmary in a former prison about three kilometres from Moyo. ICRC patients are transferred to the infirmary after an operation at the hospital, and first-aid treatment is provided there for light injuries. Two ICRC nurses run the new facility, working with three nurses from the Ugandan Red Cross and six locally-recruited staff. By mid-February, more than 100 patients had been treated at the infirmary.

Meanwhile, in the northern district of Gulu, where the ICRC has been working for two years to assist people displaced by the fighting, an ICRC agronomist and a nutritionist carried out a survey in preparation for a new seed distribution programme. As a result of the conflict, the harvests have not provided enough seeds for the next season. Two ICRC nurses in Gulu also continued a vaccination campaign for the local population and provided medical assistance.

Evacuation of war disabled

The ICRC evacuated 32 disabled Farabundo Marti National Liberation Front (FMLN) combatants from El Salvador to Cuba in February, after the Salvadorean National Assembly granted them amnesty.

The ICRC transported the guerrillas from a church in the capital, San Salvador, to the airport where they boarded an ICRC-chartered plane for Havana. They were accompanied on the flight by ICRC delegates, including a doctor and a nurse.

It was the second time in four months that the ICRC had organized such an operation. Forty-six FMLN war disabled were flown to Cuba last October, after a five-day occupation of the Mexican embassy in San Salvador.

Security detainees freed in Nicaragua

The Nicaraguan authorities freed over 1,000 security detainees in February, in the second major release in under a year. Most of the prisoners belonged to the Contra opposition movement and 39 were members of the National Guard under the Somoza regime. They were all granted a pardon by the Nicaraguan National Assembly shortly before their liberation.

ICRC delegates visited the prisoners at Tipitapa prison near the capital, Managua, and provided them with food parcels, clothes and shoes. The ICRC also assisted a number of them with transport to return to their homes in Managua and along the Atlantic coast.

The ICRC provided similar assistance in March last year when almost 1,900 former National Guardsmen were set free by the Nicaraguan authorities.

1989: A difficult year

Around the world in 1989, new conflicts in violence, bringing a dramatic increase in ICRC operations. A growing rising insecurity, amid continued violations of principles. These were the main challenges faced by its President Cornelio Sommaruga at Geneva headquarters in February.
difficult and important year for the ICRC

President Sommaruga went on to say that it was «absolutely unacceptable» that two ICRC delegates were still held hostage in Lebanon after more than four months. «Hostage-taking is an act of terrorism that is forbidden by international humanitarian law, even in situations of internal conflicts», he stated, as he renewed an appeal for the delegates’ immediate and unconditional release.

**Humanitarian rules broken**

On the fighting in Lebanon, the President said the indiscriminate shelling, the suffering inflicted on the civilian population and the difficulty in organizing truces to evacuate the wounded were serious violations of basic humanitarian principles.

Elsewhere, breaches of international humanitarian law (IHL) continued. President Sommaruga mentioned Iran and Iraq and Chad for their serious violations of IHL in 1989. He said it was a «bitter disappointment» that a year and a half after the ceasefire between Iran and Iraq came into effect, more than 100,000 prisoners of war were still in camps as «hostages to the negotiators». Tens of thousands of them had never been visited by the ICRC, and their families did not know if they were dead or alive.

In Chad, Mr. Sommaruga reported that despite constant approaches the ICRC was still unable to visit Libyan prisoners of war held in captivity for several years.

On the Israeli-occupied territories, the President said there were still difficulties in applying the Fourth Geneva Convention. He pointed out in particular the expulsions from the territories in 1989, the transfer of detainees to Israel, the destruction of houses, the disproportionate use of force by the occupying power, and excesses committed in detention centres.

He told the press conference that the settlement of Israeli immigrants in the occupied territories was considered a further grave violation.

The ICRC President also spoke of the prisoners held for up to 12 years as a result of the Western Sahara conflict. He said that the ICRC had not been able to visit the prisoners held by Morocco since 1978. Delegates had visited a thousand prisoners held by the Polisario Front, but this was not all of them.

Finally President Sommaruga indicated that the Ethiopian authorities were still refusing to allow the ICRC to work in the north of the country, where famine and drought persist in the midst of a conflict. He also expressed disappointment that the ICRC was unable to visit tens of thousands of prisoners held by opposition movements in Tigray and Eritrea.

**More progress**

Worldwide, ICRC delegates visited over 50,000 security detainees last year in more than 40 countries. «This activity provides important protection against torture and degrading treatment», the ICRC President said. In addition, the institution’s Central Tracing Agency exchanged more than 1.5 million Red Cross messages between prisoners of war, security detainees, refugees and their families.

He pointed out that considerable progress was made last year towards the universal acceptance of IHL. Fifteen States ratified one or both of the Protocols additional to the Geneva Conventions. Protocol I has now been adhered to by 93 States, while 83 are party to Protocol II.

Mr. Sommaruga ended with a general appeal for priority to be given to humanitarian concerns and a call for the ICRC and its delegates to be allowed to work unhindered.
Record numbers of Afghan conflict victims assisted

The two ICRC war surgery hospitals in Pakistan admitted over 6,100 casualties from the conflict in Afghanistan last year. This is the highest number ever recorded since the hospitals in Peshawar and Quetta opened in 1981 and 1983 respectively.

A year after Soviet troops withdrew from Afghanistan, the fighting goes on and the number of victims continues to rise. In January, the ICRC had to send an extra surgical team to the Peshawar hospital, after fighting escalated around the Afghan town of Khost and brought a flood of wounded. More medical personnel were also provided for the first-aid post southwest of Peshawar, to ensure treatment for casualties arriving at the frontier.

The ICRC delegation in Peshawar considerably improved its system for evacuating Afghan war wounded last year by setting up four advanced first-aid posts inside Afghanistan. The new system has increased the chances of survival for civilians and combatants injured in the fighting or by mines. They are evacuated by ambulance to one of the nine first-aid posts along the frontier and then taken to hospital for surgery.

The ICRC orthopaedic centre in Peshawar fitted around 600 Afghan war wounded with artificial limbs in 1989. More than 3,000 cases have been treated since the centre opened in December 1981.

In Kabul, the ICRC hospital admitted more than 2,200 patients between October 1988 and the end of last year.

The orthopaedic centre run by the ICRC in the Afghan capital fitted around 650 people with artificial limbs in 1989, and for the first time amputees from the provinces were brought to the centre.

Two sub-delegations were also opened in Afghanistan during the year, one in the western town of Herat and the other in the north at Mazar-i-Sharif. Delegates working in the towns carry out visits to detainees imprisoned in the region, and provide medical assistance for local hospitals and dispensaries. At Herat, the ICRC has also set up a surgical dispensary.

ICRC delegates based in Pakistan saw a record number of prisoners held by Afghan opposition movements last year, while the delegation in Kabul was given access to more prisons and detainees than ever before. In addition, the ICRC repatriated several Pakistanis freed by the Afghan authorities.

With the rise in the number of prisoners and detainees visited, the quantity of Red Cross messages exchanged between them and their families increased. In 1989, the ICRC's Central Tracing Agency exchanged over 6,000 Red Cross messages between prisoners and their relatives, as well as between Afghan civilians living in Afghanistan, Pakistan or any other country where the ICRC has a delegation.

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Attempted coup in Afghanistan

An attempted coup in the Afghan capital, Kabul, in early March brought a new flood of casualties to the ICRC war surgery hospital. Heavy fighting between loyal and rebel government forces lasted for almost two days, killing an estimated 100 civilians and wounding some 300 others.

The ICRC hospital admitted 30 wounded within 48 hours and three surgical teams working in relays to cope with the situation. The third team was flown to Kabul from Geneva at the end of February, when an increase in rocket attacks on the capital had already caused a sharp rise in the number of wounded admitted. By 7 March, the hospital had 162 in-patients compared with 83 on 25 February.

It was a tense time in Kabul, as Jean-Jacques Kurz, ICRC dissemination officer in Afghanistan, reports:

"The first bomb went off about one kilometre from the ICRC delegation, around lunchtime. Later three more bombs exploded in quick succession within a radius of about 150 metres. Cut off at his house, the head of delegation, Pierre Wettach, made sure by radio that everyone was safe and, as the firing intensified, gave orders for everyone to go to the bomb shelters.

But we still had to inform Geneva. At the delegation, Robert Dutiot, the radio technician, and Manfred Kipfer, the administrator, got a message through just before the second bomb exploded. The whole house shook, and a cloud of white dust covered both men. According to Robert: "Everything went, the windows, the window frames, the doors". Unhurt, they ran for shelter.

They found 80 people there already: eight expatriates, 50 Afghan employees, 20 local residents and five amputees who had come for consultations. A sort of camp was set up with blankets and mattresses, even an improvised kitchen. The meal that day: tinned beans and rice.

At the orthopaedic centre, the access road was closed by the firing. The 60 employees, 40 amputees and four orthopaedic technicians tried to sleep, some on the floor, others on desks. Impossible. "There was shooting all around the centre. It was hell", said Claude Amiet, the delegate in charge, who was no newcomer to such experiences with the ICRC. It was not until 10 a.m. the next day that he was able to organize a convoy to take his employees back to town.

The ICRC war surgery hospital admitted 30 casualties in two days. Claude Félix, the medical co-ordinator, did not allow the staff outside the hospital grounds for 48 hours because of the fighting on the outskirts of the neighbourhood. There was only one incident: a stray bullet came through the roof and landed between two beds. As was the case at the orthopaedic centre, the patients remained calm, listening to the radio.

In town, at each of the 10 dispensaries run by the Afghan Red Crescent with the ICRC, at least one Afghan doctor and one nurse stayed on duty, preparing the wounded for transfer to one of the city’s six hospitals.”

The ICRC sub-delegations in Herat and Mazar-I-Sharif, in the west and north of the country, were unaffected by the events in Kabul. Delegates were able to carry out a mission to the south-east of Mazar-I-Sharif where they visited the prisons at Samangan and Pul-I-Khumri for the first time. They ensured the exchange of Red Cross messages between detainees and their families, and assessed the situation in the towns. Medicines and medical supplies were provided whenever necessary.

In the east of the country, fighting intensified in early March around towns such as Khost, Kandahar and Jalalabad. This brought a new influx of wounded, particularly to the ICRC war surgery hospital at Peshawar in Pakistan. Delegates closely monitored the first-aid posts along the frontier to ensure that medical supplies were sufficient, and that evacuation procedures were running smoothly.

Delegates based in Peshawar and Quetta were able to visit some prisoners in the hands of the Afghan opposition. A prisoner released by the Afghan authorities in Kabul at the end of December was flown to Pakistan by the ICRC in mid-March and reunited with his family.

News in brief

Barbados and the Czechoslovak Socialist Republic became party in February, to the two Protocols additional to the Geneva Conventions.

Protocols I and II were added to the Geneva Conventions in 1977 to reinforce the rules protecting victims of international and non-international armed conflicts. They have now been ratified or adhered to by 94 and 84 States respectively.

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Precarious calm reigns in East Beirut

Rival Christian troops battling for control of Lebanon's East Beirut entered into a precarious ceasefire in early March. The tank, artillery and rocket battles, which began on 31 January, were estimated to have left over 800 dead and around 2,600 wounded. Sporadic clashes continued, however, causing more casualties and destruction.

The ICRC organized regular convoys from West Beirut to take in supplies of oxygen and emergency medical material for hospitals. Delegates also assessed the needs of the population in the areas worst affected by the violence.

In certain districts of East Beirut, as much as 60 percent of residential areas lay in ruins. Some 20,000 families had been made homeless and around 5,000 more had been displaced by the fighting. The ICRC and the Lebanese Red Cross organized distributions of food parcels and blankets for over 35,000 people, and an ICRC-chartered boat brought in more supplies at the end of February to help cover the needs.

Emergency repairs also started on water pipes damaged in the fighting, which had caused both East and West Beirut to be largely deprived of water since February. "The damaged sections of piping are situated in very sensitive areas where we have to negotiate with the different parties to carry out the repairs which require the presence of cranes, lorries and teams of people to do the work," said ICRC sanitary engineer Georgio Nembrini, who set up the operation.

"The teams work under very difficult conditions," he explained. "They have to wait for a truce or a lull in the fighting in order to continue their work, and even then the situation remains very tense with the threat of battles resuming from one minute to the next."

Meanwhile, ICRC delegates visited prisoners captured by General Aoun's Lebanese Army and by the Lebanese Forces of Samir Geagea. Over 900 prisoners held by the two sides had been registered by the beginning of March. The delegates also provided the captives with toiletries and other material assistance, and gave them the opportunity of writing Red Cross messages to their families.

Clashes also took place between the Shiite Moslem groups of Hizbollah and Amal in the southern suburbs of Beirut in early March, while various factions fought against Israeli troops and the South Lebanon Army in the south of the country.

The ICRC begins visits to security detainees in Yugoslavia

The ICRC began a series of visits to security detainees in Yugoslavia on 6 March, following an agreement with the Yugoslav authorities.

The ICRC has been granted access to sentenced prisoners in various establishments in all Yugoslav republics and the two autonomous provinces of Kosovo and Vojvodine.

Two delegates and a doctor, accompanied by two interpreters, started the visits in the Republic of Croatia, before moving on to Slovenia. At the time of going to press, they had visited 56 security detainees in five places of detention and according to standard ICRC procedures.

News in brief

The ICRC visited 38 security detainees at Mile 2 prison in Gambia in February. Material assistance, including toiletries, leisure items and medicines, was also provided for the prisoners.

Delegates have been visiting people held in relation to the attempted coup of 1981 on a yearly basis since 1985.
ICRC assistance in Angola

Over 6,000 civilians fled the town of Mavinga in south-east Angola in March, as fighting escalated between government troops and UNITA forces (National Union for the Total Independence of Angola).

The ICRC sub-delegation at Luangundu, some 60km south of Mavinga, provided clothes and blankets for more than 5,000 of these people after they arrived in the town.

The ICRC field hospital at Luangundu has been receiving an increasing number of casualties from the fighting in the region. The hospital was set up in 1986, and treats both civilian and military war wounded. An extra surgeon and medical supplies were sent in at the end of February to help deal with the situation.

An ICRC delegate also visited 205 prisoners of war held by UNITA at a camp in the south-east of the country. The visit took place under the usual criteria of the ICRC, which include a private interview with each prisoner.

Fighting has also intensified on the Angolan Planalto where poor security conditions have prevented the ICRC from taking food to an increasing number of villages. Food stocks are already low or non-existent as a result of the conflict disrupting agriculture over the years. The situation is alarming in many places where there is up to 20 percent severe malnutrition. The ICRC opened a nutritional rehabilitation centre in early February at Ganda, in Benguela province, where the level of severe malnutrition was up to 30 percent.

Help for the displaced in eastern Uganda

The ICRC began an assistance programme in March for around 120,000 displaced people living in camps in Kumi district in eastern Uganda.

The people were moved from their villages in early February as a result of heavy fighting between government and opposition forces which resulted in badly damaged homes and crops. An ICRC survey of the camps revealed a precarious situation, with high death rates from diarrhoea. Living and sanitary conditions were insufficient for the number of people, and the camps lacked medical personnel and supplies.

While the Ministry of Rehabilitation provided food for the displaced, ICRC delegates distributed kitchen utensils, soap, blankets, clothes, plastic sheeting and water containers, as well as tools to dig latrines.

Further north, the ICRC started a seed programme for people in the district of Gulu which has long been affected by the conflict. Over 15,000 families in one part of the district received seeds and hoes during the first week of the operation.

Delegates also pressed ahead with a vaccination campaign in the countryside around Gulu, and evacuated the wounded, sick and handicapped from isolated areas to hospitals in the town.

In the far north of Uganda, an infirmary set up by the ICRC near Moyo in West Nile Province was closed. It was opened in mid-February following an influx of war wounded from southern Sudan, and the casualties were treated there after they were operated on by ICRC surgeons at Moyo hospital.

The majority of the patients at the infirmary were discharged at the end of February and returned to Sudan. Seventeen serious cases were flown to the ICRC war surgery hospital at Lokichokio in Kenya.
War victims campaign launched

The International Red Cross and Red Crescent Movement has launched the first World Campaign for the Protection of War Victims, in an attempt to make the public, governments and combatants more aware of the suffering inflicted by today’s conflicts, and improve respect for international humanitarian law.

The campaign began with a two-day colloquium in Geneva in February, which brought together around 30 writers, journalists, artists, former heads of state and experts. The meeting was opened by Princess Christina of Sweden who quoted these words from the founder of the Movement, Henry Dunant: “War, this science of chaos, kills not only the body but all too often the soul as well. It abases, corrupts, withers and degrades. In the face of war and its demands there can be no freedom, no fraternity, no family, no friends, no neighbours, nor even any conscience.”

The participants issued an appeal at the end of the meeting, in which they called for an end to the spiral of violence and described the suffering of innocent victims of war as “an intolerable insult to humanity”.

They urged governments and the leaders of combatants on all sides to respect fundamental human rights and allow all necessary humanitarian aid to reach the victims. The appeal condemned armed conflict as an “obsolete and absurd” way of settling disputes, recalling that while the world had never been closer to peace, “war has never been more destructive”.

Alexandre Hay, the former President of the ICRC, took part in the meeting. He declared later: “It is an absolute scandal that governments sometimes refuse access to organizations which want to help conflict victims, most of whom are civilians. The Geneva Conventions have been ratified by almost all countries in the world and are therefore absolutely universal. It is one of today’s dramatic situations that governments do not always respect their commitments.”

Thousands of personalities around the world are being asked to support the Geneva appeal and help alert international opinion to the tragic situations lived daily by millions of men, women and children as a result of armed conflict. The campaign will culminate in a television programme broadcast all over the globe on 8 May 1991, World Red Cross and Red Crescent Day.

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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 is financed through voluntary contributions from States, National Red Cross and Red Crescent Societies, and private individuals. If you wish to support the ICRC, contributions should be sent to: Swiss Bank Corporation, 1211 Geneva 11 - Account no: 129.986.0, or Post Office Account no: 12-5527-6.
Hopes that ICRC hostages Emanuel Christen and Elio Erriquez might be released rose at the end of April, more than six months after the two orthopaedic technicians were kidnapped in the southern Lebanese town of Sidon.

The Libyan leader, Colonel Gaddafi, issued an appeal on 22 April for the release of all hostages and asked specifically for the two ICRC delegates who were rendering humanitarian services to be freed first.

The following day, the Sunni Moslem militia leader in Sidon, Mustapha Saad, called in a television interview for the ICRC delegates to be freed during Q the celebrations marking the end of Ramadan, the Moslem month of fasting.

The Moslem celebrations came to an end on 28 April, but the two ICRC hostages remained in captivity.

The ICRC pursued efforts towards the release of its two delegates and remained hopeful that they would be freed as soon as possible. At the time of going to press, Emanuel Christen and Elio Erriquez were still held hostage and no group had yet claimed responsibility for the kidnapping.

On 6 April, exactly six months after Emanuel and Elio were abducted, staff at ICRC headquarters in Geneva staged a protest work stoppage, during which ICRC President Cornelio Sommaruga again appealed to the kidnappers to free the two delegates.

A campaign in Switzerland in support of the two delegates continued unabated. Another 74,000 signatures calling for their freedom were sent to Sidon in April, bringing the total number to 150,000. Lebanese support groups also organized protests against the abduction of the two orthopaedic technicians.

Meanwhile, four Moslem Lebanese and a Palestinian taken prisoner by the Lebanese Forces Christian militia over the past three years were freed in Beirut and handed over to the ICRC.

Over 1,400 detainees were visited by the ICRC in Sri Lanka during the last two weeks of March alone.

Since the delegation was set up in October last year, delegates have been to over 170 army detention camps and detachments, prisons and police stations around the island and in the capital, Colombo. They have seen more than 11,000 prisoners in total, to ensure protection and try to improve conditions where necessary.

More than 5,000 requests to trace people who are missing have been received by the delegation. Many of these cases concern people who disappeared during the violence of the late 1980s.

The ICRC is also giving courses to the Sri Lankan armed forces on international humanitarian law and the rules of behaviour in combat. Jaffna and Trincomalee are among the towns where these courses have been given.

In order to continue its operation in Sri Lanka, the ICRC launched an appeal in April to governments and National Red Cross and Red Crescent Societies for over 8.5 million Swiss francs.
The ICRC set up a neutralized zone in Afghanistan in April for the first time, during fierce clashes between government and opposition forces in the north of the country.

Fighting broke out near the town of Balkh at the end of March, leaving dozens of wounded on the battlefield without medical care. The ICRC sub-delegation in the provincial capital, Mazar-I-Sharif, some 30 kilometres east of Balkh, managed to send in some medical supplies but was initially unable to get to the scene of the violence.

In early April, however, a four-man team was able to drive into the combat zone. Several hours of negotiations followed, during which all parties concerned agreed to a 12-hour truce and gave the necessary guarantees for the creation of a neutralized zone where the wounded could be treated.

An ICRC nurse, with the help of three local people, cared for over 50 casualties during the truce. Three seriously wounded combatants were also driven back to Mazar-I-Sharif and flown to the ICRC hospital in Kabul for war surgery.

Just a few days later, the ICRC organized a similar operation in the same area, caring for more victims of the fighting.

In another conflict zone in Wardak province, south-west of Kabul, an ICRC team from Pakistan assessed evacuation systems for the wounded as it made its way to the Panjshir valley. The delegates found a number of civilian casualties in need of surgery but without access to suitable medical facilities.

With the agreement of all parties concerned, delegates from Kabul joined the team.

Medical supplies for Nepal

The ICRC sent almost 600 kilos of medical material to Nepal in April, following violent demonstrations in the country.

The assistance was provided after a ten-day visit by an ICRC delegate based in New Delhi, who assessed the situation in hospitals with a doctor from the Nepalese Red Cross. An ICRC doctor flew to Nepal's capital, Kathmandu, shortly afterwards and handed the material over to the National Society.

The Nepalese Red Cross provided assistance during the incidents, and evacuated a number of people injured as a result of the events.

A young girl arrives at the ICRC war surgery hospital in Kabul after being injured in a rocket attack.

and evacuated a man and two children to the ICRC hospital in the capital.

Fresh clashes in the suburbs of Herat, in western Afghanistan, also led to casualties, bringing an increased number of patients to the surgical dispensary run by the ICRC team based in the town.

Meanwhile, sporadic rocket attacks continued in and around Kabul, pushing the number of inpatients at the ICRC war surgery hospital to over 140 in mid-April.

The intensified fighting did not prevent the ICRC from visiting more prisoners and detainees in the country. Delegates at Mazar-I-Sharif began the third round of visits to security detainees at the town's main prison on 8 April, while ICRC teams based in Pakistan visited prisoners held by opposition forces in eastern Afghan provinces.

**News in brief**

**A hunger strike by over 100 security detainees in Chile was suspended in April. An ICRC doctor saw all the detainees during the strike, which began in March, to check on their situation. Hunger strikers were seen in places including the capital, Santiago, and Valparaíso, Concepción, Temuco and Rancagua.**

The ICRC has been carrying out regular visits to security detainees in Chile since 1973. In March, delegates registered 14 new prisoners and visited a total of 10 prisons in six of the country’s regions. It also provided food for more than 190 detainees in 25 detention centres, and helped almost 290 families of detainees with food and other basic items.

**In Colombia, the ICRC visited 77 security detainees in March, including 26 new prisoners. Medicines, toiletries, clothes and recreational material were distributed during these visits. Transport costs were also paid for 16 families to enable them to visit relatives in prison.**

ICRC delegates also helped families affected by the continuing violence across the country. With the aid of the Colombian Red Cross, food, blankets and medical assistance were given to people displaced by the events.

**In El Salvador, 277 security detainees were visited by the ICRC delegation in March, and 135 of them were registered for the first time. Delegates went to over 90 places of detention during the month, carrying out private interviews with the prisoners and monitoring the conditions of detention.**

**The ICRC’s regional delegation based in the Indonesian capital, Jakarta, recently visited security detainees in East Timor and in Irian Jaya, the Indonesian province on the island of New Guinea.**

Delegates had access for the first time at the end of March to 24 people arrested in relation to the unrest in Irian Jaya in December last year. The ICRC has seen a total of 116 detainees in the province since visits began last September.

In East Timor, the ICRC visited 54 security detainees in five detention centres between January and March, 19 of whom were seen for the first time.
Situation on the Angolan Planalto

With an improvement in the nutritional situation on the Planalto in Angola in April, the ICRC was able to begin reducing its food assistance. Harvesting started, and the civilian population could once again have access to their own produce.

This follows what ICRC specialists have called the most serious levels of malnutrition in the region for more than five years. The situation was provoked by intensified fighting and severe droughts last year.

Around 60 people a week have been evacuated to hospital by the ICRC, as the conflict has claimed more and more victims. In the small towns scattered over this central Angolan plateau, medical facilities and personnel are sadly lacking, and transport systems are virtually inexistent.

As a result of increased military operations, whole communities have been displaced from their villages, swelling the already densely-populated urban centres. The security perimeters around a number of towns have been reduced, leaving the population particularly vulnerable to the effects of the fighting.

As a direct result of this rising insecurity, the amount of arable land accessible for growing crops has diminished, and the quantity of food produced has become insufficient to cover the needs.

The ICRC carried out distributions of food from October last year, instead of January or February as is usually the case. However, the fighting hampered the operation, as attacks reduced the number of runways available to transport planes and made some destinations inaccessible.

As a result, despite early efforts, up to 30 percent of the population in some of the places visited by ICRC nutritionists were already suffering from severe malnutrition in December.

The ICRC stepped up its assistance programme by purchasing more food and bringing in additional light aircraft. Seven small planes, instead of four, shuttled food supplies to Planalto towns and villages. The precarious security conditions and the smaller loads carried by these planes forced the institution to limit distributions to places where the rate of severe malnutrition among children exceeded 20 percent. Around 130,000 people a month received food assistance from the ICRC from January to April.

Although the situation has improved, the second drought at the end of last year has affected the April harvest. The ICRC continues to monitor the situation closely but, according to ICRC agronomists, there will not be enough food to see the population through to the end of the year.

Neutralized zones

The neutralized zone set up by the ICRC in Afghanistan in April was an example of how lives can be saved, even in the midst of battles.

«The basic aim of a neutralized zone is to protect specific categories of people during the course of fighting», said Antoine Bouvier, a jurist with the ICRC's Legal Division. «These categories cover those who are not or are no longer taking part in hostilities, in particular civilians and wounded or sick combatants.»

Although neutralized zones have been set up in conflicts over the centuries, it was not until 1949, with the adoption of the Geneva Conventions, that formal rules were laid down in an international treaty.

The legal requirements are contained in the Fourth Geneva Convention covering mainly international armed conflicts. However, as Antoine Bouvier explained, «the rules applicable to international armed conflicts can be applied by analogy to civil wars and other internal armed conflicts.» The important factor is that an agreement is reached between the parties involved.

In most cases since 1949, the ICRC has proposed the creation of the zone and facilitated negotiations. The zone itself usually consists of a particular building or group of buildings, or a clearly defined area, placed under the protection of the Red Cross or Red Crescent emblem. In all cases since 1949, the zones have been both created and run by the ICRC.

There have been a number of examples over the past 20 years. Several neutralized zones were established in Dacca, now the capital of Bangladesh, during the Indo-Pakistan conflict in 1971. More were created in Cyprus during the conflict there in 1974. The ICRC also set up neutralized zones in Saigon in 1975 during the Vietnam War, in Phnom Penh in 1975 as the war in Cambodia reached a peak, and in Nicaragua in 1979.

These havens for non-combatants in the midst of fighting have succeeded in saving many lives. «Neutralized zones really have permitted the protection and treatment of a large number of people», Bouvier confirmed, «and as such they have played a significant role in favour of conflict victims.»
War surgery seminar

Forty surgeons from 16 countries came to ICRC headquarters in Geneva at the end of March, to take part in a seminar on war surgery.

After more than 125 years caring for people wounded in battles around the world, the ICRC has gained a unique experience of the particular problems related to war injuries, and of the special qualities and skills required of war surgeons.

Casualties arriving at an ICRC hospital or who are treated immediately after an attack are often suffering from horrific wounds after being blown up by a mine or torn apart by shell or rocket fire. A surgeon has to make the decision of who can be saved and who cannot. He has to select the most urgent cases for immediate operation from among what may be a large number of people, and he has to act quickly.

For the ICRC, which has nine war surgery hospitals in today’s conflict areas, preparation, training and experience are the keys to saving lives.

During the three-day seminar, surgeons from the ICRC's Medical Division explained what it means to be a war surgeon and the basic principles of war surgery. Emphasis was put on the specific problems resulting from injuries caused by different weapons.

Workshops were also set up to enable the participants to practice some of the techniques that are used. By sharing its experience, the ICRC hopes to offer surgeons a practical reference which may benefit some of the hundreds of thousands of war wounded worldwide. It is counting on the readiness of surgeons on an international level to join it in alleviating the terrible suffering that armed conflicts continue to inflict.

The ICRC's Central Tracing Agency organized over 600 family reunions last year, bringing together relatives separated by conflict. In a rather unusual case recently reported by the ICRC delegation in Pakistan, it was a mother's tenacity, awakened by the Tracing Agency, and a commander's compassion that brought a family together again.

During a visit to prisoners held by an Afghan opposition movement in eastern Afghanistan, ICRC delegates from Pakistan offered the prisoners the possibility of writing Red Cross messages to their families. One of the captives sent a message to his mother in the Afghan capital, Kabul.

On receiving the message, the prisoner's mother, whom we will call B.G., immediately decided to go to Quetta, despite the dangers of travelling across combat zones and the extreme rarity in Afghanistan for a woman to travel without a male escort.

B.G. arrived safely in Quetta and immediately began touring the offices of the ICRC's Central Tracing Agency. Without a male escort, B.G. immediately began touring the offices of the ICRC's Central Tracing Agency. Without a male escort, B.G. immediately began touring the offices of the ICRC's Central Tracing Agency.

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A mother’s love

various Afghan opposition movements represented in the town, always with the same question: «Are you holding my son prisoner?» Wherever she went, she was received with the same respect for her impressive courage and audacity. Finally, one of her contacts suggested that the ICRC might be able to help.

At the ICRC’s tracing office in Quetta, a delegate explained that the ICRC cannot reveal a prisoner’s whereabouts without the authorisation of the captors. He contacted the commander concerned who said that B.G. could be told where her son was being held and, what was more, that she could visit him if she wished.

The ICRC paid for the trip, and B.G. left Quetta accompanied by another son living in the region. We can only imagine the meeting that took place, which was no doubt full of emotion. Before leaving, B.G. also spoke with the commander, who promised that her son would soon be freed.

With no news a month later, B.G. returned to see the tracing delegate. As a rule, the ICRC does not request the liberation of prisoners, but the delegate agreed to send a letter from B.G. to the commander to remind him of their meeting.

When the letter arrived, the commander had already left for Quetta, taking the prisoner with him. B.G.’s son was released shortly after, and the family reunited.

Edited by the Press Division of the ICRC.

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Flights to southern Sudan resume

An ICRC plane begins the flight back to Khartoum after delivering new supplies for the sub-delegation at Wau.

The ICRC resumed flights to southern Sudan on 4 May, six months after its air operations were suspended. Flight plans were accepted by the Sudanese authorities and the SPLA (Sudan People's Liberation Army), covering a period up to 6 June.

ICRC planes flew from the Sudanese capital, Khartoum, to the government-controlled towns of Wau, Malakal and Juba, and from the ICRC base across the border in Lokichokio, in Kenya, to SPLA-held Leer and Kongor, stopping at Bor to refuel.

The planes carried supplies to replenish the almost depleted stocks of the ICRC sub-delegations. Relief goods were also transported by road and river. Medicines, seeds, hoes, fishing equipment and vaccines for women, children and cattle were among the main items taken in.

Despite the suspension imposed in November last year, ICRC teams managed to continue most assistance programmes from stocks created over the previous months. Food aid was distributed to newly-displaced civilians and other vulnerable members of the population, and medical help and vaccinations against meningitis were given. The cattle immunisation programme also went on, though at a slower pace than before.

As new supplies arrived in the war-torn south of the country, delegates were able to step up activities again.

Meanwhile, the conflict in southern Sudan continued to cause a high number of casualties. The ICRC's war surgery hospital at Lokichokio was full to capacity with 127 war wounded in March, and increased the number of beds to take up to 150 patients.

The ICRC steps up activities in Afghanistan

Despite continued fighting in and around the main urban centres in Afghanistan in May, the ICRC was able to further extend its assistance to victims of the violence.

Delegates based in Kabul carried out a first mission to the region of Shakardarah, some 15 kilometres north of the capital, where they treated several war wounded and began assessing the medical infrastructure.

At the same time, a team from the ICRC's sub-delegation in Mazar-I-Sharif, in the north of the country, was able to visit a number of prisoners held by the Afghan opposition in the Sholgara area to the south of the town.

The battles around the country also brought an increased number of wounded to ICRC medical facilities. The surgical dispensary run by the sub-delegation in Herat treated a record 338 patients in a week, while the war surgery hospital in Kabul was stretched to capacity with 170 in-patients, the most it has ever had to cope with. In addition, the dispensaries run by the ICRC and the Afghan Red Crescent Society in the capital provided treatment and consultations for over 5,000 people in the first week of May alone.

Delegates carried out extensive surveys of medical services in the areas north and south of Kabul, as around 70 percent of the casualties arriving at the ICRC hospital in the Afghan capital come from these regions. The survey teams looked into requirements for medical assistance in these conflict zones and the eventual need to establish dispensaries run by ICRC personnel.

Meanwhile, the ICRC delegation in Pakistan carried out a number of trips into Afghanistan to monitor the first-aid posts set up in the east of the country, visit more prisoners held by Afghan opposition movements and ensure the exchange of Red Cross messages.

One of these trips took delegates from the sub-delegation at Quetta towards the war-ravaged town of Kandahar, visiting prisoners on the way and checking on medical facilities.
The ICRC has been present in El Salvador since 1979 and carries out its full range of traditional activities there. Visits to detainees and the protection of civilians in conflict areas are still its main concerns.

Since the ICRC now has almost unrestricted access to the regions where tension is running high, the delegates have been able to step up their medical and tracing work and activities to protect the civilian population. In an effort to make its role better known throughout the country, the ICRC also gives dissemination talks to members of the armed forces, military academies and the police. More than 2,000 people a month are presently covered by these sessions.

During their regular visits to places of detention, ICRC delegates register and hold interviews without witnesses with some 250 detainees per month.

On World Red Cross and Red Crescent Day, 8 May, the ICRC made eight short broadcasts on the country's various radio stations and published many articles on the Movement. To mark the occasion, the ICRC also donated six ambulances to the National Red Cross Society.

Every month some 150 Red Cross messages are filled out and exchanged between El Salvador, Honduras and Cuba.

Some leading members of the Red Cross world attend the official ceremony on 8 May: C. Caratsch, ICRC Vice-President (second from left); J. Siman, President of the Salvadorean Red Cross (third from left); E. Cortésy, ICRC Deputy Delegate General for Latin America (centre); F. Musy, ICRC head of delegation (third from right); and G. Kullberg, the League's representative (far right).

News in brief

ICRC delegates based in Colombia carried out a second series of visits to security detainees in Ecuador at the end of April. Sixteen prisoners were seen in three places of detention in the capital, Quito, and at Guayaquil in the south-west of the country.

The ICRC was first given access to detainees in Ecuador in June last year, when 30 prisoners were visited by its delegates.

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The Yemen Arab Republic ratified the two Protocols additional to the Geneva Conventions in April. The Protocols will come into effect on 17 October, bringing the total number of States bound by Protocols I and II to 96 and 86 respectively.
Nicaragua

The ICRC delegation’s operation in Nicaragua is now focusing on the demobilization of the Contra forces. From the outset of the negotiations, the ICRC expressed interest in the peace process and renewed its offer to help with the resettlement of demobilized Contras in areas where tension was still running high (Matagalpa, Jinotega and Juigalpa).

The Erasmo Paredes Herrera Orthopaedic Centre, which is operated jointly by the Ministry of Health and the ICRC and can receive and fit up to 80 disabled people a month, would also be prepared to assist in the demobilization process by treating disabled Contras, whose number has been estimated at about 800.

The Toncontín agreement of 23 March 1990, which brought the ten-year-old conflict to an end, has enabled the ICRC to scale down its traditional activities, in particular following the various amnesties or “indultos” proclaimed in March and April 1990 by the Nicaraguan National Assembly which led to the release of security detainees.

Relief activities have also been reduced and are now centred on the provision of material assistance to displaced persons, detainees released as a result of the amnesties and their families.

Medical teams are continuing their rounds of hospitals, and surveys are being carried out in areas to which refugees are expected to return in order to assess the existing infrastructure and the personnel available.

The Tracing Agency’s two principal activities remain the exchange of Red Cross messages and re-establishing contact between family members separated by the conflict.
An another month of violence in Lebanon

The situation in Lebanon, which had already deteriorated considerably in Christian areas and the southern suburbs of Beirut in recent months, was further aggravated in May by renewed fighting for control of the ports and at crossing points between zones held by the various factions.

Clashes between rival Christian forces in East Beirut intensified all along the front. Some of the shells fired indiscriminately went beyond the Christian areas and fell on West Beirut neighbourhoods near the green line. Several hospitals in East Beirut and near the front lines were hit. The safety of the patients and staff was seriously jeopardized and several hospitals were forced to reduce or even suspend their work.

In view of this escalation in the violence and the flagrant disregard for the security of hospitals and medical personnel - one of the elementary principles of humanitarian law - the ICRC's delegation in Beirut issued an urgent appeal on 9 May for such fundamental rules to be respected. The appeal reminded the parties to the conflict "that it is their duty to respect and protect hospitals in all circumstances, and in particular that such establishments must not suffer the effects of military operations". The delegation concluded by calling on the belligerents "to take immediate steps so that all medical establishments may continue their activities without restriction in the interest of the civilian population in general and the victims of the conflict in particular".

The hostilities became so intense that the delegation itself had to stop work for two days. However, it was soon able to resume its activities throughout East Beirut and in the southern suburbs, where there was a new upsurge in fighting between rival Shiite forces.

Delegates made regular visits to hospitals, distributing standard medical supplies. Surveys were conducted in the western Bekaa valley and in Tripoli to determine the needs of the growing numbers of people from West Beirut who had sought refuge there. In conjunction with the Lebanese Red Cross, the delegation continued to assist displaced families.

Abducted delegates

On 6 May Elio Erriquez and Emanuel Christen, the two ICRC delegates abducted on 6 October last in Sidon in southern Lebanon, had been exactly seven months in captivity. To draw attention to their plight, the entire staff of the Sidon orthopaedic centre, where the two men had been working as orthopaedic technicians, observed a day of solidarity. Hundreds of letters and lists of signatures from Switzerland were added to the countless messages of support that had already accumulated at the centre. Also on display were many fine drawings and messages from Lebanese children, submitted as entries in a competition with the two hostages as its theme. The winners were awarded prizes during a ceremony at the centre.

The situation regarding the two kidnapped delegates remained unchanged, and the ICRC continued to seek their release through its various contacts in the region.

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

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ICRC delegates held in Mozambique

Two ICRC delegates who went missing in the central Mozambican province of Zambezia on 1 June, returned to their base unharmed almost three weeks later.

The ICRC lost contact with Brigitte Kehrer and Thierry Tribolet shortly after they delivered food supplies to Ile district where there are thousands of civilians displaced by the conflict. Villagers later found the burned-out remains of their vehicle, which had been stripped of its contents.

Three days later, a spokesman for the Mozambican National Resistance Movement (Renamo) said they were alive and well, and that efforts were underway to find the safest way to return them to their colleagues. For its part, the ICRC maintained close contacts with Renamo representatives to follow the situation.

Brigitte and Thierry reappeared close to Ile, where ICRC delegates picked them up and drove them back to the sub-delegation in the provincial capital, Quelimane.

Renewed violence in Romania

A number of people were killed and hundreds wounded in the Romanian capital, Bucharest, in mid-June, as serious clashes took place in the city.

The ICRC delegation toured hospitals receiving the wounded, and provided X-ray films to the Urgenta hospital which treated over half of the casualties. Hospitals in Bucharest otherwise had enough medical supplies to cope with the influx of wounded, thanks in part to the surgical material distributed by the ICRC and National Red Cross and Red Crescent Societies over the past few months. The head of the ICRC delegation was also able to meet with the Health Minister to review the medical situation.

On 20 June, during a meeting with the Romanian Prime Minister, Petre Roman, the head of delegation received permission for the ICRC to visit the people detained as a result of the events.

Hundreds of people were reported to have been arrested due to the violence. The ICRC had approached the Romanian authorities to gain access to them as quickly as possible, and these efforts had been supported in a letter from ICRC President Cornelio Sommaruga to the Romanian President, Ion Iliescu.

ICRC delegates began visiting security detainees in Romania in December last year, and have had access to detention centres throughout the country. At the time of going to press, the new visits had just begun according to the usual ICRC criteria, which include being able to register all the detainees, conduct interviews without witnesses, and repeat the visits.

News in brief

The ICRC visited deposed Panamanian military leader General Manuel Noriega and two other Panamanian prisoners of war for the second time at the end of May.

The three men were visited at a detention centre in Miami in the United States. They were granted prisoner of war status following the American military intervention in Panama last December.

The visits were carried out by the ICRC’s regional delegate based in Costa Rica, who interviewed the men in private under the usual criteria.
First ICRC road convoy in northern Somalia

In the war-torn north-east of Somalia, the ICRC organized a 14-lorry convoy at the end of May, to make the first journey by road from Berbera to Boroma.

The convoy carried food supplies which were immediately distributed to some 14,600 displaced civilians in the highland rural areas to the north of the town.

Delegates were able to carry out surveys in Hargeisa and the small village of Daraweine during the return trip to the Berbera sub-delegation in early June. They planned to make further assessments and organize convoys, if necessary, to assist those in need in the Hargeisa and Daraweine areas.

The ICRC also flew to the northern town of Erigavo, taking in medical material and blankets. During a survey in mid-May, delegates found that the hospital had been destroyed during clashes. The supplies renewed depleted stocks in a deserted house which was serving as a hospital.

In the meantime, the ICRC plane continued its flights from Berbera to other northern towns affected by the conflict, carrying relief supplies and evacuating the wounded to the ICRC/ Somali Red Crescent war surgery hospital. The 100-bed facility in Berbera had an average of around 80 in-patients during the month.

Clashes between Senegal and Guinea Bissau

A series of attacks took place on the border between Senegal and Guinea Bissau in May, leaving several dead and wounded. Thousands of civilians in southern Senegal were also forced to be evacuated from their villages.

With the agreement of the two parties, the ICRC assessed the situation on both sides of the frontier. The Senegalese Red Cross, assisted by the ICRC, distributed several tonnes of rice, as well as oil, blankets and matting to over 1,500 displaced people in Casamance, in the south of Senegal, to help them until they could return to their homes.

ICRC delegates also provided medical material for the regional hospital at Ziguinchor, which had admitted most of the casualties.

The ICRC stepped up efforts to protect and assist civilians in the Liberian capital, Monrovia, in June, as ethnic violence broke out and rebel forces closed in on the city.

The internal conflict in this West African state has caused a dramatic situation for thousands of civilians. Forced to flee the fighting, which began last December, they have taken refuge either in the capital or in neighbouring countries.

Most foreigners had left Monrovia by early June, including United Nations personnel who were pulled out after an attack on a United Nations Development Programme (UNDP) compound.

The ICRC delegation remained to fulfil its mandate of protecting and assisting conflict victims.

Thousands of displaced people arriving in the capital were taken in by the Liberian Red Cross (LRC) or the World Lutheran Federation. The buildings of both organizations were put under the protection of the Red Cross emblem. The ICRC opened a third centre in mid-June, as the number of people in need of protection continued to rise.

The ICRC and the LRC distributed food, cooking utensils, blankets, mattresses and soap to the displaced population, and set up first-aid posts to treat casualties. The most serious cases were taken in an ICRC ambulance to Monrovia's Kennedy hospital, where the ICRC provided medical material.

A media campaign accompanied the operations, giving basic information on the Red Cross and its activities, and calling for its emblem to be respected.

By mid-June, the number of Liberians who had fled the country as a result of the fighting was estimated at around 200,000. Most of them were in neighbouring Côte d'Ivoire or Guinea. However, as the rebels approached Monrovia, thousands of the city's residents left for nearby Sierra Leone.

As the population in the border villages tripled or quadrupled with the arrival of Liberian refugees, the League of Red Cross and Red Crescent Societies moved as fast as it could to distribute food before the rainy season began and the roads became difficult to use or impassable.

The ICRC set up a tracing agency network between Côte d'Ivoire, Guinea and Liberia to enable families separated as a result of the events to reestablish contact and, if possible, to be reunited. A delegate based at Man in Côte d'Ivoire covered the needs of the refugees along the border, and shuttled back and forth to an office opened at Nzerekore in Guinea to collect and distribute Red Cross messages.

Another tracing delegate ran a similar service in Monrovia, and messages were transported when necessary between Man and the Liberian capital.

Aid for victims of Liberian conflict

The ICRC completed visits to security detainees in Yugoslavia at the end of May. Delegates saw 290 sentenced prisoners in 25 places of detention throughout the country during a tour lasting three months.

The visits took place according to standard ICRC criteria, which include private interviews with the detainees. ICRC delegates had a final talk with representatives of the Yugoslav federal, republican and provincial Justice ministries in the Yugoslav capital, Belgrade, in mid-June.
ICRC assistance programmes in Ayacucho

In Peru, where the ICRC has had a delegation since 1984, the internal violence rages on, leaving a trail of death and suffering. ICRC Press Officer Cristina Fedele recently spent a few days at the ICRC sub-delegation in Ayacucho, situated in one of the country's emergency zones, and sent back this report.

A morning spent at Ayacucho hospital

The ICRC comes every day to visit the hospital in the city of Ayacucho, in one of Peru's emergency zones. Like all hospitals in the country, it is surrounded by fencing and has a police guard. On the morning I was there, a dozen victims of the violence were undergoing surgery and other treatment. Serious cases are taken to hospitals in Lima.

When we arrived, the social worker had already made her rounds collecting prescriptions to be filled for the patients. A white sign with black letters caught our attention: PARO GENERAL. These two words (General Strike) spelled disaster for the patients.

Once again, the medical staff had just gone on indefinite strike. While their working conditions are unimaginable — no materials, no blood, no medicines and low wages — conditions for the patients are intolerable.

Many patients spend hours outside under a merciless sun waiting to be admitted, without knowing if they will be treated or not. We had to push our way through the crowd to get into the building.

A dark corridor, the floor slick with dampness, led us to a statue of the Virgin Mary. One wondered how many tearful entreaties came her way every day from the desperate people lying on their metal cots, sick, wounded or beyond all cure.

The further we went into the labyrinth of corridors, the more hopeless life seemed to become. Suddenly, the sharp sound of wailing came from a room off the corridor.

A woman had just lost her husband. The room we entered had six beds, each bearing its own tragedy. On one lay a man who had just died. His family were gathered around sobbing and praying. On another was a 16-year-old girl, the innocent victim of a mine. She had arrived several hours before and was still covered in blood.

The looks on the patient's faces were a mixture of appeal and desperation. Only the brief moments of attention and the medicines we left them seemed to give them the will to fight on.

We left the surgical ward to give the social workers the remaining medicines which would be essential for the next three days: the first three days of a strike which could last for a while.

The Comedor at Yurac Yurac

Since 1985, the ICRC and the Peruvian Red Cross have been jointly running three school canteens comedores for children in the towns of San Miguel, Abancay and Ayacucho.

Over 1,000 children, all of them displaced, receive a basic diet there, six days a week all through the year. The programme, which is entirely financed by the Swiss government, is worthy of description.

We set out from the delegation at 5:30 a.m. after a relatively calm night (shooting was heard only once). The town of Ayacucho was still dark and as we went down the alleyways where the daily market was being set up. We were joined by Jorge and Juan, two first-aid workers from the National Society. We strode up the paths leading to Yurac Yurac, a poor neighbourhood of the town. Once there, a pathway of trodden earth led down past a school to the comedor. Outside the school itself, dozens of children from two to twelve years of age sat sleepy, each holding a bowl and waiting patiently for the mazamorra. In a nearby corrugated iron structure, large cooking pots were bubbling under the vigilant eye of David, the cook who had been preparing the food for the past two hours.

Its composition, a protein-rich mixture of soya beans, quinoa (something like semolina), quiwicha (lupin), sugar and cinnamon had been set by nurses according to the children's age, needs, weight and the local climate.

At 6 a.m., the pots were brought out on to the school yard and the distribution began. Hunger and drowsiness conspired to keep the children silent as they formed up in queues. We punched their ICRC cards (to show whether they come regularly) which each of them proudly more on a string around his/her neck. That brought smiles and the first words — "Good morning, Miss Red Cross!". When the 150 or so bowls had been filled, the delighted children scattered into small groups throughout the schoolyard.

At 7 a.m. the sun had risen and the children left for unknown destinations. It was the most wonderful breakfast I have ever experienced.
The ICRC President meets Nelson Mandela

ICRC President Cornelio Sommaruga met Nelson Mandela, the deputy President of the African National Congress (ANC), in Geneva in June.

Mr. Mandela, who was released from detention in South Africa in February after 27 years, was visited regularly by the ICRC while he was in prison. Two of the delegates who participated in the visits were present during the meeting.

Nelson Mandela expressed his gratitude to the ICRC and praised its "professional and efficient" work. He also thanked the institution on behalf of all past and present ANC detainees, and said that only a prisoner could understand how beneficial and essential the visits were.

Mr. Sommaruga outlined the main activities of the ICRC in South Africa, especially the assistance programmes carried out in collaboration with the South African Red Cross for thousands of victims of the violence in Natal province.

The ICRC delegation in Beirut continued its activities, visiting more than 500 detainees in May and June. The institution's assistance was requested at the release of 36 prisoners held by the Lebanese Army of General Aoun. The prisoners, who had been visited regularly by the ICRC, were handed over to ICRC delegates in East Beirut.

The ICRC also took relief supplies to the new Christian combat zones of Metn and Kesrouan for some 1,500 families there who had been displaced or had otherwise suffered from the fighting.

On 6 June, the end of the eighth month of captivity for Elio Erriguez and Emanuel Christen, the two ICRC orthopaedic technicians abducted in Sidon, the ICRC delegation in Beirut renewed its appeal for their release. In a public statement, the ICRC demanded "the immediate release of Elio Erriguez and Emanuel Christen" and called for "co-operation from all those able to help in setting them free".

In addition, a march through the villages around Sidon was organized by a local youth movement as an expression of sympathy and support. The young demonstrators put up photos of Elio and Emanuel on village walls, distributed leaflets calling for their release and explained to the local population the effects their abduction was having on people in need of their humanitarian assistance.

The ICRC is meanwhile continuing to press for the release of the two delegates. President Sommaruga was recently informed by Mr. Yasser Arafat, who was attending a meeting of the United Nations Security Council in Geneva, that the two orthopaedic technicians were alive and well.

News in brief

Delegates from the ICRC's regional delegation in Zaire recently ended a three-week visit to security detainees in Burundi. Ninety-three prisoners were seen in six detention centres.

The previous series took place in November last year when delegates saw 97 prisoners. The ICRC has been visiting security detainees in Burundi on an annual basis since 1986.

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Protection provided under difficult conditions in Liberia

In Liberia fighting between government troops and Charles Taylor’s opposition forces escalated in July. The ICRC therefore increased the staff of its delegation in Monrovia with a view to ensuring the protection of the civilian population.

Four delegates had already been working in the capital since March, in conjunction with an ICRC delegate based in Man (Côte d’Ivoire) and the National Societies concerned, to set up a tracing network for some 200,000 Liberians who had sought refuge in Côte d’Ivoire, Guinea and Sierra Leone.

As the situation was deteriorating fast and acts of violence against the population were increasing steadily, the ICRC set up a protected area in Monrovia on 15 June by opening a centre to provide refuge for civilians of the Gio and Mano tribes. As tension continued to mount, four more centres, harbouring some 6,000 people, were placed under the protection of the red cross emblem at the end of June. ICRC delegates and Liberian Red Cross first-aid workers provided food and medical aid to the people sheltering there. The delegation also launched a dissemination programme to spread knowledge of the role and principles of the Red Cross and to ensure respect for the emblem by the combatants of both sides.

In July the capital was deprived of water and electricity, while basic food supplies became increasingly scarce. To alleviate the situation, the ICRC distributed rice and sent a doctor and a sanitary engineer to deal with the hygiene and health problems.

An ICRC team from Man, Côte d’Ivoire, simultaneously carried out a medical and nutritional survey in the areas controlled by the armed opposition with a view to providing local dispensaries with emergency medicines and, if necessary, distributing food aid to the population.

Letter from Monrovia

When the recent events in Liberia began, the ICRC immediately sent several delegates to Monrovia. Among them was Roland Sidler, who helped set up one of the five protection centres inside the capital. This is his report:

It is 8 a.m. in Monrovia. Nearly 300 people are gathered in front of the J.J. Roberts United Methodist School, which has been placed under the protection of the red cross emblem. Huddled under the schoolhouse awning to escape the rain, they are waiting for food supplies to arrive. Last night the town was shelled and many people are still in the streets, but they are happy to be away from the fighting.

The ICRC has set up five protected areas in Monrovia, providing temporary shelter for civilians who have been displaced by the conflict. Food, medical care and protection are provided to those who seek refuge in these areas.

What is a protected area?

The 1949 Geneva Conventions provide for the establishment of neutralized zones in situations of international armed conflict, i.e. hospital zones to protect wounded and sick members of the armed forces (Article 23 of the First Convention) and neutralized zones in conflict areas before and after the outbreak of hostilities (Articles 14 and 15 of the Fourth Convention). These provisions also serve as guidelines for the establishment of protected areas in situations of non-international armed conflict.

The purpose of protected areas is to provide temporary shelter from the immediate dangers of combat for people taking no part in hostilities (civilians, the wounded, the sick, etc.). Belligerents are notified of the establishment of such areas and are expected to refrain from attacking them. Protected areas are usually administered by the ICRC; they are then placed under the protective emblem of the red cross.

To ensure the safety of those who shelter there, protected areas must be respected by the parties to the conflict. The following conditions are therefore imposed on access to them: admission to such areas is restricted to the people whom they are intended to protect and to the personnel entrusted with their administration, organization and inspection; those who enter the areas must take no part in hostilities or military activities of any kind; and weapons and military supplies are forbidden inside their boundaries.

A protected area cannot provide political asylum or exemption from capture, prosecution or any security measures taken by the authorities.

Since the Second World War the ICRC has created neutralized zones and protected areas in various situations in which it was imperative to shield civilians from the effects of hostilities, such as in Dhaka (Bangladesh) in 1971, in Nicosia (Cyprus) in 1974, in Saigon (Vietnam) and Phnom Penh (Cambodia) in 1975 and in the major cities of Nicaragua in 1979.
Emergency situation in Sri Lanka

An emergency situation has prevailed in the western and northern parts of Sri Lanka since fighting resumed in June between LTTE (Liberation Tigers of Tamil Eelam) combatants and government forces. The ICRC, which as a neutral and impartial intermediary plays an indispensable part in providing protection and emergency assistance to civilians and detainees, has increased its staff in Sri Lanka to cope with the pressing need for humanitarian aid. Ten delegates were rapidly dispatched from Geneva and are now working primarily in Colombo, Jaffna, Trincomalee and Batticaloa.

Following the recent fighting, over 100,000 civilians have fled to the north. With the consent of all parties concerned, ICRC delegates carried out a survey of the situation in Amparai and Trincomalee on the eastern coast, in Vavuniya and on the Jaffna peninsula at the island’s northernmost point. The ICRC, the League and the National Society are currently carrying out a joint assistance programme in which the ICRC is fulfilling its mandate in the conflict areas.

A convoy of 13 trucks carrying medicines, medical supplies and food under the protection of the red cross emblem and escorted by two ICRC delegates reached Jaffna on 13 July after crossing the northern conflict zones, thus bringing much needed assistance to the population. An initial ICRC convoy carrying food and medical supplies had already reached Trincomalee several weeks earlier, and two tonnes of medicines and medical supplies had been distributed to two hospitals facing a massive influx of wounded.

The ICRC also approached the Sri Lankan government and the LTTE with a view to visiting all persons detained in connection with the fighting. The institution received assurances from both parties that its delegates would be allowed to visit all the detainees. Visits have already been made in the western provinces to Tamils held in preventive detention.

News in brief

NORTH KOREA — A seminar on international humanitarian law and the fundamental principles of the Red Cross took place for the first time in Pyongyang, the capital of the Democratic People’s Republic of Korea, from 21 June to 3 July. The seminar was attended by 25 senior officials of the North Korean Red Cross and was organized jointly by the ICRC and the National Society.

SENEGAL — Following a survey of needs in Casamance, a troubled area of southern Senegal, the ICRC sent medical supplies to the Ziguinchor hospital and five tonnes of rice for the civilian population.

UGANDA — On 9 July food distributions to some 85,000 displaced civilians identified during an earlier ICRC survey began in camps in the Kumi area in eastern Uganda.

PANAMA — From 2 to 7 July, three ICRC delegates visited 55 detainees in three detention centres in Panama.

Lebanon: lulls in fighting set the pace of ICRC work

Heavy fighting broke out in mid-July in the Iklim-el-Touffah area (southern Lebanon) and ICRC and Lebanese Red Cross emergency aid was again sorely needed. Repeated contacts with the parties concerned finally led to a humanitarian truce on 19 July, which enabled the delegates and first-aid workers to evacuate the dead and wounded. The ICRC also managed to provide the area’s main hospitals with emergency medical supplies and launched a programme to assist civilians fleeing from the hostilities.

In the preceding weeks the ICRC had already taken advantage of truces to resume its activities, both in Beirut and in the south of the country. As the hot weather set in, the ICRC’s work largely focused on improving the city’s public health facilities: delegates for instance negotiated neutral status for a pumping station and various other installations along the front lines, thus enabling repairs to the water supply system to be done in relative safety. A rat extermination and general disinfection campaign was carried out in 400 shelters in the Ashrafieh and Badaro quarters of the city. The campaign was conducted in conjunction with Caritas, which placed a number of spraying machines at the ICRC’s disposal.

Between April and July, ICRC delegates visited 16 places of detention under the authority of various militia groups and the Lebanese army and registered 384 new detainees. Delegates also distributed ad hoc relief supplies such as blankets, toiletries, clothing and recreational items. During this three-month period, the ICRC also provided food and medical assistance to some 50,000 people affected by the fighting in various parts of the country.

The ICRC Tracing Agency’s workload rose considerably between April and July, as whole regions and their inhabitants were cut off by the fighting. Some 6,400 family messages were exchanged both within and outside Lebanon. In spite of the hazardous conditions which impeded the delegates’ movements around the country, 273 tracing enquiries were successfully resolved, 113 people were transferred from one area of Lebanon to another, and 23 families were reunited under the auspices of the ICRC.
Earthquake in Iran: anxiety among POWs in Iraq

After the severe earthquake in Iran, ICRC delegates made a special visit to prisoner-of-war camps in Iraq to distribute forms enabling prisoners to request family news. Over 1,700 “Anxious for News” (AFN) messages from prisoners to family members living in the stricken areas of Gilan and Zanjan were collected in the Mosul, Salaheddine and Ramadi camps. AFN messages are not subject to censorship, since they contain only the name and address of the person whose news is being sought, and therefore travel quickly. The messages were handed over to the Iranian Red Crescent, which will contact — or try to trace — the addressees and collect their replies.

Less than an hour after the earthquake struck, Iranian Red Crescent first-aid workers were already combing the rubble. Army helicopters evacuated the wounded to hospitals as the search for survivors went on. The earthquake, measuring 7.3 to 7.7 on the Richter scale, claimed one of the highest tolls of this century. International disaster relief poured into Iran. By mid-July, over 40 National Societies had responded to an appeal by the League of Red Cross and Red Crescent Societies by donating approximately 23 million Swiss francs. The Iranian Red Crescent has organized assistance for 100,000 homeless or otherwise affected families and is already setting up a longer-term rehabilitation programme.

Kabul to Peshawar and back
The long journey of a young Afghan

Abdul is ten years old. When he was living with his family near Kabul, his father was killed and his home destroyed by shelling. In the ensuing panic Abdul fled and, after a journey about which little is known, turned up in a Koranic school in Peshawar.

When the school closed for the summer holidays this year, Abdul decided to return home. He had heard that the Red Cross helps people, so off he went, all by himself, to the ICRC tracing office in Peshawar. There he asked to be reunited with his uncle in Kabul and described him as follows: “My uncle sells fruit at the beginning of a street in the Payan Chawk district. He has a white beard and always wears a green turban.” The directions were more complicated; Abdul drew a plan with arrows showing that his uncle lived beyond the butchers' stalls, across from the Mosque and at the back of a courtyard, on the right.

Somewhat sceptical, but nevertheless hoping for the best, the ICRC delegate in Peshawar took a Polaroid photo of Abdul and forwarded his request to the tracing office in Kabul. Four days later a family message from the man in the green turban arrived miraculously in Peshawar. It turned out that he was not in fact an uncle, but a family friend.

Authorization to repatriate the boy was rapidly obtained, and the very next day Abdul flew back to his country on board an ICRC-chartered plane, accompanied by a delegate who had come specially from Kabul to fetch him. After arriving in the Afghan capital, the boy was reunited with the man he called his uncle. But first, Abdul insisted on writing two Red Cross messages: one to announce his safe arrival to the person he had stayed with in Peshawar, the other to express his gratitude to the ICRC tracing office in Pakistan. Although he is only ten, Abdul already has a mind of his own!

Nicaragua: Contra demobilization completed

The demobilization of Contra combatants proceeded according to the terms of the Toncontin Agreement and under the supervision of the United Nations Observer Group in Central America (ONUCA). The ICRC reminded all concerned of its willingness to give any emergency humanitarian assistance it alone would be in a position to provide. It also received a list of 6,000 demobilized combatants from ONUCA which enabled it to resolve a number of tracing enquiries.

The demobilization proper took place in five specially demarcated areas situated in different parts of Nicaragua and placed under the responsibility of the International Support and Verification Commission (CIAV) and the Organization of American States (OAS), which also arranged for the necessary food supplies to be brought in. During the entire demobilization process, ICRC delegates regularly went to assess requirements in the El Almendro area. They provided assistance to La Nueva Guinea Hospital, which was overcrowded by demobilized combatants seeking medical care. Other health centres in the region were given medicines and emergency equipment.

The head of the Managua orthopaedic centre and an ICRC doctor went to the “Rancho Grande” rehabilitation camp in Honduras, where they examined disabled Contra combatants with a view to repatriating some 200 of them to Nicaragua.

The ICRC also continued providing ad hoc assistance to refugees in the Rio Coco area, some of whom had arrived there recently and were not receiving any aid from UNHCR. Delegates supplied the refugees with building materials and implements such as corrugated iron sheets, tools and beams to help with their resettlement. People having sought refuge along the rivers south of Bluefields will be receiving whatever food assistance they need until October.

Lastly, the ICRC provided essential relief items (food, building materials) to a group of 300 Sumo Indians resettling in the Department of Jinotega.
A sculpture dedicated to hostages worldwide

On 6 July, the day that marked the tenth month of captivity for the two ICRC delegates held hostage in Lebanon, Elio Erriguez and Emanuel Christen, a sculpture dedicated to hostages everywhere in the world was inaugurated on the esplanade in front of the International Red Cross and Red Crescent Museum in Geneva. The ceremony was attended by the two delegates’ families, leading ICRC and League officials, and representatives of the Geneva Red Cross, the Switzerland-Lebanon Association and the municipality of Geneva.

The ICRC telecommunication:
31 stations linked up to Geneva

The ICRC offices in Tegucigalpa, Honduras, and Lima, Peru, were linked up to Geneva by radio on 3 and 11 July respectively, thereby bringing to 31 the number of radiocommunication stations directly linked with the institution’s headquarters. Over 4,000 messages are transmitted monthly over this network. The ICRC has 10 radio frequencies registered with the International Telecommunication Union (ITU).

Letter from Monrovia

From the pelting rain, entire families are waiting to apply for ICRC protection. Letter from Monrovia

Inside the school grounds ICRC delegates carefully question all premises to assess her situation. The ICRC delegates carefully question all people requesting admission. This screening is indispensable to safeguard the centre protected by the Red Cross. Now that she has answered all the delegate’s questions, Mary finds a quiet spot where she can nurse her baby. She is far too anxious about her situation to think of food herself. All afternoon Mary waits patiently for the ICRC to issue the final list of people entitled to stay in the school.

Suddenly, there is silence. The questioning is over. The head of delegation, Peter Lütolf, begins to read out one by one the names of those who will immediately be allowed to move into the classrooms, temporarily transformed into dormitories. Mary cannot hold back the tears of relief when she hears her name called out. To help the families get settled in this temporary shelter, delegates and first-aid workers distribute a few basic items: mattresses, blankets, toilet paper and staple foods such as rice and cooking oil. A dispensary is open round the clock for emergencies.

The 600-kg sculpture was lowered onto the esplanade by helicopter.

Several days later, on 12 July, thousands of leaflets bearing the photos of the two orthopaedic technicians and the slogan “the victims of the conflict in Lebanon need their help” were distributed in Sidon.

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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 is financed through voluntary contributions from States, National Red Cross and Red Crescent Societies, and private individuals. If you wish to support the ICRC, contributions should be sent to: Swiss Bank Corporation, 1211 Geneva 11 - Account no: 129.986.0, or Post Office Account no: 12-5527-6.
Middle East: major operational challenge for ICRC

Shortly after the current Gulf crisis developed, in mid-August the Iraqi government proposed the repatriation of all prisoners of war captured during the Iran-Iraq conflict. Mr. Angelo Gnaedinger, ICRC Delegate General for the Middle East, describes this as a major "operational challenge" for the institution.

Already present in Iran and Iraq, the ICRC was asked by the two parties to organize and supervise the repatriation of the approximately 100,000 prisoners of war, who have spent up to ten years in captivity. The ICRC reminded the two parties of its criteria for engaging in such an operation: its delegates must be able to check the identity of each prisoner before his repatriation and ensure that he is returning of his own free will; a guarantee must also be given that there will be no reprisals either against prisoners not wishing to return to their country of origin or against their families. The first repatriation took place on 17 August at the Qasr-e-Shirin border post with delegates present on either side, while the ICRC was settling practical arrangements with the two parties for the subsequent repatriations. It was agreed that alongside the comprehensive repatriation, sick and wounded prisoners of war would be repatriated as soon as possible by air. A team of three doctors, including a medical co-ordinator, and two nurses accordingly left Geneva on 20 August for Tehran (a medical team is already based in Iraq).

Two ICRC orthopaedic technicians free at last

After their tenth month in captivity, marked on 6 August by a large-scale demonstration in Beirut, one of the two ICRC orthopaedic technicians held hostage in Lebanon was finally released, followed a few days later by the other. This brought to an end an unprecedented crisis for the ICRC and a long period of anguish for their families.

Emanuel Christen, aged 32, and Elio Errriquez, 23, were abducted on their way to work in Sidon on 6 October 1989. They were released on 8 and 13 August respectively, after 307 and 312 days in detention.

Both delegates followed the same path to freedom. They were handed over to Syrian forces in Lebanon and then transferred to Damascus where, in the presence of the head of the ICRC's delegation in the Syrian capital, they were entrusted to the care of the Swiss embassy.

From Damascus a special aircraft chartered by the ICRC brought them back to Switzerland, where they were welcomed by their families, by Mr. René Felber, head of the Swiss Federal Department of Foreign Affairs, and by ICRC President Mr. Cornello Sommaruga.

Before each delegate was released, a message signed by a previously unknown organization, the Revolutionary Palestinian Factions, was sent together with a photo of the hostage concerned to the international media in Beirut. In a statement to the press on 13 August, President (Continued on page 4)
Afghanistan: heavy demands on ICRC hospital

Owing to increased shelling in Kabul and the upsurge in fighting in the surrounding area in recent weeks, the ICRC hospital in the capital has had to deal with large numbers of casualties. The hospital is operating at full capacity, with over 250 patients. Tension is running high and the surgical teams are working around the clock. On 18 and 19 August alone, 26 and 30 patients respectively were admitted, many of them needing major surgery. As all the hospital’s 250 beds are occupied, the ICRC is considering how to cope with the situation.

On 16 August a rocket hit the compound of the ICRC orthopaedic centre in Kabul, killing two patients and an Afghan employed by the ICRC and wounding a dozen other patients and employees, three seriously. The ICRC is deeply grieved by these casualties. All the wounded were rushed to the ICRC surgical hospital in another district of the city. All districts have come under sporadic shelling, so the incident cannot be regarded as an attack directed against the Red Cross.

Subsequently, in both Kabul and Peshawar, the ICRC reminded all parties to the conflict of the location of its buildings, which are duly marked with the red cross emblem.

At the ICRC orthopaedic centre in Kabul artificial limbs were produced and fitted on almost 700 patients since the beginning of the year. In the same period 2,137 wheelchairs and over 2,000 pairs of crutches have been produced.

During a mission to the northern province of Baghlan in August, ICRC delegates had access to four Soviet prisoners of war held by the Afghan opposition. They were able to talk without witnesses to the POWs, who wrote Red Cross messages to their families in the USSR.

Another team went for the first time to the ICRC surgical hospital in another district of the city. All districts have come under sporadic shelling, so the incident cannot be regarded as an attack directed against the Red Cross.

Swiss journalist Sari Rauber went to Thailand in August to visit the border camps housing displaced Cambodian civilians. She gave us her impressions of the few days she spent with ICRC delegates working there:

I arrived by road at Kap Cheng, an ICRC first-aid post in the northern sector of Thailand’s border with Cambodia, on the way to a camp called Site B. The camp was only 50 km away, but it took us an hour and a half to get there, the driver deftly avoiding the potholes as our four-wheel drive bumped along the red laterite track.

I was with Caroline von Sinner, the ICRC delegate assigned to the camp. We had a very busy day ahead, dealing mainly with Tracing Agency matters. Tracing work can be frustrating, since enquiries sent to Cambodia about missing people often remain unanswered. That day we had three messages for people in the camp.

The first was for a young woman who had asked for news of her family in Cambodia. From the second, another woman learned that her father-in-law, whom she had thought dead, was alive and well. With the letter her brothers and sisters had sent recent family photographs. Within minutes, a whole crowd gathered around her, admiring and commenting the pictures.

The third message gave no cause for happiness. Caroline handed it to a young woman who, looking forward to receiving good news, had evidently taken great care in dressing and doing her hair. But when she opened the letter and read it in front of us, she sank to the ground, sobbing: back home her daughter had died.

In a Khmer Rouge camp

The same day we headed south of Aranyaprathet to visit Site 8 camp, which is so close to the border that Cambodia can be seen only a few hundred yards away. This camp is different: it is run by the Khmer Rouge. My companion was Patrick Gasser, an athletic young ICRC delegate with an attractive smile.

The area surrounding the camp is strikingly beautiful, its luxuriant vegetation set against a backdrop of towering mountains, part of the Cardamomes range.

We made a rapid tour of the camp, which was clean and well-kept. Yet the infirmary was crowded; we were told that malaria was a major problem. During the rainy season incidence can rise by 60 per cent in just a few weeks, affecting almost all the camp’s inhabitants.

Then we went to see the covered market, a spacious structure of bamboo stakes and foliage. To our surprise, most of the vendors were children. As soon as Patrick appeared they rushed to meet him, shouting and laughing. Bringing some gaiety and friendship into their lives is also part of a delegate’s work.
Cambodia: new hope for separated families

As a result of the Cambodian conflict, hundreds of thousands of people have died or disappeared and countless families have been decimated or split up. The ICRC has been working on the Thai border since 1979 and its Central Tracing Agency (CTA) has been recording tracing requests since the outbreak of the conflict. It has thus collected a tremendous amount of data, which now has to be matched with information from inside Cambodia. In 1988 the Phnom Penh authorities allowed the ICRC to begin tracing work in the country and last year a tracing network was set up in the provinces with the help of the local Red Cross Society. This year, at the end of July, a two-day seminar was held in Phnom Penh for 20 Red Cross tracing staff from 14 Cambodian provinces. The purpose of the seminar, organized on the ICRC’s initiative, was to review the results of tracing work over the past year and to provide further training.

According to Violene Dogny, the ICRC tracing delegate in Cambodia, “the seminar provided an opportunity to discuss not only tracing methods, but also the psychological aspects of tracing work, which are equally important. In view of the country’s history and the fact that until quite recently anyone who had relatives living abroad or on the Thai border was regarded with suspicion, tracing enquiries must be conducted with great caution to avoid terrorizing the people interviewed.”

Names, addresses — everything has changed

“At the moment”, she continued, “we no longer look for individuals, but for entire family units. This is our only hope of finding anyone who has survived the years of conflict.

The events in Cambodia have wreaked havoc with the country’s social and cultural fabric. Years of upheaval have made information such as place names and addresses unreliable. Innumerable Cambodians have been displaced by the fighting. Fear and panic have induced many to change their names. There is also the highly complex problem of deciphering Khmer names.”

The Tracing Agency uses every means available: matching data on families whose whereabouts are known with the data supplied on the enquiry forms; consulting anyone who between 1970 and 1975 (when population movements and the destruction of villages first began) was old enough to be able to provide useful information; meeting local officials, village nurses, Buddhist monks in their pagodas and anyone else familiar with the local population.

This work must naturally be carried out according to strict principles and with great care to avoid any prejudice to the people involved. This means, in particular, that Red Cross messages must contain only family news, are screened before delivery and are handed over only to the addressees in person.

Participants in the seminar pointed out a host of other problems that slow down tracing work. These include poor road conditions, the dearth of vehicles and petrol and generally unsafe conditions.

Brighter prospects

Thanks to the tracing work carried out in Cambodia by the ICRC and the Cambodian Red Cross at the request of camp-dwellers on the border, since 1989 a total of 2,538 survivors of the Cambodian tragedy have received news of their families.

The Phnom Penh seminar enabled an already highly motivated staff to improve its technical skills and thus its ability to resolve enquiries. Now that a tracing network has been set up in Cambodia, a flood of tracing requests is expected from countries of resettlement. However, progress is still very slow and it is unrealistic to expect large numbers of cases to be resolved overnight. “There are still many problems to be overcome”, concluded Ms. Dogny, “but there is new hope for thousands of people. This is already a significant step forward”.

Report by Françoise Bory

Sri Lanka: relief sent in by sea

In August large amounts of relief were dispatched under ICRC protection to the north and east of the country, for distribution to all civilians affected by the fighting. Some 2,500 tonnes of food and medicines supplied by the government, UNICEF and various other organizations were taken in by sea and by road. The ICRC placed the ships and vehicles used under the protection of the red cross emblem to enable them to reach conflict zones on the Jaffna peninsula and in Mannar and Mullaitivu.

On its return voyage to Colombo one of the ships evacuated 136 civilians of different nationalities who had been cut off by the fighting on the Jaffna peninsula. Elsewhere, ICRC delegates continued to visit persons detained by the authorities in connection with the conflict in the south of the island (JVP detainees). More than 5,700 detainees had been seen, 1,400 of them for the first time, during 227 visits conducted between 11 June and the end of October. In relation with the conflict in the north, on 16 August the ICRC was able to carry out a first visit to 34 Tamil detainees held by the army near Trincomalee.

Liberia: wilful slaughter defying all rules of humanity

Horrifying events occurred at the beginning of August in the Liberian capital Monrovia, where a team of ICRC delegates had set up a protection programme in extremely difficult circumstances (see August Bulletin, No. 175). Fierce fighting between government and warlord factions and the two rival opposition factions prevented the five ICRC delegates from leaving their quarters in eastern Monrovia to go to the protection centres in the west of the city. The centres, which had all been placed under the protection of the red cross emblem, were sheltering some 6,000 civilians belonging to threatened minority groups, mainly members of the Gio and Mamo tribes.

During the night of 31 July, the centre at the Methodist Church was attacked by armed men who, flouting the most elementary humanitarian principles, massacred between 300 and 500 people — mostly women and children — who had sought refuge there.

“The ICRC had approached all the parties involved in this conflict, its role and the reasons for creating protected areas”, said Mr. Peter Lütolf, head of the ICRC delegation in Monrovia. “But we were appalled to see that nothing stops the violence; neither the red cross nor the ICRC itself is respected in Liberia at the moment. Even if we ourselves had been at the centre, we would have been able to do nothing and perhaps we too would have been killed.”

The five delegates managed to leave Monrovia on 5 August for Sierra Leone. Two of them, including Mr. Lütolf, returned to Switzerland while the three others went to work together with their colleagues in Man, Côte d’Ivoire, to organize emergency relief convoys to be sent in to Liberia as soon as conditions permit.
Twenty-sixth International Conference of the Red Cross and Red Crescent to be held in 1991 in Budapest

The Standing Commission of the International Red Cross and Red Crescent Movement, at its meeting on 30 July 1990 in Geneva, accepted the offer of the Hungarian Red Cross to host the Twenty-sixth International Conference of the Red Cross and Red Crescent and decided that this important meeting would be convened in November 1991 in Budapest (Hungary).

The International Conference of the Red Cross and Red Crescent, which is the Movement's highest decision-making body, meets every four years. It is attended not only by the ICRC, the League and all the recognized National Societies, but also by the governments party to the Geneva Conventions and observers from governmental, non-governmental, regional and specialized organizations.

The last International Conference was held in October 1986 in Geneva.

ICRC stays on in Lebanon

In view of the painful experience of its two delegates' detention in Lebanon and the conclusions that it has drawn since their release, the ICRC has given much thought to the future of its humanitarian activities in Lebanon.

The institution has decided to carry on with its work in Lebanon, which has been ravaged by conflict for the past 15 years. The number of ICRC staff will initially be reduced and will be deployed as local conditions permit.

News in brief

JORDAN: Concerned by the plight of civilians flooding into Jordan across the border from Iraq, the ICRC has offered its services to the authorities in Amman to set up an emergency relief programme in conjunction with the Jordan National Red Crescent Society. The ICRC suggests opening a transit centre at which food, water and medical care would be provided to the thousands of civilians arriving exhausted after a drive of hundreds of kilometres across the desert.

INDONESIA: On 7 and 8 August, ICRC delegates visited 10 ex-G30S/PKI prisoners, including one sentenced to death, in two places of detention.

JAPAN: A dissemination seminar was held on the slopes of Mount Fuji from 6 to 11 August. The seminar was organized by the Japanese Red Cross for 50 National Society officials, from Red Cross Youth in particular. For the first time, two ICRC delegates were invited to act as course leaders.

EL SALVADOR: Between 30 July and 6 August ICRC delegates visited 28 detainees in a place of detention under the authority of the Security Corps and four other detainees in three civil penitentiaries.

Further evacuations in southern Lebanon

The heavy fighting that flared up in the Iklim-el-Touffah region of southern Lebanon in mid-July continued into August and the ICRC had to appeal once again for a humanitarian cease-fire to allow the wounded and dead to be brought out.

The appeal was made on 29 July to all the parties involved in the conflict, but it was not until 3 August that first-aid workers from the Lebanese Red Cross and ICRC delegates were able to reach the area and begin their work. Between 3 and 5 August, they removed 86 bodies for burial and evacuated six wounded or sick civilians. They managed to distribute Red Cross messages in the area and provide medicines to local dispensaries.

News in brief (Continued from page 1)

Two ICRC orthopaedic technicians free at last

Sommaruga declared that “this successful outcome has been made possible thanks to the active support and the good offices of governments from whom we sought assistance”. Among others, he cited Colonel Muammar Qaddafi of Libya, President Hafez al-Assad of Syria, President Chadli Bendjedid of Algeria, the government of the Islamic Republic of Iran, the Palestine Liberation Organization, the Lebanese authorities and various parties to the conflict in Lebanon. Mr. Sommaruga also thanked the Swiss public, the federal, cantonal and municipal authorities in Switzerland, the National Red Cross and Red Crescent Societies around the world and the media in general, which had helped to sustain public awareness and concern about the plight of Elio Erriquez and Emanuel Christen. He paid tribute to the delegates and other ICRC staff who had continued their mission in Lebanon throughout the ten months their colleagues were held captive and expressed his gratitude to the ICRC task force which, in co-operation with that of the Swiss Department of Foreign Affairs, had worked tirelessly to bring about the two delegates’ release.

Mr. Sommaruga stressed that the ICRC did not know the identity or motives of their captors. “On the basis of the information we have, we do not wish to speculate on who was behind this kidnapping. The ICRC therefore dissociates itself from any theories put forward”. He went on to say that, in view of the grave problems facing the world today, particularly in the Gulf, the ICRC’s mission to protect and assist the victims of conflict could be fulfilled only if respect were shown for its delegates.

President Sommaruga concluded by making a fervent appeal on behalf of the International Committee for the release of all the other hostages still held in captivity.
Iran/Iraq: more than 70,000 POWs repatriated

By 14 September (date on which this Bulletin went to press), over 70,000 prisoners had returned home in the operation launched on 17 August to repatriate all prisoners of war captured during the conflict between Iraq and Iran. As reported in the last Bulletin (No. 176, September 1990), about 60 delegates had been sent out from Geneva as of 18 August to reinforce the two ICRC delegations in Baghdad and Teheran. By the end of the month, 77 delegates were at work in the two countries.

During the period from 17 to 31 August, more than 2,000 prisoners of war were released daily overland via the border post at Qasr-e-Shirin, air shuttles were organized as from 22 August. A total of 798 Iranian prisoners of war and 1,193 Iraqi prisoners of war were flown back to their respective countries on three flights by Iran Air jumbo jet, while the ICRC chartered an aircraft to repatriate (on four flights) some 500 wounded and sick prisoners (221 Iranians and 257 Iraqis). Two more flights under ICRC auspices were made on 13 September to repatriate another 210 wounded and sick Iranian prisoners of war.

From the end of August, overland operations continued, with a daily flow of 900 prisoners in each direction, rising to a daily figure of 2,000 men both ways from 10 September.

ICRC delegates record each prisoner’s identity and make sure they are returning to their countries of their own free will. The prisoners repatriated include captives whom the ICRC had been unable, both in Iraq and in Iran, to visit during their detention. The delegates took this opportunity to register them.

Throughout the past weeks, the ICRC has maintained a constant dialogue with the Iraqi and Iranian authorities, in order to plan the remaining repatriations as efficiently as possible and arrange for all prisoners of war on both sides to be back home again soon.

Sri Lanka: ICRC charters supply vessel

In September, the ICRC continued to ship foodstuffs and medicines by sea for the civilian population affected by the conflict in the northern and eastern parts of Sri Lanka.

Supplies are delivered to the Mannar and Jaffna peninsulas (400-600 and 10,000 tonnes per month, respectively) on three ships provided by the government and placed under the protection of the red cross emblem. As the waters are too shallow for the ships to dock in port, the relief supplies have to be transferred to barges for unloading on land. These transhipments, rendered hazardous by the tense situation and the weather conditions, take place at sea off Mullaitivu for the north-eastern part of Sri Lanka and off Point Pedro for the Jaffna peninsula.

The ICRC is currently making arrangements to charter its own supply vessel, with a capacity of 6,000 tonnes, and is negotiating with all parties concerned with a view to docking for the next few months in the port of Kankensanthurai, in the north of the Jaffna peninsula, when the monsoon will rule out any offshore transhipments.

The ICRC's medical activities continue. It has declared the hospital at Manipai, north-west of the town of Jaffna, to be a neutral zone. This establishment, which has about 50 beds and is staffed by Tamil doctors, treats an average of ten war casualties a day, as well as other medical disorders. An ICRC delegate is permanently stationed there to ensure that no problems arise within the neutral zone, which extends for a distance of 100 to 150 metres around the hospital itself. Medicines and other medical supplies are provided by the ICRC, in co-operation with National Society's Jaffna branch.
As a result of the events in Kuwait, hundreds of thousands of foreign workers (Egyptians, but mainly nationals of India, the Philippines, Sri Lanka, Thailand, etc.) have left Iraq and Kuwait since the beginning of August in an attempt to return to their own countries. On 23 August the situation on the border between Iraq and Jordan, where tens of thousands of persons in transit were stranded in a desert region without food or drinking water, drastically deteriorated. An urgent assistance operation was launched jointly by the Jordanian Red Crescent and the ICRC to provide emergency medical treatment and basic necessities in the form of drinking water and shelter.

Additional delegates, doctors and nurses were rushed to the scene, while over 180 tonnes of relief (tents, blankets, medical supplies) and water tanks were sent from Geneva by air to Amman.

In Jordan, the authorities had gathered the first few thousand people arriving from Iraq in an emergency centre in the no-man's-land between the Iraqi border post at Tarbil and the Jordanian border post at Ruweished. The ICRC and the Jordanian Red Crescent opened a dispensary in the centre to give first aid to more than 200 patients a day. But the centre, called Sha'alan (after a local tribe) was not designed to house a large number of people for more than one day. With the constant mass influx, it quickly became overcrowded and conditions there were soon alarming.

To cope with the problem, proper transit camps had to be established in less inhospitable areas.

In early September, work began under the responsibility of the ICRC and the National Society to set up a transit camp at Azraq, an oasis about 100 km from Amman. Three days later, however, the work had to be halted because of the risk of contaminating the underground water reserves (from which the capital draws its water supply). A more suitable site was chosen some 15 km away, and a new camp designed to accommodate 30,000 persons was installed within only six days.

The first few thousand people were transferred there from Sha'alan 1 on 12 September.

The tents are laid out in squares for groups of 500 people to make it easier to group them together by nationality. A communication system with embassies and humanitarian organizations on the spot should help to speed up the repatriation process. The camp's logistic facilities include tanks to hold 390,000 litres of water and 180 taps to distribute it, as well as a sewage and waste-disposal system.

The ICRC distributes food and is financing the National Society's medical activities.

The Sha'alan 1 centre is to be replanned as a sorting centre for new arrivals in transit. The ICRC and the National Society are staying on there to provide assistance and any emergency medical treatment that might be needed.

In mid-September, the ICRC delegation in Jordan consisted of 26 expatriate staff, 16 of whom were based in the border region, and 14 locally-recruited employees. A team of 16 volunteers from the German Red Cross (FRG) were also at work in the joint operation.

Gulf crisis: ICRC proposals turned down

ICRC President Cornelio Sommaruga, accompanied by Mr. Angelo Gnaedinger, the Delegate General for the Middle East, was in the Middle East from 3 to 7 September for high-level talks with the Jordanian, Iraqi and Iranian authorities concerning the Gulf crisis. To quote President Sommaruga, the purpose of this mission was to achieve a "comprehensive humanitarian mobilization". The mission itself was in keeping with the ICRC's mandate to act in the event of international armed conflict on the basis of the 1949 Geneva Conventions and the institution's statutory right of initiative. It had four main objectives:

- to provide protection and assistance, in both Iraq and Kuwait, to the various categories of civilians affected by the events;
- to improve co-ordination and step up the ICRC's operation in Jordan in behalf of foreigners transiting through the country;
- to examine possibilities of assisting foreign nationals crossing other borders (particularly into Iran);
- to review the current situation with regard to the repatriation of Iraqi and Iranian prisoners of war.

In Baghdad, President Sommaruga had three meetings with the Iraqi Minister for Foreign Affairs, Mr. Tariq Aziz, during which they discussed the terms of a possible agreement defining the ICRC's operating procedures.

However, the ICRC did not succeed in obtaining the Iraqi Government's authorization to launch an operation in Iraq and Kuwait for the victims of the crisis.

It had requested permission to visit foreign civilians who had the financial means to leave Kuwait or Iraq but who had not been authorized to do so, and to help them stay in touch with their families by means of Red Cross messages. As for foreign nationals — especially Asians — authorized to return to their home countries but who did not have the means to do so, the ICRC had offered to provide them with any emergency assistance they needed and to facilitate their departure by issuing them with travel documents, since they had no contacts with their embassies.

The ICRC had moreover proposed its services as a neutral intermediary in arranging the shipment of food and essential medical supplies to particularly vulnerable groups of civilians in both Iraq and Kuwait.

The ICRC is therefore unable at present to discharge its humanitarian mandate in either Iraq or Kuwait, but it remains determined to find appropriate solutions. President Sommaruga reiterated the appeal he had launched on 2 August 1990 for all the parties involved and all the States party to the Geneva Conventions to respect the rules of international

(Continued on page 4)
A FAP is born

The ICRC has ten first-aid posts on the border between Pakistan and Afghanistan to evacuate war casualties. The most recent addition to the network, in Nani, was inaugurated at the end of August. Claude Châtelain, information delegate in Peshawar, gives us an account of the stages leading up to the opening ceremony.

A constant priority for the ICRC delegates, doctors and nurses working in behalf of the victims of the Afghan conflict is to improve the network of first-aid posts (commonly referred to by the abbreviation “FAP”). No FAP is considered to be a permanent structure. One can be closed and another opened any time that a quicker and safer “medevac” route, one that is passable and will hopefully remain so all year round, is found.

After nine months of surveys and contacts in the field, a new FAP was opened at the end of August in Nani (Ghazni Province); that of Sar Rozvhe (or Saroza), in Paktika, will probably soon be closed. The ICRC has also made plans, the better to meet the needs observed, to open a sub-post for Nani at a later date. This way more wounded from two different fronts – that of Ghazni, with a large civilian population, and that of Gardez, a garrison town – can be evacuated.

The first step is an on-the-spot survey to gather information, inform those concerned and spread the Red Cross message while conducting traditional activities – visits to prisoners, tracing work, etc. – at a place often several hours’ drive from the delegation. And an on-the-spot survey means the delegate in person checks all possible routes out of the place selected for the FAP. It can be a boneshaking job, since the roads in Afghanistan often have more affinity with a river bed than a modern highway. Climate must also be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be considered: one route will become impassable in autumn, the passage of a few vehicles after a brief downpour will be.

Every possible contingency — and then some

For the delegate, collecting information means talking to the local commanders, the people who run the region’s dispensaries, lorry and taxi drivers, the villagers and innkeepers. Frequently relying on the help of a field officer (to overcome the language barrier), the delegate needs to be patient and attentive for hours on end, and has to drink countless traditional cups of tea to get the information he or she needs. In the words of Frederic, the delegate who oversaw the setting up of the FAP in Nani, “just as there is no straight line between A and B in Africa, there is no single, permanent and reliable route in Afghanistan". There are many factors to be considered besides the elements: mines, “dacoits” (highway robbers), the risks of shelling, to mention only the most daunting. At first sight some roads or tracks regularly used for commercial traffic can appear ideal; the delegate may nevertheless end up by striking them off his list: jolt-free transport, an important consideration when patients are often seriously wounded, is not a priority for lorry drivers, whose heavily loaded vehicles are moreover a major factor in the deterioration of the roads – quite apart from breaking down and blocking them. The risks of war (mines, shelling) do not seem to be of great concern to such drivers, but they are a deciding factor for the ICRC ambulances.

A new FAP in Nani

Once all the reconnaissance work has been done and the final decision taken, the delegate must inform his contacts in all the parties to the conflict that the new FAP exists. Even though they may already have benefited from the ICRC’s dissemination efforts, they must be reminded that the ICRC is a neutral, impartial and independent organization whose only concern is to help the victims of the armed conflict, and that the protective emblem displayed by its personnel, its vehicles and facilities must be respected.

The FAP in Nani, freshly painted by Frederic and two Afghan employees, was as yet only 80% operational on opening day. Yet even before the official opening ceremony, three wounded people had already been evacuated to Quetta in only twenty hours, compared to the minimum 36 hours previously needed for evacuations from Saroza to Peshawar. This is a simple example of why the new FAP is a big advance towards one of the ICRC’s principal goals, namely to enable the wounded to be evacuated and cared for, even when their injuries are serious and in spite of the rigours of the climate and the harsh reality of the Afghan conflict.

South Africa: assistance in the townships

The continuing extremely violent clashes in South Africa since mid-August have prompted the ICRC, in collaboration with the National Society, to launch an emergency relief programme in the townships. Assistance is given to displaced and destitute persons and people who have suffered a death or injury in their family.

Five Red Cross offices have been opened by the ICRC and the National Society for the inhabitants of the townships around Johannesburg. Members of the South African Red Cross are evaluating needs and distributing relief. The ICRC delegates, for their part, are ensuring that amid the current ethnic violence and unrest the work of both institutions carries on in accordance with the principles of neutrality and impartiality.

Afghanistan: ICRC employee killed

An Afghan ICRC employee, Faqir Yar, was killed on 1 September 1990 when the ICRC vehicle he was driving came under fire near Herat (western Afghanistan). The vehicle was travelling on a main road out of Herat, carrying messages from prisoners to their families in the area. An ICRC delegate who was in the passenger seat escaped unhurt.

The ICRC, deploiring this serious incident, once again stressed the need to show respect for the mission of the ICRC, which is a neutral and impartial humanitarian organization, and for the Red Cross and Red Crescent emblem. Only if such respect is guaranteed can its delegates conduct their activities in conflict situations, where security incidents are common.

Liberia: convoys for displaced persons

Since the evacuation of the ICRC delegation in Monrovia at the beginning of August, the delegates have been relocated in Freetown, the capital of Sierra Leone, and at Man in Côte d’Ivoire, from where they are organizing relief for the victims of the events. A logistic base has been set up at Harbel, some 50 kilometres west of Monrovia, where around 200,000 displaced persons have gathered. About every two weeks, a convoy loaded with emergency relief supplies (temporary shelters, kitchen sets, medical equipment and medicines) leaves Man for Liberia, where the supplies are distributed in the camps for displaced persons, two hospitals and about 15 local dispensaries.
Identification of medical transports: revision of rules to keep pace with new technology

At the invitation of the ICRC, a meeting of 120 technical experts from 60 States party to Protocol I or to the Geneva Conventions was held in Geneva from 20 to 24 August with a view to revising the regulations concerning the means of identification and communication used by hospital ships and medical aircraft in wartime.

A consultation of government experts is provided for in Article 98 of Protocol I additional to the Geneva Conventions, and the Geneva meeting was prompted by developments that have occurred since the entry into force of the two Additional Protocols in 1978. Its purpose was to include in the technical Annex to Protocol I the new provisions adopted after 1977 by the Civil Aviation Organization (ICAO), the International Maritime Organization (IMO) and the International Telecommunication Union (ITU).

“For over 125 years”, said the ICRC’s technical adviser, Mr. Gerald Cauderay, “the medical personnel, units and transports protected by the Geneva Conventions have been identified by purely visual means (the red cross and red crescent emblem - Ed.).

Modern warfare, however, relies increasingly on the use of sophisticated technology which makes it possible to destroy a target long before it can actually be seen. Moreover, the mechanization of means of combat and the widespread use of electronic means of observation, and even to some extent of automatic firing, especially of sea and air weapons, have considerably increased the range and rapidity with which weapons can be fired and their velocity. As a result it has become well nigh impossible to recognize at a sufficiently early stage personnel and equipment bearing only the distinctive emblem.”

This is the case, for example, of passive infrared observation (IR Th — thermal imaging) whereby the natural or artificial electromagnetic energy emitted in the IR band is transformed into electrical signals. These signals are then used to register the hot points on the landscape, thus forming an image which can be observed through fieldglasses or on a screen.

Tests on the visibility of the red cross emblem displayed on vehicles and hospitals were recently conducted in Switzerland, with the help of the Swiss Army and the Swiss Federal Military Department. The tests revealed that in the case of thermal IR observation, the red cross signs were not visible despite the special type of paint used. Other tests made with flashing blue lights on medical aircraft showed that their range of visibility was reduced by distance and certain weather conditions.

The technical experts attending the meeting were informed of the results of all these tests. Their conclusion was that visual means of identification could still be used but that their visibility needed improving as a matter of urgency. They also agreed that only electronic means of identification (radar transponders for aircraft and hospital buildings, under - water acoustic identification for hospital ships) were reliable at long distance and afforded a vital minimum of protection to medical transports in wartime.

The experts also discussed various proposals submitted by the ICRC and by various participants on the subject of radio communications.

The general atmosphere at the meeting was excellent and a diplomatic Conference on the subject may be convened by the Swiss Government (the depositary of the Geneva Conventions) in the near future. Meanwhile, an ICRC report on the meeting’s conclusions will be submitted to the 26th International Conference of the Red Cross and Red Crescent, which will take place next year in Budapest.

Gulf crisis: ICRC proposals turned down

humanitarian law. Following his discussions in Baghdad the ICRC President expressed deep regret that the negotiations with the Iraqi authorities had not led to the signature of an agreement providing for a comprehensive humanitarian operation.

The ICRC President also spent two days in Tehran, where he met the Vice-President of the Islamic Republic of Iran, Mr. Hassan Habibi, and the Minister for Foreign Affairs, Mr. Ali Akbar Velayati. Satisfaction was expressed on both sides at the repatriation of the prisoners of war from the Iran/Iraq conflict. The talks then focused on the problems caused by tens of thousands of foreigners arriving in the Shatt-al-Arab border area from Kuwait and Iraq. The Iranian Government had requested the ICRC’s help in the matter and consultations began in Tehran to work out the details of a joint effort to assist these people.

President Sommaruga spent the last day of his mission in Jordan, where in King Hussein’s absence he had talks with Crown Prince Hassan. Their discussions centred on the tragic plight of the hundreds of thousands of people transiting through Jordan, to whom the ICRC is providing emergency relief in cooperation with the Jordanian Red Crescent.

In Amman the ICRC President also met the United Nations Secretary-General, Mr. Javier Pérez de Cuéllar.

News in brief

YEMEN: Following the reunification of the Yemen Arab Republic and the People’s Democratic Republic of Yemen, the two National Societies have merged to form the Yemeni Red Crescent, with its main headquarters at Sana’a. Pursuant to previous instruments binding the two former countries, the new State is party to the Geneva Conventions of 1949 and the Protocols additional thereto.

CAMBODIA: An ICRC medical team, comprising a delegate, a surgeon, a doctor and a sanitary engineer, has been at work at Mongkol Borei hospital in the western part of Cambodia since 28 August. The team’s main task is to provide displaced people with assistance and medical care. During the first week of September alone, 32 persons were admitted to the hospital, 29 of them war casualties.

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.

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The ICRC is financed through voluntary contributions from States, National Red Cross and Red Crescent Societies, and private individuals. If you wish to support the ICRC, contributions should be sent to: Swiss Bank Corporation, 1211 Geneva 11 -Account no: 129.986.0, or Post Office Account no: 12-5527-4.
Angola: crossline and crossborder operation
A first for the ICRC

The ICRC launched a large-scale humanitarian aid operation in Angola on 8 October 1990. Some 260 tonnes of food and other relief were sent in by air and road, not only across the front lines but also across the Namibian border.

Twelve ICRC delegates and almost 30 local employees took part in the venture. It was the first time that the ICRC had obtained the simultaneous agreement of the Angolan government, UNITA (National Union for the Total Independence of Angola) and the Namibian authorities to extend its emergency relief operation across the front lines. The following reports are filed by Pierre Gauthier and Catherine Pellissier, two ICRC delegates who accompanied the convoys from the Angolan port of Lobito and the Namibian capital Windhoek respectively.

We had been on the road for some hours after leaving Lobito at 6.45 on the morning of 8 October. Large Red Cross flags were floating above the russet dust-cloud raised by the trucks. The convoy stretched back several hundred yards.

In the early morning light the Angolan plains, the mato, were a magnificent sight. We were approaching the foot of the escarpment that would take us up to the Planalto, the high central plateau. Everyone was aware of the danger: only recently there had been violent clashes on that very road. We also knew that the two parties to the conflict — the Angolan government and UNITA — had provided the ICRC with all the necessary security guarantees at the highest level. Our hearts beat faster with each government checkpoint we passed, usually on the outskirts of towns. We kept our hands in sight and made no sudden movements that could be misinterpreted. One crucial question was in everyone’s mind: had news of the security guarantees filtered down to the lowest ranks of the military? As if to reassure us, the government soldiers waved us on each time.

After every checkpoint the convoy entered a “grey” area, a combat zone. Tension was high. What if a mine had been overlooked? The leading vehicle driven by François and Bernard, the delegate in charge, and one truck had just disappeared behind a low hill, leaving a gap which the second truck accelerated to close. Suddenly, eight UNITA soldiers emerged from the bush and halted the rest of the convoy. There was an exchange of words and then, to our relief, a handshake and the column set off again. When I looked back, there was no one to be seen.

(Continued on page 4)

Into Angola from Namibia

For the first time in almost ten years of uninterrupted activity in Angola, the ICRC obtained permission to take in food for people affected by the conflict from a neighbouring country, Namibia. So on 8 October a convoy of 13 trucks flying red cross flags left Otavi, a small town in central Namibia, for the border hundreds of kilometres away. The convoy soon split up, eight trucks loaded with 20 tonnes of beans and 80 tonnes of maize heading for Oshikango then Lubango, the capital of Huila province in south-western Angola. The other five trucks set out to cover almost 1,000 kilometres with their load of 120 tonnes of food for Cacuchi, in south-eastern Angola, where UNITA is present.

(Continued on page 2)
Afghanistan: heavy influx of casualties at the Kabul hospital

October saw fierce fighting in Afghanistan, especially around the capital. So many people were wounded that the ICRC surgical hospital in Kabul and the new first-aid post in Mir Bashakot had their resources taxed to the limit. ICRC press attaché Sylvie Léget was there.

Thursday, 18 October: thirteen war casualties have just been brought to the emergency ward of the ICRC surgical hospital, on the banks of the Kabul river in the Karte Se neighbourhood of the city. Only several hours ago, there was an urgent radio call for more ambulances to be sent to the Mir Bashakot first-aid post, in opposition-held territory about 40 km north of Kabul. This small medical unit, which is visited by an ICRC nurse every morning, was opened by the institution in August and has since received an average of one or two casualties per day to prepare for transport to Kabul. This morning, however, there were seven people, all wounded by rockets, waiting to be transferred to Kabul after first aid by local staff. Later, more rockets fell nearby and there was a new influx of wounded, one of them dead on arrival.

At the ICRC hospital in Kabul, four ambulances arrive in quick succession. Doctors and nurses leap into action in the already crowded admissions area where the new patients, most of them civilians and none of them older than 22, lie moaning on stretchers.

Their wounds are examined, intravenous drips from Mir Bashakot are changed and pain-killers are administered. The most critical cases are sent directly into the operating room. One of them is a very young man bleeding heavily from serious abdominal and leg injuries. He dies on the operating table. Another is a four-year girl who has a shrapnel wound to her brain. Her operation is successful.

The next day, a further 10 patients have to be brought from Mir Bashakot. The number of patients in the hospital soars to an alarming 228 as rockets continue to fall on the city and fighting goes on in the outlying areas. For the ICRC, which has treated over 400 wounded people a month at the hospital since last June, the emergency continues.

Israel and the occupied territories: ICRC appeal following events in Jerusalem

During the violent clashes that broke out on 8 October between the Israeli police and Palestinian civilians on Jerusalem's Temple Mount, 24 civilians were killed and over 100 wounded.

The ICRC delegates who were on the spot to help evacuate the wounded were able to ensure that the armed forces did not enter mosques or hospitals. The delegates saw the Israeli forces use live ammunition against civilians, and the ICRC called on the authorities to put an end to the use of such ammunition by the police.

Distributions tailored to needs

The food was not intended for Cacuchi itself. An ICRC nutritionist is currently in the area carrying out a detailed survey of the local population’s needs. The results will determine where the food will be taken for distribution. “We still have to solve some major logistic problems,” Marco explained, “because of the state of the roads and the distances involved. We also have to finish the job quickly, before the rains begin.”

At nightfall the trucks set off on their return trip to Namibia, the delegates and drivers feeling that they had shared an exceptional experience. And exceptional it was for the ICRC, but, as Daniel said, “even more so for the local people, who have been cut off from the rest of the world for years and whose needs are immense”.

Catherine Pellissier

(Continued from page 1)

Marco was the delegate in charge of the second half of the convoy. He helped load the trucks, made sure each one could be easily identified by its red cross markings, and explained the importance of the delivery to the drivers.

Marco knew south-eastern Angola well, as he had worked there for several months, and developments in the ICRC operation in the area met with his enthusiastic approval. “At last we can help civilians no matter what the political shade of the area they live in. This is a big step forward on the road to more effective humanitarian work”.

A moving moment

After two days of trouble-free travel through Namibia, the trucks arrived at the border. The convoy came to a halt. Marco got out of his car and walked towards the barrier. In the blazing heat no one said a word. The large flag Marco was carrying flapped in the wind. It was a moving moment, one in which the red cross emblem showed what it truly stands for: neutrality, humanity, help for conflict victims. Daniel, an ICRC delegate based in south-eastern Angola, stepped forward to meet him. Their long handshake betrayed their feelings.

The convoy started up again, crossed the border and travelled a few kilometres along a twisting track in a landscape of sand and dry trees. Large canvas warehouses appeared on the horizon: at last it had arrived. The regional authorities welcomed the delegates and told them how grateful they and the local people were. At the side of the road, a large billboard proclaimed “Welcome to Cacuchi!” Several dozen men came to help unload the 120 tonnes of food — a task they completed in scarcely two hours.
ICRC President in South-East Asia

ICRC President Mr. Cornelio Sommaruga visited Viet Nam, Cambodia and Thailand from 19 September to 1 October 1990.

Invited by the Viet Nam Red Cross, Mr. Sommaruga met Mr. Do Muoi, Chairman of Viet Nam’s Council of Ministers, Mr. Nguyen Co Thach, Minister of Foreign Affairs, and Maj.-Gen. Mai Chi Tho, Minister of the Interior. Mr. Do agreed in principle to ICRC visits to security detainees.

The Vietnamese government also expressed its satisfaction at the orthopaedic project in Ho Chi Minh City and stressed the importance of the work done by the ICRC tracing service.

Mr. Sommaruga’s talks with Mr. Hun Sen, Prime Minister of the State of Cambodia, led to progress in several areas: ICRC delegates are to have greater facility of access to all parts of the country, agreement in principle was given for visits to persons detained in connection with the Cambodian conflict and permission was given, for the first time, for direct flights between Bangkok and Phnom Penh. All humanitarian flights into Cambodia had previously had to be routed through Viet Nam.

On 2 October 1990, the first flight left the Thai capital for Phnom Penh with 4.5 tonnes of medical supplies on board. The ICRC hopes that this new air link will soon be set up on a regular basis.

Mr. Sommaruga also discussed plans for a blood bank with Mr. Hun Sen and expressed his satisfaction at the arrival last August of an ICRC surgical team in Mongkol Borei in western Cambodia. The ICRC’s presence in that region is important in several respects. For example, the ICRC is thus able to work in a conflict area which will probably eventually receive most of the displaced persons now living in camps on the Thai border.

In Thailand, Mr. Sommaruga went to the Site 2, Khao-I-Dang and Site 8 camps on the Khmer-Thai border, where the ICRC has been working for eleven years.

Mr. Sommaruga met representatives of the National Societies in the three countries he visited. His discussions with them were focused on promoting knowledge of and respect for the principles of international humanitarian law.

Rwanda: ICRC on the spot

On 3 October, 24 hours after fighting broke out in Rwanda, three ICRC delegates, including a doctor, arrived in Kigali from Burundi, where they had been in the process of visiting detainees.

The delegates carried out two evaluation missions in the north of Rwanda, providing emergency medical supplies to the hospitals that had taken in the first casualties.

In the capital, the delegates distributed food to hospital patients cut off from their families by the curfew. A convoy was sent in with ten tonnes of rice, beans and oil.

On 13 October, the delegates began visiting persons detained in Kigali in connection with the events. These visits were carried out in accordance with the ICRC’s customary criteria.

The ICRC now has six delegates in Rwanda, including a tracing delegate who is responsible for establishing contact between the detainees and their families. There are currently three camps for displaced persons in the north of the country, sheltering a population of about 7,000.

The Belgian Red Cross has also provided emergency supplies under an assistance programme for displaced people carried out in co-operation with the Rwandese Red Cross.

ICRC OBTAINS OBSERVER STATUS AT THE UN

On 16 October 1990, the United Nations General Assembly in New York unanimously decided to grant observer status to the International Committee of the Red Cross.

The institution already has consultative status with the UN Economic and Social Council. Taking part as an observer in the proceedings of the General Assembly will enable the ICRC to work in closer co-operation with the UN, particularly as regards the international mandate conferred on it by the 1949 Geneva Conventions.

Other organizations such as the European Community, the Arab League and the Organization of African Unity also have observer status at the United Nations General Assembly.

Somalia: delegate killed in ambush

An ICRC delegate, Peter Altwegg, was killed on 6 October in an ambush between Daraweine and Hargeisa, in north-western Somalia. He was travelling with a colleague, Antonella Notari, and two Somali Red Crescent staff, Sahra Ahmed Jama and Hassan Arab. Their vehicle broke down as they were returning from a survey in the area and they were forced to make their way back to Daraweine on foot. There they were offered a ride back to Hargeisa in a police truck, but on the way the vehicle was attacked by SNM (Somali National Movement) gunmen, who did not know the delegates were on board.

Peter Altwegg was fatally injured in the attack. Antonella Notari and Sahra Ahmed Jama were initially reported missing, but were in fact safe and sound. As for Hassan Arab, he was unhurt in the ambush and managed to escape. Miss Notari was released on 11 October and is now back in Switzerland. The ICRC is still engaged in discussions with the SNM to enable Mrs. Jama to return to her family.

The ICRC was shocked and saddened by this tragic incident, but nevertheless wishes to continue and expand its activities in behalf of all the victims of the conflict in north-western Somalia. To reach them it must be able to move freely across the front lines, with the agreement of all the parties to the conflict. Although the attack on 6 October was in no way directed against the red cross emblem, ICRC teams have stopped travelling by road for the time being. Work in the Berbera surgical hospital, on the other hand, continues.

The ICRC calls on all parties to allow its protection and assistance operation to proceed and to ensure that it has freedom of access to all the victims of the conflict.
Battle scars

Evidence of the fighting was plentiful along the road, itself full of shellholes and mine craters. All the buildings in the towns bore the scars of battle. Nothing was working; time seemed to have been standing still for years. The people watched us pass, amazed. Some recognized the emblem and gave timid smiles. A few daring children shouted “Cruz Vermelha” after us. Far ahead twin rocky peaks, known as the “two brothers”, stood out against the sky, like distant symbols of an uncertain future.

After an overnight stop at Ganda, we set off again at 7 a.m. No one had had much sleep. The red earth track, still lined with burni-out wrecks, led through a eucalyptus forest. As we crossed the disused railway line two ragged men armed with bows and arrows raised their hands and looked away.

The next bridge had been blown up and we had to ford the river. The trucks plunged into the muddy water, brown waves washing over their hoods. We called a halt at a nearby village, where a curious crowd gathered around us in astonished silence. Bernard handed out some leaflets on the Red Cross operation to the soldiers in the village. As we left, a cry of hope rose from the children: “Cruz Vermelha!”

Scenes of daily life

We stopped at the Longonjo market to see what we could buy. On scraps of cloths laid on the ground the women were offering only a few puny tomatoes for sale. Lettuce was being sold leaf by leaf and for twenty tomatoes. As we drew nearer our destination we saw some makeshift villages of huts hastily constructed by communities displaced by the conflict. On the banks of the nearby river they had dug nacas, small plots where maize and sugar cane were growing. ICRC nutritionists estimate that one third of the Planalto population is going hungry and six per cent are suffering from severe malnutrition.

The staff of the ICRC sub-delegation in Huambo turned out in force to meet us, with hugs and handshakes all round. That very evening, the 56 tonnes of food we had brought were unloaded at one of the ICRC warehouses by Angolan ICRC employees. Later, when the need arose, maize flour or fuba would be distributed to conflict victims in the Planalto villages. As dusk fell over Huambo, bursts of automatic fire could be heard in the distance. We hadn’t the heart to celebrate after our adventure: we had just heard that Peter Altweg had been killed in Somalia.

Pierre Gauthier

Burundi: seminar on penitentiary issues

A seminar organized by the Henry Dunant Institute and the ICRC for the heads of penitentiary administrations of 17 French- and Portuguese-speaking (Angola and Mozambique) African countries was held in the country’s capital, Bujumbura, from 24 to 28 September. Following the meetings organized in Messina in 1985 and Harare in 1988, this third seminar focused on management issues, which included the very serious problem of overcrowding, the dilapidated condition of prison buildings and the lack of financial resources to renovate them. As regards the provision of medical care in penitentiary establishments, discussions largely centred on the AIDS problem, with speakers including doctors working in Switzerland and Côte d’Ivoire and a representative of the World Health Organization.

The ICRC explained its objectives and customary procedures when visiting prisons and reviewed its detention-related activities in behalf of prisoners of war, civilian internees and security detainees and the difficulties experienced in the area throughout the world.

Participants in the seminar were also able to visit Mpimba Central Prison in Bujumbura. They all expressed satisfaction at having been able to exchange views and share their concern about the problems encountered in so many countries. At the close of the meeting, the representative of Mauritius, Mr. Bhokkun, said that his country was willing to host the next seminar, to be attended by heads of penitentiary administrations from all over Africa.

Jordan: transit centre now empty

The Azraq transit camp run by the Jordanian Red Crescent and the ICRC is now empty. All the Asians who had sought refuge there after leaving Iraq have returned home, with the help of the International Organization for Migration or their respective governments.

The reception centre at Ruweished on the Iraqi border is also empty at present. The facilities at Azraq and Ruweished are nevertheless being maintained in readiness for any new arrivals.

News in brief

**IRAN: On 4 October, 22 Sudanese prisoners of war were released by the Iranian authorities and handed over to Sudanese officials at Tehran airport. In the presence of ICRC delegates. Before the prisoners boarded the plane, the delegates interviewed them without witnesses to make sure that they were returning home of their own free will.**

**ROMANIA: A seminar on international humanitarian law for senior officers of the Romanian armed forces was held in Bucharest from 8 to 11 October 1990, in the presence of the Minister of Defence, General Victor Stanculescu. While in Bucharest for the seminar, Thierry Germond, ICRC Delegate General for Europe and North America, was received by the Head of State, President Ion Iliescu. Their discussions centred on proposals to promote IHL within the country.**

**SURINAME: A delegate and a doctor from the ICRC began an evaluation mission in Suriname on 17 September 1990. After contacting the authorities in the capital, Paramaribo, the ICRC representatives travelled to disputed zones along the Maroni and Tapajons rivers.**

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LEBANON

Sidon orthopaedic centre reopens

The ICRC’s orthopaedic centre in the southern Lebanese town of Sidon reopened on 5 November. It had been closed since 6 October 1989, the day when Elio Erriguez and Emanuel Christen, the delegates who ran it, were abducted.

Day-to-day work at the centre is carried out by six locally recruited orthopaedic technicians who have been trained by the ICRC. Their work is supervised by a medical co-ordinator from the Beirut delegation. When the Sidon centre was closed, 80 people were waiting for treatment there; the waiting list today is twice as long.

ICRC delegates were busy in many other respects as well. They tried to trace prisoners and people reported missing after the fighting in October in East Beirut. Working with the Lebanese Red Cross, they also identified casualties who had died in hospital and returned their mortal remains to their families.

Delegates continued to visit prisoners held by both sides and to verify whether prisoners whose release was announced from time to time by the two parties were in fact set free.

In mid-November, delegates were able to travel to the Iqlim el Touffah area and distributed medicines and 800 family parcels there to the many civilians affected by the fighting. A sanitary engineer checked the condition of the spring in Nabatasseh, which supplies drinking water to some 40 villages in the region. Members of the Lebanese Red Cross and delegates also removed bodies and took wounded people to hospital.

Following the release in August of its two delegates held hostage, the ICRC reduced the number of its expatriate staff in Lebanon from 20 to 6, all based in Beirut.

LIBERIA

ICRC returns to Monrovia

Two ICRC delegates, one of them a doctor, arrived in the Liberian capital Monrovia on 5 November. They helped organize the burial of hundreds of people killed last August in a reception centre set up in St. Peter’s church under the protection of the red cross emblem. Since the massacre the bodies had been left lying in the open.

Two sanitary engineers joined the ICRC team and began working on a project to purify the city's water supply, which had become unsafe for drinking and was further contaminated by decaying bodies.

Across the front line, in the area controlled by the National Patriotic Front of Liberia (NPFL), the ICRC continued to bring in medical and food supplies from neighbouring countries for dispensaries and for civilian victims of the clashes. The first part of this assistance programme will cover 2,500 families; by mid-November, vegetable seed had already been distributed to some 500 destitute families.

In co-operation with the National Red Cross Societies of Sierra Leone, Guinea and Côte d'Ivoire, the ICRC is still issuing lists of people seeking missing relatives. Many family members have thus been able to re-establish contact with each other after months of separation.

RWANDA

Series of prison visits completed

On 16 November, the ICRC completed its first series of visits to people held in connection with the disturbances that broke out last October in the north of the country. A total of 4,502 detainees in 25 places of detention in Kigali and the provinces were seen and registered in accordance with the ICRC’s customary criteria.

In many instances the authorities responded favourably to the ICRC’s recommendations aimed at improving protection for the inmates.

The ICRC has been in Rwanda since 3 October and now has six delegates on the spot. They have been actively supporting the Rwandese Red Cross in its work to assist displaced civilians by helping distribute 22 tonnes of food and medicines, mainly to hospitals.

News in brief

JORDAN: On 15 November, the ICRC handed Araq 1 camp over to the League of Red Cross and Red Crescent Societies. After it opened on 13 September, the camp provided shelter for a total of 70,000 people in transit. It was empty again from 9 October until early November, when some 5,000 Indians arrived there from Kuwait.
AFGHANISTAN

Kabul: not a day without an emergency

Overcoming many difficulties, the ICRC delegation in Kabul has steadily expanded its activities throughout Afghanistan. Sylvie Léger, ICRC press attachée for Asia, is just back from the capital. This is her report.

Kabul — the capital of a country forgotten by the international community. Interest dropped off when the Soviets left, but the war continues. Against the backdrop of the imposing Hindu Kush mountain range, the city is grey, its immediate future uncertain; the rumble of army tanks and trucks is a familiar sound. Many checkpoints are set up at nightfall and a curfew is strictly enforced after 10 p.m.

Another familiar sound: dull thuds. And always the same question: was that the sound of a rocket being fired or of its impact? In either case there are bound to be innocent victims: about 50% of the wounded treated at the ICRC's surgical hospital are women and children under 14 years of age. "The people are afraid here. What future is there for our children? Mine race for the cellar whenever they hear a rocket. Almost every day they ask us to leave the country. But our life is here", says Hamida, a young Afghan woman.

No day passes in Kabul without an emergency, and the ICRC's VHF radio is rarely silent: "E ward calling annex, E ward calling annex". The annex is the building for patients able to get up and about; E ward is one of the hospital's five wards. In an emergency, the beds in the annex have to be freed for new arrivals. The hospital is sometimes filled to overflowing, and the number of beds has had to be increased to 300.

Since it opened in 1988, the ICRC delegation in Afghanistan has not stopped growing. The fighting, far from ending in February 1989, has become worse. While one of the opposition's main objectives had always been to take government power, the fighting, far from ending in February 1989, has become worse. While waiting for it to re-open, another message came over the radio: "Aline calling delegation, Aline calling delegation calling annex". The annex is the building for patients able to get up and about; E ward is one of the hospital's five wards. In an emergency, the beds in the annex have to be freed for new arrivals. The hospital is sometimes filled to overflowing, and the number of beds has had to be increased to 300.

The ICRC is still, however, not authorized to visit persons under interrogation nor those awaiting trial and detention. Nevertheless, in the changing landscape of the Afghan conflict nothing can ever be taken for granted. A commander willing to receive the delegates one day may see his territory seized by another group a few days later. Often at the cost of additional victims.

The people in Kabul, like everywhere else in Afghanistan, go about their daily business. The bazaars are still a hive of activity, but the ICRC's teams are on constant alert. The radio crackles again. A rocket has fallen on a busload of civilians not far from the first-aid post in Mir Bachakot. Five ambulances are needed to evacuate 20 wounded.

On 6 November, a few hours before I was due to leave, the thuds were getting louder. We learned that the airport had been closed because of persistent shelling. While waiting for it to re-open, another message came over the radio: "Aline calling delegation, Aline calling delegation calling annex".


civilians returning home after receiving ICRC medical care

(Continued on page 4)

At work in the prisons

Pul-i-Charkhi prison in Kabul is also known as the wheel, for the heart of the prison complex is made up of eight blocks arranged like spokes. Built in 1974, the prison is so vast that it serves as a landmark for aircraft overflying the capital.

One of the ICRC's priorities from the start of the conflict has been to gain access to detainees. After several fruitless attempts, visits finally began in March 1988. Most of the people arrested are held in Pul-i-Charkhi, but there are also some in provincial prisons. In October of this year an ICRC team went to Jalalabad and visited the prison there for the first time. So far, 11 provincial prisons have been visited, and the delegates hope to be able to go to other places where security detainees are being held.

Prison visits are therefore one of the ICRC's most important activities in Afghanistan. The delegates carefully check the number of detainees at each visit so as to prevent disappearances. Reports on the conditions of detention are forwarded to the authorities concerned, together with lists of the sick and elderly who should be released. In addition, over 4,000 Red Cross messages have been distributed to prisoners visited since the beginning of the year.

The ICRC is still, however, not authorized to visit persons under interrogation nor those awaiting trial and held on order of the Ministry of State Security; their plight is cause for particular concern. Nor has the ICRC yet had access to all persons detained by the different opposition movements.

The civil war continues to rage and the different parties to the conflict have recently made it easier for the ICRC to develop its activities for the wounded; the more reason why all detainees should also be able to benefit from the institution's humanitarian work. The ICRC therefore continues to make representations to the government in Kabul and to the opposition parties to ensure that these people do not become a category of victims left to fend for themselves in a conflict which alas shows no signs of abating.
**SRI LANKA**

**Between bombs and the monsoon — the ICRC in Jaffna**

The ICRC has been in Sri Lanka since October 1989, and has mounted a major medical assistance programme on the Jaffna peninsula. Claude Châtelain, ICRC information delegate on the island, spent several days seeing what life is like in the Jaffna sub-delegation.

Bombing has reduced entire streets of the old town of Jaffna to rubble. It is like the grim setting of a war film, but all too real. Silent figures sift through the dusty fragments looking for anything that might be salvaged. People here anxiously scan the heavens whenever an aircraft is heard. ICRC delegates, too, have become assiduous sky-watchers.

Until last June, the Jaffna Teaching Hospital was the finest in the region: 1,000 beds, four operating theatres, a large outpatient department and a nursing school. Now, in late October, it is a battered shell, a victim of the recent battle for the Jaffna fort. The destruction is greatest in the administration building, which took several direct hits. All the other hospital buildings were damaged too, but less so. Inside them repairmen, working under ICRC protection, move around in semi-darkness. The efforts to reopen this hospital are the spearhead of the ICRC’s struggle to improve conditions for the people living in this war-ravaged province. Since June there have been so many hours spent negotiating with the parties to the conflict, so many hopes dashed, but this time success seems within reach. The repair work is going well and the delegates have already marked out, on a map of the city, the perimeter of an area to be declared neutral as a protection zone around the hospital, with ICRC representatives posted in it at all times. This zone is a guarantee of safety for the patients and staff. It is as essential as the hospital itself.

While the Teaching Hospital has been out of service, Manipay hospital on the northern outskirts of Jaffna has done its best to fill the gap. Now also working under ICRC protection, this private, 200-bed hospital meanwhile has over 350 patients, including 77 casualties admitted the previous night. The overcrowding is evident at a glance. And indeed, Dr. Theivandran, head of the Jaffna branch of the Sri Lanka Red Cross Society and a pillar of strength in the hospital since hostilities flared up again, is talking to Jetty van den Boom, an ICRC nurse, about the possibility of transferring some of the patients to the Point Pedro hospital, where a team from *Médecins sans frontières* is at work. He also reminds her that they are still waiting for anti-rabies vaccine to fight the new epidemic: eighteen people have died of rabies in the past month, and those are only the cases recorded at Manipay!

The 3,000-ton *Merses Kumana* has been chartered by the ICRC. It has been fitted to carry passengers as well as freight and is to take a number of chronically ill people to Colombo for specialized treatment.

To reach the ship, we use a fishing boat which nearly capsizes in the process. And climbing up the accommodation ladder to go on board is quite a feat even for someone who is physically fit. Jetty is sceptical about transshipping sick people in such conditions, but she is persuaded by the captain and by Pieder, the ICRC’s Danish mate on board, that it will all go well. The only other choice is to leave the patients in Jaffna, and that is out of the question.

Bombs dropped close to ICRC vehicle

While on board the *Merses Kumana*, we hear a call over the ship’s radio from colleagues in an ICRC vehicle. Returning along the coast to Jaffna from a two-day mission near Mullaittivu, they have been caught between the sandbank and the lagoon in a bombing raid. We sit tense and helpless as they describe what is happening to them: a Sri Lankan air force plane passes over their vehicle, which is clearly marked with the red cross emblem; they stop, jump out and start waving an ICRC flag. At that moment a second aircraft appears and drops four bombs around the vehicle, one of them exploding only 60 metres away.

**Point Pedro**

Under stormy skies, two empty barges toss at their moorings at a wave-battered pier. Anchored offshore is the *Merses Kumana*. Unloading has been impossible for the past two days; and the monsoon has barely even begun. Everyone is getting worried. How will supplies of food, medicines and other essentials reach the province if negotiations for the use of the sheltered port at Kankensanturai break down? Just one more problem that needs solving fast. This part of northern Sri Lanka has been cut off by the conflict from the rest of the country and largely depends for its survival on the 7,000 tons of supplies brought in each month by four ships operating under ICRC protection.

**Mannar Island: goods being taken in by barge**

**Teaching Hospital reopens**

**Jaffna, 6 November**: The Teaching Hospital in Jaffna opened again today at last and its Tamil medical staff were able to return to the posts they had to abandon five months ago. For the time being only one operating theatre is in service, but the three others should also be working within a week. The surgical wing and the medical wing have a total of 600 beds and the hospital can provide 500 out-patient consultations per day. On 9 November, patients will begin to be transferred here from Manipay hospital. Other encouraging news is that Dr. Theivandran has received anti-rabies vaccine with which to fight the epidemic in Jaffna, and a few days ago, on 3 November, the *Merses Kumana* dropped anchor in the port of Colombo with 16 patients on board.

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On Friday, 9 November, at 7.45 a.m., a Sri Lankan air force plane bombed the protection zone around the Jaffna Teaching Hospital, which had been declared neutral by the ICRC and clearly marked with the red cross emblem. The parties to the conflict had been immediately notified of its neutral status when the hospital reopened three days before. One bomb landed close to the hospital grounds, injuring one person inside. A second bomb fell in the readily distinguishable protection zone, injuring four others.
A question of culture

The ICRC’s Dr. Robin Gray recently spent ten days in the northern Somalian town of Berbera to seek solutions for the difficulties facing ICRC medical staff there.

The Berbera surgical hospital has been working since August 1989 and has a capacity of 100 beds. Some 50 wounded civilians and combatants have been flown to the hospital since mid-October following renewed fighting in the region.

After his visit, Dr. Gray emphasized that cultural differences must always be taken into account. Before operating on a wounded person, he said, the doctors must obtain the consent of the patient’s family and clan, even if there is no time to lost. This rule applies as much in Berbera as in the ICRC’s Peshawar and Quetta surgical hospitals in Pakistan. “A member of the family or a representative of the clan must decide on behalf of the patient whether surgery will be carried out or not. Such questions become vital when an amputation is required.”

Basic understanding of and respect for the clan structure is indispensable. To avoid any feeling of discrimination between one clan and another, doctors must carefully explain that some patients are treated before others for clinical reasons, i.e. their condition is more serious. Dr. Gray stresses the importance for the ICRC of working with field officers “who come from the same cultural milieu as the patients and therefore understand both the local bonds of loyalty and the principles of the ICRC”.

(Continued from page 2)

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The words of a local employee went through my mind: “Come back to see me when the country’s at peace.” I wondered, as I cast a final glance back at Kabul, for how long the ICRC would have to keep so many delegates in Afghanistan.

MEDICAL ACTIVITIES

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MALAYSIA

Seminar for Asian journalists

A seminar entitled “Focus on the media and the ICRC” was held in Kuala Lumpur on 14 and 15 November for 19 journalists from seven Asian countries (India, Indonesia, Hong Kong, Malaysia, Philippines, Thailand and Viet Nam). The seminar was also attended by a number of ICRC representatives, including the heads of the Communication Department and the Press Division in Geneva, the Deputy Delegate General for Asia, the regional delegates based in Jakarta and Hong Kong and the head of the ICRC delegation in the Philippines.

The meeting was organized by the ICRC Communication Department, in cooperation with the Malaysian Red Crescent Society. Its purpose was to inform the participants about the ICRC and its goals and above all to strengthen ties with journalists from countries where the ICRC is working, with a view to creating a support network within the Asian media.

The two-day seminar started with a general presentation on the ICRC and international humanitarian law and then dealt with topics of direct relevance to journalists, such as the ICRC’s information policy and how it is affected by the institution’s rule of discretion, which the media often fail to understand; the ICRC’s relations with the local press versus the international media; how information on humanitarian activities is sometimes used for political purposes; and the relationship between humanitarian law and human rights.

Discussions also centered on the protection of journalists on dangerous missions — a topic of particular relevance in countries such as the Philippines — and what the ICRC can do in this connection.

Following a presentation by the Malaysian Red Crescent on its activities in behalf of Vietnamese boat people, there was an extensive debate on this problem of major concern to all the countries in the region.

The seminar was a resounding success, thanks to the high standard of the attendance and the quality and intensity of the discussions. All the participants expressed the wish to support the ICRC’s efforts in their respective fields of activity at the national level and to maintain the links established with the institution.

This seminar was the last of a series held since 1986 in Africa, Latin America, the Caribbean, Europe and the Middle East. The meetings were financed by special funds made available to the ICRC Communication Department by the Aga Khan Foundation for a training programme involving both ICRC headquarters staff and the media in countries where the ICRC is working.

Tracing Agency

NEW LIFE FOR OLD FILES

Since 1987, the ICRC’s Central Tracing Agency in Geneva has been receiving a growing number of requests for certificates concerning people who were held prisoner during the First or Second World War. Some of these have come from people in central and eastern Europe who wish to emigrate to the Federal Republic of Germany. Under German law, any person who can prove German descent going back three generations is immediately entitled to German citizenship. Some candidates for emigration to Germany, many of them in Poland or the USSR, turn to the Central Tracing Agency in the hope of obtaining proof that their father or grandfather served in the German army. There are still relatively few such requests, but the number may grow substantially. In the years leading up to 1987, the millions of files concerning the World Wars had been consulted less and less frequently and were finally stored in the International Red Cross and Red Crescent Museum when it was opened in 1988. The events of recent months are giving them new significance.

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

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