**JANUARY**

**Romania:** The emergency phase of the assistance operation, launched after the Ceaucescu regime fell on 2 December 1989, was over. A medium-term aid programme was launched under League responsibility, while the ICRC continued to provide medical assistance to the country's hospitals and protection where needed.

**Philippines:** Walter Berweger, an ICRC delegate, and Juanito Patong, a member of the Philippine National Red Cross, were killed in an ambush on northern Mindanao.

**Iran/Iraq:** Prisoners of war were repatriated for the first time since the ceasefire.

**Liberia:** Following inter-ethnic clashes in north-eastern Liberia, the ICRC set up an emergency operation to help the victims in Nimba County.

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**FEBRUARY**

**Lebanon:** Violent clashes in Beirut left thousands dead or injured. The ICRC provided hospitals with vital supplies.

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**MARCH**

**Afghanistan:** Fierce fighting in Kabul after an attempted coup led to a heavy influx of casualties at the ICRC's war-surgery hospital.

**Yugoslavia:** First visits to security detainees throughout the country.
APRIL

Nepal: Following demonstrations in Katmandu, the ICRC sent 600 kg of medical supplies to hospitals there.

Afghanistan: Heavy fighting broke out in Balkh, in the north of the country. The ICRC organized a 12-hour truce to evacuate the wounded, many of whom had to undergo amputations.

MAY

Sudan: After being suspended for six months, ICRC relief flights to southern Sudan resumed.

Somalia: The ICRC’s first overland convoy brought relief supplies to civilians in the north-west displaced by the conflict.

Israel and the occupied territories: Violence erupted on the West Bank and in the Gaza Strip. Many civilians were killed or injured and delegates helped take them to hospital. In Geneva, the ICRC expressed its concern at the persistence and aggravation of the conflict.

JUNE

Geneva: Important meeting between ICRC President Cornelio Sommaruga and Nelson Mandela, Deputy President of the African National Congress. Throughout his lengthy imprisonment, Mr. Mandela was regularly visited by ICRC delegates.

Sri Lanka: Renewed clashes between Tamil fighters and government forces in the north and east of the island led to an emergency operation to help civilian victims.

Mozambique: Two ICRC delegates were reported missing in the Ilé region while on a mission to assist civilian victims of the internal conflict in Mozambique. Three weeks later, they returned to their base safe and sound.
Liberia: As fighting raged in Monrovia, one of the six ICRC protection centres, where several thousand civilians had sought refuge, was attacked by armed men; 500 people were massacred in flagrant disregard of the most basic humanitarian rules.

Nicaragua: While the “Contras” were being demobilized, the ICRC helped by providing medical assistance and tracing facilities to the former guerrillas and their families.

Iraq/Kuwait: Despite President Sommaruga’s mission to Baghdad, an agreement enabling the ICRC to help the victims of the situation remained unsigned.

Cambodia: Peace talks under UN auspices. ICRC activities, in particular tracing work, expanded throughout the country.
OCTOBER

Somalia: On 6 October Peter Altwegg, an ICRC delegate, was killed in an ambush near Hargeisa in north-western Somalia.

Angola: Large-scale cross-line and cross-border relief operation launched by land and air.

Israel and the occupied territories: The clash between Israeli security forces and Palestinian civilians in the old city of Jerusalem left 24 dead and over 100 injured. The ICRC helped to take the victims to hospital and called on the Israeli authorities to put an end to the use of live ammunition against civilians.

DECEMBER

Somalia: For the first time, an ICRC aircraft flew across the front lines from the government-held town of Berbera to Salahie, south of Hargeisa, held by the Somali National Movement.

LEBANON: The ICRC's orthopaedic centre in Sidon, southern Lebanon, was reopened on 5 November. It had been closed since 6 October 1989, the day Emanuel Christen and Elio Erriquez were abducted.

Sri Lanka: The teaching hospital in Jaffna, which had been declared neutral by the ICRC, was bombed on 9 November. Five people were injured.
THE MIDDLE EAST CONFLICT

Position of the ICRC

In an international press briefing held in Geneva on 24 January, Mr. Jean de Courten, ICRC Director of Operations, gave an update on the ICRC's humanitarian activities within the context of the conflict. This is what he said:

Today I would like to bring you up to date on the crucial humanitarian issues which are emerging as the conflict develops and which are currently the focus of concern and debate, as reflected by the media.

We are pleased that humanitarian law and the Geneva Conventions in particular — the origins of which date back to 1864 — are the subject of so much attention, since the ICRC's mandate is derived largely from those instruments. We must nevertheless be sure that they are properly understood, not only by the public, but above all by those called on to apply or ensure the application of this law.

On the very night the fighting broke out, the ICRC President solemnly reminded States of their obligation to apply the provisions of international humanitarian law which they had undertaken to respect. I will therefore be brief on those points, emphasizing what seems most important to us in the current context and which merits special attention.

Take, for example, the civilian population, whose plight has been the subject of little comment by all the parties to the conflict, but is a matter of deep concern for us. The reasons for this silence are less important to us at the ICRC than the uncertainty it causes. The fact that all of us know very little about the most urgent needs of those civilians prompts us to make every effort to obtain credible information on the situation so that we can conduct the necessary surveys in all areas affected by the conflict, and above all act accordingly.

In this respect, as we have had occasion to repeat to all the parties involved, it is prohibited to launch attacks against the civilian population as such, or to launch indiscriminate attacks which will affect combatants and civilians alike. In addition, all precautions must be taken during attacks to spare the civilian population.

We are relieved to observe that the parties to the conflict have not used atomic, bacteriological or chemical weapons.

Let me remind you once again that the use of chemical and bacteriological weapons is prohibited by the Geneva Protocol of 1925, to which all the belligerents are party, and that the use of atomic weapons is not compatible with the provisions of international humanitarian law. Moreover, we once again appeal to all the parties to the conflict to abstain from using any weapons of mass destruction which could result in immeasurable suffering and trigger the use of the most destructive and terrifying means of warfare.

On 15 January we did not yet have any delegates in Kuwait and had only a small team in Baghdad. Our operational priority, above and beyond the more extensive preparations I shall outline in a moment, is to reach those places where there are people in need.

That is why, initially, we dispatched additional staff and supplies to Bahrain, and why we are currently trying to establish an operational link with our colleagues in Baghdad, so as to increase their operational potential.

At the same time we are paying very close attention, as required by the Third Geneva Convention, to the plight of prisoners of war, which has been the subject of much comment in recent days. We have pointed out some of the most important rules stemming from the Convention, such as the fact that a soldier who surrenders must be spared. That he is entitled to respect for his person and dignity as a human being and must, in all circumstances, be treated humanely. Prisoners of war must be protected against insults and public curiosity.

This includes the curiosity of the camera lens. They must be transferred out of combat zones and neither their presence nor that of the media can be tolerated.

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On 28 January 1991, the World Campaign for the Protection of Victims of War was launched worldwide in a series of press conferences. The Campaign will culminate on 8 May — World Red Cross and Red Crescent Day — with a chain of light around the world.

The Campaign has three main objectives:

— to draw attention to the plight of thousands of war victims;

— to promote knowledge of and respect for international humanitarian law;

— to spur governments and the general public to ensure that all victims of war receive the protection and assistance to which they are entitled.

This campaign is a first for the International Red Cross and Red Crescent Movement. Never before have all the Movement's components — the ICRC, the League and the 147 National Societies — co-operated so extensively on the same project. The campaign is being co-ordinated by the International Promotion Bureau (IPB), which was set up jointly by the ICRC and the League. The IPB also has the task, in conjunction with

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(Continued on page 4)
THE ICRC IN EASTERN EUROPE

1990 — The year the barriers came down

An interview with Francis Amar, Deputy Delegate General for Europe and North America

Bulletin: Over the past two years, the countries of eastern Europe have experienced unprecedented political upheaval. What changes has this brought about in relations between them and the ICRC?

Francis Amar: More than anything, it has enabled us to get to know the National Societies — our natural partners — better, and also to get to know the new authorities of these countries, with which the ICRC had previously had only formal and infrequent relations.

Bulletin: What can the ICRC do to help in ethnic conflicts such as those in Kosovo and Transylvania?

F.A.: We are trying to make governments aware of what the ICRC can do in tense situations, for example thepreventive role it can play, the calming influence it can have. We are also helping the National Societies prepare to take concrete humanitarian action, as it is their role to do.

Bulletin: How many delegates does the ICRC have in central and eastern Europe?

F.A.: We have nothing like the number we have in Africa or Asia. We have a delegation in Romania that numbered some 50 expatiate staff at the beginning of last year and now has a staff of 11 including local employees. So it is rather small. All the rest of our activities are carried out from Geneva. But that does not prevent us from being fully operational. For example, we obtained permission from the Yugoslav authorities to visit what it has been agreed to call sentenced “political detainees” (we do not have access to unsentenced detainees). A long series of visits - three months in all — was carried out by two teams of delegates sent from Geneva.

Bulletin: Last December the ICRC sent a mission to Albania. What was the result?

F.A.: This was a first for the ICRC. It was the first time in 43 years that we were able to go to that country and meet members of the Albanian Red Cross, which had been inactive for much of that time. We also had contacts with a number of ministries — Health, Justice and Foreign Affairs. In recent weeks, we have provided the Albanian Red Cross with two vehicles, to give it more mobility and independence, and office material, a photocopier, a fax machine and other items needed to put it back on its feet. At the Society’s request, we are also planning to help it organize a basic training seminar on international humanitarian law for officials of several Albanian government ministries.

Bulletin: What did the ICRC do when appeals were being made for international aid to ward off possible famine in the USSR this winter?

F.A.: The ICRC reacted very cautiously to those appeals. We have done a lot of travelling in the Soviet Union in recent months and we certainly have noticed a deterioration in the economic and social situation there. But we have not actually seen evidence of famine. We therefore did not want to rush headlong into an operation to deal with a situation that is not as grave or urgent as the problems that usually result in Red Cross action. But we and our colleagues at the League did organize a meeting on 7 December in Geneva which brought together representatives of Red Cross Societies working on bilateral projects in eastern and central Europe. We looked at ways in which the Movement could take action that was compatible with our working procedures, that is, assessing the situation in the field to establish what needs there were, if necessary preparing a very specific programme aimed at children, the elderly and other vulnerable individuals and, above all, ensuring that any relief distributions would be carefully monitored so that the Red Cross could not be accused, for example, of supplying the black market.

Bulletin: What is the ICRC’s attitude towards attempts by certain Soviet Republics to establish direct contacts with the ICRC without going through Moscow?

F.A.: Our attitude is very aboveboard. During 1990 we were contacted on several occasions by representatives of National Societies or by governments of a number of Republics, for example Azerbaijan, Armenia and Lithuania. Under the Statutes of the International Red Cross and Red Crescent Movement, there can be only one National Society per country. In the Soviet Union, that National Society is the Alliance of Red Cross and Red Crescent Societies of the USSR. That does not prevent us from having direct relations with the Societies of the individual Republics, but we keep our colleagues at the Alliance in Moscow fully informed of those relations. During the events in Vilnius in mid-January, there was excellent co-ordination between the Alliance, the ICRC, the Lithuanian Red Cross and other interested National Societies. The Red Cross Societies of Poland, Finland, Hungary and the Czech and Slovak Republic, in addition to the Alliance itself, sent medical material and other relief supplies which were then distributed in the hospitals by the Lithuanian Red Cross.

Bulletin: What do you think will be the main challenges for the ICRC in that part of Europe this year and in the years to come?

F.A.: The year 1990 saw an opening up that enabled us to strengthen our ties with central and eastern Europe. We were invited to take part in seminars on humanitarian law such as the one held in December in Moscow and attended by 200 Soviet generals (military district commanders). For our part, we have been inviting people to come to Geneva on traineeships. Our priority this year and in the next few years will remain promoting knowledge of international humanitarian law.

One year of work in Romania

Protection: On 4 January 1990, the ICRC was authorized to visit persons detained in Romania in connection with the events of December 1989. In late September 1990, delegates completed the first series of visits, during which they registered 376 detainees in about 30 places of detention. Those visited included persons arrested following the disturbances in Bucharest in June and those detained following inter-ethnic clashes in Transylvania.

Assistance: The first ICRC team arrived in Romania on 22 December 1989 with emergency surgical supplies from the ICRC and some 20 National Societies for the country’s hospitals. From December to October, over 300 “surgical units” containing medical equipment and dressing material were distributed to Romanian hospitals in cities and rural districts.

Tracing: From 24 December 1989 to 31 December 1990, 426 requests concerning 527 persons were addressed to the ICRC’s Central Tracing Agency. Of these, 365 were solved.

Dissemination: The ICRC worked with the Romanian Red Cross to promote knowledge of international humanitarian law. In October, a seminar was organized for senior officers of the Romanian armed forces. It was also attended by General Stanculescu, the Minister of Defence.
Ugandan citizens repatriated from Rwanda

From Kigali to Kampala

A total of 214 Ugandan nationals, including 52 children, were repatriated by the ICRC from Rwanda in mid-December. The Ugandans, all of whom were being repatriated voluntarily, were accompanied by delegate Paul-Henri Arni after being trapped in Rwanda without funds or work since the disturbances began there in October.

“Eric James Sebashi”

His passport freshly stamped by Rwandese officials, the Ugandan teacher walked across the no-man’s-land at the border between the two countries. For him and his 213 compatriots, the long trip would soon be over.

We were at Cyanika, an isolated frontier post at the foot of the huge volcanoes overlooking one of the most beautiful landscapes in central Africa. Forced by immigration checks to spend hours between the Rwandese and Ugandan border posts, the Ugandan returnees waited in silence. Being repatriated is a bit like being in limbo — you just wait and hope that everything turns out well.

The repatriation had begun several hours before in Kigali. Following the conclusion of an agreement between the Rwandese and Ugandan authorities, the ICRC was asked to repatriate Ugandan citizens wishing to return to their country. Ugandan civilians in Rwanda had been living in precarious circumstances since 1 October 1990, when the Rwandese Patriotic Front, a movement made up for the most part of former Rwandese refugees who had joined the Ugandan army, invaded the country.

The operation was speedily organized by the ICRC delegations in the two countries and carried out over a period of four days. A convoy of six trucks with trailers and four all-terrain vehicles drove from Kampala to the border. There it split up: two delegates stayed at the border to prepare to receive the returnees while the rest of the ICRC team continued on to Kigali accompanied by André Picot, the ICRC’s representative in Rwanda who had come to meet his colleagues.

Forty-eight hours later, 214 Ugandans carrying children, luggage and other belongings were climbing into ICRC trucks in the early morning hours at five meeting points around Kigali. News of the operation had been broadcast several times on Rwandese radio and the Ugandans were ready and waiting. The trucks assembled an hour later at the bus station and the process of registering the returnees began.

The convoy arriving in Uganda.

The vehicles gradually began to fill again as the registration was completed. Each Ugandan received food and a blanket. Just before they left, with a thunderstorm raging over the city, the Ugandan ambassador arrived accompanied by his flag bearer and dashed out into the rain to wave farewell to his compatriots.

Once all the authorizations had been signed, the convoy headed north towards the mountains. After hours of zigzagging through hills, it finally reached the border.

In Cyanika, while the trucks were being searched, an ICRC nurse named Catherine attended to those in the group who needed her care: pregnant women feeling sick after the arduous journey, anxious mothers and dehydrated children. Two men were also ill: one had bullet wounds sustained in October and the other was suffering from tuberculosis. They would have to wait until they reached Kampala to be hospitalized.

(Continued from page 1)

“Light the darkness” is the Campaign slogan. The words were taken from a statement by the famous humanitarian Albert Schweitzer: “The Red Cross is a light showing the right way in darkness... it is our duty to see that it does not go out”. On 8 May 1991, rallies will be held throughout the world in which the participants will carry pocket lamps and other lights. These “chains of light” will symbolize solidarity with the victims of war and the universal desire to ensure that international humanitarian law is respected.

Several key events will mark the Campaign:

— 28 January: Press conferences attended by prominent signatories of the Appeal, held simultaneously in Geneva and around the world. Information will be provided about the Campaign and a 3-minute video shown illustrating the reality of war to the sound of John Lennon’s famous song “Imagine”. (Distribution rights for the song have been kindly transferred to the Campaign by Yoko Ono, Lennon’s widow.)

— March: The results will be announced in Geneva of the Campaign’s international children’s drawing contest. There will also be reports in the media from journalists in conflict areas.

— 8 May: World Red Cross and Red Crescent Day. There will be a “chain of light” around the world. The same day, radio and television stations everywhere will broadcast special programmes on the victims of war.

— May to November: Various projects will be carried out to help the victims of war and the Campaign will be assessed at the International Conference of the Red Cross and the Red Crescent in Budapest in November.

The success of this Campaign depends not only on the participation of the National Societies and the media which, in most cases, have responded enthusiastically, but above all on the willingness of a wide range of people to take part. “I wondered why somebody did not do something for peace... then I realized that I am somebody”. This anonymous statement is echoed in John Lennon’s famous refrain: “Imagine all the people, living life in peace...”
that contacts are maintained with the rest of the world, via the Tracing Agency's headquarters in Geneva, for the exchange of family messages.

— Preparations to ensure that field hospitals are operational as soon as medical needs arise are well under way. Consignments of emergency medical equipment and supplies have been sent to Bahrain, Iran, Jordan and Syria, by means of an airlift which has been operating since 19 January.

— Similar measures have been taken as regards material assistance, and the strategy adopted by the ICRC has been to transport one third of its relief supplies to the advance preparedness posts in the four neighbouring countries; the other two thirds have been stored close by in warehouses in Cyprus or elsewhere in Europe for immediate dispatch.

— Initially, the number of people who may be displaced by the fighting and require material assistance and shelter has been estimated at approximately 300,000.

— The National Red Cross and Red Crescent Societies — which are very closely involved, we began putting into practice the preparatory measures adopted before 17 January.

— The task force constituted for this purpose — and in which the League of Red Cross and Red Crescent Societies is participating — has set up a number of advance preparedness posts in the field, in Amman, Manama, Damascus and Tehran.

— The Central Tracing Agency has taken the necessary steps so that the information and tracing bureaux can operate in the various countries of the region and ensure that of civilians may be used to prevent attacks on military targets.

Let me emphasize a very important point here: the Geneva Conventions, which many of you are familiar with, are by no means outdated — on the contrary, they are more relevant than ever. Their style is of lesser importance than their content and purpose, which is to protect human life in the midst of conflict, to establish a link between those who suffer and their families, to set a number of humanitarian rules for those engaged in the fighting and for those in command, to ensure that a minimum of humanity is respected even in the fiercest of battles.

I should now like to say a few words about the steps taken by the ICRC in preparation for this conflict. Immediately after submitting our offers of services to the parties involved, we began putting into practice the preparatory measures adopted before 17 January.

— The Central Tracing Agency has taken the necessary steps so that the information and tracing bureaux can operate in the various countries of the region and ensure that contacts are maintained with the rest of the world, via the Tracing Agency's headquarters in Geneva, for the exchange of family messages.

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— Initially, the number of people who may be displaced by the fighting and require material assistance and shelter has been estimated at approximately 300,000.

— The National Red Cross and Red Crescent Societies — which are very closely associated with these preparations — have 600 people on stand-by, to be deployed mainly in our medical operations.

— To date, we have a total of 140 staff already in the region, including 20 colleagues made available by the National Societies and 10 by the League.

In financial terms, the cost of this international Red Cross and Red Crescent operation placed under the ICRC's responsibility has been estimated at 141 million Swiss francs.

Let me conclude by saying that our experience has often shown that humanitarian assistance brings a moment of repose amid the horrors of war. Moreover, we are convinced that respect for the rules of humanitarian law may — little by little — enable us to pave the way towards a peaceful settlement of this conflict. Let us hope that our voice will be heard.

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.

Published by the ICRC Press Division.

19 Avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 60 01
Fax.: (022) 734 82 80
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MEDICAL ACTIVITIES

Staffing requirements continue to grow

In 1987, expatriate medical staff working for the ICRC in the field totalled less than 150 people. By the end of 1990, the number had grown to almost 300 (there are also almost 2,800 locally recruited employees). This dramatic increase is a reflection of the institution’s expanding medical activities: six surgical hospitals in Africa and Asia as opposed to three in 1986; six surgical teams set up by the ICRC two years ago and made available to existing local hospitals. More extensive medical activities obviously imply a need for more staff. Much of the ICRC’s surgical staff, which accounts for half the medical personnel in the field, is provided by National Red Cross Societies. “Three-quarters of the surgeons”, explains Dr. Jean-Claude Mülli, co-ordinator at the ICRC’s Medical Divi-

sion, “and almost all the anaesthetists and OT nurses are provided by the National Societies, which are finding it more and more difficult to recruit experienced people”. Career considerations, pay and the profusion of aid organizations combine with other factors to make it difficult to find medical co-ordinators and skilled surgeons. And this at a time, as Dr. Mülli points out, “when the ICRC is becoming increasingly medical in character with a full third of its field personnel now doing medical work”.

Without the co-operation of the National Societies, the ICRC could not meet the growing need for its medical services. It is no surprise, therefore, that the Medical Division has fewer Swiss working for it than any other section of the ICRC.

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MIDDLE EAST CONFLICT

"Protecting civilian lives remains our top priority"

As the hostilities between the international coalition and Iraq entered their sixth week, Jean de Courten, ICRC Director of Operations, gave the Bulletin an overview of what the ICRC had been able to accomplish to date.

Two ICRC convoys have now entered Iraq. What goods were they carrying and for whom are they intended?

By 18 February the ICRC had managed to send in two convoys from Iran with a consignment of medical supplies for the civilian population, especially in and around Baghdad. But this was only the beginning. We are planning to organize a third convoy in the next few days. This one will be carrying food to build up our stocks in Baghdad, which have been depleted by the assistance the ICRC has given since the outbreak of hostilities to various vulnerable groups, particularly foreign nationals trapped in Iraq.

Is there any hope of sending in convoys on a regular basis?

That is our goal. Our delegation in Baghdad recently provided further details

(Continued on page 2)

Four ICRC delegates held in Afghanistan

Four ICRC delegates have been held in Afghanistan since 12 January 1991 by a faction of the Afghan opposition. The four men, Feredum Aalame, Christian Brunner, Yves Giovannoni and Christian Martin, who had left Quetta to carry out a survey in the Kandahar region, have been detained by an opposition commander since that date.

The ICRC at once established contact with the relevant authorities and since then has made repeated requests for the immediate return of its staff members. According to recent reports all four are in good health.

The ICRC Delegate General for Asia is currently in Pakistan to pursue these contacts together with the delegation on the spot.

LIBERIA

Food aid for abandoned children

At the end of January, the ICRC launched an assistance operation in the Liberian capital, Monrovia, for abandoned children aged 5 to 15, providing them with food and drinking water twice a week.

More than 20 humanitarian agencies are cooperating to distribute food supplied by the international community and intended for half a million people in the area. The ICRC for its part has been focusing on the most vulnerable groups, mainly orphans and prisoners held by the various factions.

Sanitation and hygiene are also among the ICRC's main concerns. A sanitary engineer started organizing the digging of 20 wells near hospitals and in parts of Monrovia and its surroundings where the shortage of drinking water was particularly acute after the city pumping station had been destroyed by the fighting. Eight of these wells are already in operation and two are almost completed.

The ICRC's cooperation with the Liberian Red Cross in tracing missing persons and reuniting separated family members is beginning to bear fruit, and in December and January 64 families were brought

(Continued on page 3)
on the deterioration in the living conditions of the civilian population. We are very concerned about the shortage of drinking water, not only in Baghdad but also in several other urban centres in the country and in Kuwait, where the situation in that respect must be critical. The ICRC is in contact with the Iraqi Ministry of Health and is planning to send sanitary engineers and water purification equipment to help counter the risk of epidemics.

The ICRC has been able to visit some prisoners of war, but not others. What is its position in that regard?

It is the ICRC's duty to remind the States of their obligations, under the Third Geneva Convention in particular. To date the ICRC has carried out over 1,000 individual visits to Iraqi prisoners of war captured by the coalition forces. However, its repeated requests to the Iraqi authorities for proper notification of the prisoners they are holding, so that their families can be informed, and for permission to visit those prisoners have so far been unsuccessful. We are still hoping that the Iraqi authorities will allow us to discharge our mandate under the Third Convention, but have not yet received any reply one way or the other.

What stage has been reached in setting up refugee camps in countries bordering on Iraq?

The events that followed Iraq's military operation against Kuwait led us to expect a new surge of refugees into countries bordering on Iraq and Kuwait in January.

We therefore made preparations to receive additional people in Jordan, where camps had already been set up after 2 August. We also took steps to provide transit and longer-term facilities in Syria and Iran in close cooperation with the Syrian and Iranian Red Crescent Societies and the League of Red Cross and Red Crescent Societies. However, the movement of civilians into neighbouring countries has so far been very limited.

New appeal by the ICRC

On 24 February, only hours after the ground war had begun, the ICRC launched another appeal on behalf of all civilian and military victims of the Middle East conflict, calling on all the belligerents to fully respect and implement the provisions of international humanitarian law.

The ICRC once again reminded the States party to the conflict of their responsibilities and obligations as regards the protection of civilian and military victims alike, pointing out that wounded, sick or shipwrecked servicemen, no matter to which Party they belong, must be collected, respected and protected in all circumstances.

The appeal went on: "Soldiers who surrender must be spared. They are entitled to respect from the belligerents and must be treated humanely. They must also be evacuated from the front lines, removed from combat zones and taken to a place where their security can be guaranteed.

All precautions must be taken to spare the civilian population. The Parties to the conflict must take all feasible measures to protect civilians from the effects of hostilities. The belligerents are urged to conclude agreements establishing neutralized zones. If the fighting is likely to affect the civilian population, the Parties to the conflict must allow the evacuation of non-combatants, especially the most vulnerable categories such as the wounded and sick, children and the elderly. The Parties to the conflict must also allow the free passage of supplies essential to the survival of the civilian population."

In accordance with its mandate and in its capacity as a neutral intermediary, the ICRC renewed its offer of services to facilitate the implementation of these provisions designed to protect civilian and military victims.

All the parties to the conflict have ratified the four Geneva Conventions. Is the obligation to respect these Conventions unconditional or can it be subject to reciprocity?

The Geneva Conventions are instruments of international law and are not subject to reciprocity. A State party to the Conventions undertakes to respect them regardless of the position of its adversary. The Conventions therefore apply unconditionally.

The President of the ICRC has launched a solemn appeal to all belligerents to have due regard for humanitarian considerations. You have repeatedly drawn attention to the plight of civilians in the conflict. Can you define the ICRC's moral stance in this respect?

The ICRC favours a comprehensive approach to humanitarian matters, although this may sometimes be difficult for governments to understand. That is why the appeal launched by the ICRC President on 1 February speaks of "millions of civilians... caught up in the violence, without shelter or protection against occupation and bombing" and "hundreds of thousands of ground troops — most of them young men — preparing to meet in a deadly confrontation". As you can see, no mention was made of the nationality of those concerned: from the outset there have been civilian casualties on both sides. The ICRC also drew the attention of all belligerents to the fact that the right to choose methods or means of warfare is not unlimited. Weapons having indiscriminate effects and those likely to cause disproportionate suffering and damage to the environment are prohibited.

The appeal goes on to say: "The wounded, whether civilian or military, and prisoners must receive special consideration and protection in compliance with specific rules which the entire international community has undertaken to respect". This is the moral stance taken by the ICRC President, speaking on behalf of the Committee.

What is the ICRC's top priority after more than a month of war?

Our top priority — and this is a preoccupation shared by everyone at the ICRC — is to protect civilians and provide them with what they need to survive. Our other major concern is the protection of prisoners of war in all its aspects.

(Continued from page 1)
Limbs for life

In Mozambique, a country devastated by war, thousands of people have received permanently disabling wounds. To help them, the ICRC opened an orthopaedic workshop in 1981 and later set up training courses for local staff. This report is filed by Danny Kutner, an ICRC staff member who has just returned from Mozambique.

Official estimates put the number of war amputees in Mozambique at between 4,000 and 8,000. At present, eight ICRC orthopaedic technicians are supervising activities in four ICRC orthopaedic centres (Maputo, Beira, Quelimane and Nampula), which cover all the country's provinces. Every month, over 60 Mozambicans go back to almost normal lives thanks to the care they have received at one of the centres, which also manufacture orthopaedic appliances.

The work of an orthopaedic centre is a long-term undertaking, because each amputee needs lifelong care. He or she must first adapt physically to his or her prosthesis, which takes one to three weeks of gruelling physiotherapy, and the custom-made prosthesis must be made as comfortable as possible. In addition, an artificial leg fitted on a child or teenager has to be modified as the patient grows, and prostheses for adults usually last only two years. This constant need for assistance would place a heavy burden on the health and social services of any country and in Mozambique, drained of resources after years of conflict, the situation is especially critical.

Finding a long-term solution

Just replacing the prostheses of the 2,500 people who have already been fitted will require the production of about 1,300 units per year. For the ICRC, such a long-term commitment would run counter to its mandate. While in some circumstances the institution may maintain a delegation in a country for some time after the end of a conflict, there is no question of it maintaining a presence for a further 10 or 20 years, let alone permanently.

For this reason, when ICRC projects for the treatment of war amputees are set up, at the same time local production and rehabilitation facilities are planned. This involves cooperation with national agencies, the training of specialized local personnel and the use of locally available materials.

As concerns local personnel, the ICRC, in cooperation with the Beira Institute of Science and Health, has launched an intermediate-level programme to train orthopaedic technicians to run the centres after the ICRC leaves.

Appropriate technology

Patients at the ICRC centres are first fitted with pylons, or simple wooden pegs with rubber tips. A pylon may later be replaced by an artificial foot — a prosthesis that simulates the bounce of a foot and enables the patient to wear shoes, thus concealing his disability. "But", explains Mr. Peter Poetsma, the head of the ICRC orthopaedic programme in Mozambique, "a patient who is not used to wearing shoes will destroy his artificial foot in no time. Our experience has shown that the pylon is quite readily accepted. It may not look as good, but it is just as effective and comfortable as an artificial foot, which costs twice as much to make and needs repairs more often." The ICRC therefore gives patients artificial feet only after a six-month period, and only if they are used to wearing and can afford shoes.

A worthwhile effort

The life of Carlitos, born and raised in Tete, the main town in north-western Mozambique, was shattered in January when the vehicle he was travelling in was caught in an ambush. Carlitos lost both legs in the incident.

After his discharge from hospital, Carlitos could not afford a wheelchair, so he tried to get around by dragging himself on his two stumps. This caused further injury and he ended up back in hospital. His uncle had told him about the ICRC centre so he came along, although he couldn't believe he would ever walk again. One week later he could stand on his temporary prostheses and for three weeks, under the watchful eye of an orthopaedic assistant, he practised walking while holding to parallel bars. Slowly but surely, at the cost of great effort and perseverance, Carlitos regained his confidence. And it was a happy man, proud to have overcome his disability, who left the centre. He was walking unaided.

Finding a long-term solution

Four orthopaedic centres

Four of the ICRC's 13 orthopaedic centres in Africa are in Mozambique. During 1990, 362 new patients — all of them disabled as a result of the conflict — were fitted with artificial limbs. Almost 800 prostheses and some 2,000 pairs of crutches were manufactured. They were all produced on the spot, using local materials as far as possible.

In conjunction with the Mozambican Ministry of Health, the ICRC opened the first orthopaedic centre at Maputo hospital in April 1981. Two other centres were set up in December 1986 in Beira and Quelimane in central Mozambique and a fourth was opened in early 1989 in Nampula, further north. Eight ICRC orthopaedic technicians are now working in the country, in close cooperation with 73 local employees.

The ICRC's plan is gradually to hand over the management of this orthopaedic programme to the Ministry of Health, and early last year 32 Mozambicans began a three-year training course in Beira.

(Liberia, continued from page 1)
MEDICAL ACTIVITIES

How to provide care without upsetting the social equilibrium

In mid-January, an ICRC team composed of Dr. Joel Lagoutte and four other delegates faced the challenge of organizing medical care for tens of thousands of people cut off from the outside world for almost a decade and living off the land without any of the resources of modern technology. The team’s mission, in the north of Mozambique province, is being controlled by the Mozambican National Resistance Movement (RENAMO), is being carried out under an agreement reached in December 1990 between the Mozambican Government, RENAMO and the ICRC, authorizing the latter to work throughout the country on behalf of civilian victims of the conflict.

“This complete state of isolation has brought these people back to a traditional mode of existence that is in harmony with but is also totally dependent on the natural environment”, said Dr. Lagoutte. “When the rains are heavy, as they have been throughout the rainy season, they are sufficient to grow food for everyone. But if the rains are late, there is sure to be hardship in store for the next twelve months.” The same goes for disease, which always strikes the weakest and the youngest first. There is no way of avoiding complications of illnesses that would otherwise be quite harmless.

In providing medical care, the ICRC has adopted a gradual and targeted approach: a nurse and several delegates started by teaching local staff simple methods of treating two easily diagnosable complaints, namely diarrhoea, which can lead to death by dehydration, and conjunctivitis, which can ultimately cause blindness. In addition, they were given basic instruction on how to deal with injuries. “These simple techniques were also explained to the traditional healers who enjoy the trust of the entire population”, Dr. Lagoutte went on. “We must be particular care not to destroy their confidence, because it is the basis of social equilibrium in that part of the world.” The ICRC therefore decided to dispense some basic elements of modern medical know-how, with medicines for the treatment of simple diseases, but taking care not to destroy the system of traditional medicine which, Dr. Lagoutte added, “the people firmly believe in and which in many respects will continue to be their only recourse for many years to come.”

Apart from these medical activities, the ICRC will also be taking relief supplies to the inhabitants of the area. At the end of January, plans were made to distribute clothing and blankets to 50,000 people.

ICRC telecommunications: growing workload

The conflict in the Middle East has produced a marked rise in the number of messages relayed by the ICRC’s Telecommunications Division. In January alone, over 20,000 messages were sent or received. This is more than twice the number for the previous month and corresponds to the total for 1978, or a third of the annual total as recently as 1987.

The Telecommunications Division monitors ICRC frequencies for transmissions from ICRC delegations throughout the world and also sends out messages from headquarters. These messages (the institution’s official position on various issues, notes to the delegations and to National Red Cross and Red Crescent Societies, etc.) have multiplied since mid-January and now keep the telecommunications team busy around the clock.

The ICRC also has three portable satellite stations (telex/telefax), which have been used in connection with the Middle East conflict. Does this innovation spell the end of the ICRC’s short-wave network? Not at all, says Patrick Faivre, head of the Division. “The satellite link will be especially valuable in emergencies. There’s no question of us ending short-wave transmissions. They’re still the best way to communicate with our delegations”.

The ICRC has one of the largest private short-wave networks, with 34 stations around the world. It is completely independent of commercial systems and allows Geneva headquarters to remain in constant touch with its delegations and sub-delegations in the field.

The increase in the volume of work does not result only from the current conflict in the Middle East. In fact, it is mostly due to the growing number of transceivers (over 2,000 at present) in use in the field.

Recent developments merely confirm a trend that began two years ago. “For us”, says Patrick Faivre, “our work during the recent crises in Liberia and Somalia, for example, is every bit as important as what we are now doing in connection with the Middle East conflict”.

Tracing Agency

CASES SOLVED IN NICARAGUA

During 1990, the ICRC’s Central Tracing Agency (CTA) solved hundreds of enquiries concerning persons reported missing in Nicaragua.

“We were able to do this,” said Romaine Tissières, the delegate with responsibility for Latin America at the Tracing Agency, “because the end of the civil war enabled both refugees who had fled to Costa Rica and Honduras and demobilized Contras and their families to return home.”

By comparing the various lists of repatriated refugees and demobilized Contras provided by UN agencies with its own files of persons reported missing, the Tracing Agency was able to settle several hundred cases.

Another thousand files were closed following a survey of families who had contacted the ICRC delegation in Managua, as many missing relatives had ultimately made their own way back to Nicaragua. “There are still people searching for each other in Nicaragua”, Romaine Tissières went on, “because no one knows exactly who has come back and who hasn’t.” The Tracing Agency has therefore been carrying on with its work, and at the end of 1990 two lists containing a thousand names of persons reported missing during the civil war were handed to the Nicaraguan government.

In brief

UGANDA: ICRC delegates began distributing seed to 30,000 families in the Kumi region of western Uganda in mid-February. This operation is part of an agricultural rehabilitation programme due to last several weeks. The families concerned had to leave their villages in 1990. They have since been able to return, but have no seed to plant crops and no other means of subsistence.

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Published by the ICRC Press Division.
19 Avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 60 01
Fax: (022) 734 82 80
Telex: 414 286
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MIDDLE EAST CONFLICT

ICRC trucks and aircraft leave for Baghdad

From 30 January to 16 March, ten ICRC convoys made their way overland to Baghdad, with more than 166 tonnes of medical supplies, 144 tonnes of sanitation equipment, 876 tonnes of food and 253 tonnes of fuel on board.

The tenth convoy of 29 vehicles which left Amman on 15 March was also carrying all the equipment needed to set up a transit camp for 5,000 people.

That same day, a cargo plane chartered by the ICRC and containing 23 tonnes of relief supplies, including kitchen utensils and five electric generators, arrived in Baghdad via Luxembourg and Larnaca. Within the context of the Middle East conflict this was the 32nd flight made by an ICRC aircraft since 19 January.

The plane was also carrying two mobile water purification and packaging units and various supplies needed to repair the city's sewerage and water supply system.

Ninety-four doctors from the Algerian Red Crescent who had arrived in Baghdad aboard an ICRC convoy from Amman began working in the city's hospitals on 4 March.

A transit camp for 1,000 people was recently set up in Khorramshahr, in the Iranian province of Khuzistan, near the border with southern Iraq. A second camp now under construction will be able to accommodate some 5,000 people for longer periods. There are presently 4,000 displaced persons, mainly women and children, in the area.

One of the ICRC's primary objectives in Iraq is to expand its activities in Baghdad and other parts of the country, in close cooperation with the Iraqi Red Crescent and with the agreement of the Iraqi authorities. The top priority is to cover the medical and sanitation requirements of the civilian population, focusing on the most vulnerable groups, such as the wounded, the sick, children and the elderly.

Repatriation of prisoners of war and civilians

On 15 and 17 March the ICRC repatriated 499 and 500 Iraqi prisoners of war respectively from Saudi Arabia. They were driven back to Iraq on board buses chartered by the ICRC. A further 500 Iraqis returned home by the same means on 19 March. Forty-seven allied prisoners of war, 294 Iraqi prisoners of war and 1,182 Kuwaiti civilians had already been handed over to ICRC delegates based in Iraq and Saudi Arabia. Prior to their repatriation the delegates had registered them and ascertained that they did indeed wish to return home. The 40 journalists held in Iraq had earlier been released into the care of the ICRC delegation in Baghdad, on 8 March. Also in Iraq, ICRC delegates registered 4,368 Kuwaiti prisoners of war and civilian internees between 10 and 17 March. On 12 March, an ICRC aircraft repatriated the mortal remains of 14 allied servicemen killed in Iraq.

Talks between the Iraqi and Kuwaiti authorities and representatives of the coalition forces took place in the Saudi Arabian capital, Riyadh, on 7 March, under the auspices of the ICRC. The outcome was an agreement on procedures for the repatriation of all prisoners of war and civilian internees.

ICRC delegates have been continuing their visits to all Iraqi prisoners of war held in Saudi Arabia. Notifications of capture are being processed by the ICRC's Central Tracing Agency in Geneva, with staff on duty round the clock to handle the heavy workload.

Tracing Agency: thousands of enquiries flow in

Barely a fortnight after the end of the fighting in the Middle East some 30,000 requests have already been processed at the ICRC's Central Tracing Agency (CTA) in Geneva. Behind each of these enquiries lies a poignant story, the human tragedy of a family separated by war. Capture cards collected by the National Information Bureaux (NIBs) in London, Paris or Washington arrive at ICRC headquarters by the thousand. Every day the 80 people working at the Agency's Middle East sector process some 4,000 requests from people anxious for news of their loved ones — be they Iraqi prisoners of war, Kuwaitis reported missing since 2 August of last year or Iraqi and Kuwaiti family members who have lost contact with their relatives.

(continued on page 4)
THE ICRC IN LATIN AMERICA

A network of regional delegations

An interview with Jean-Marc Bornet, Delegate General for Latin America

There has been a certain degree of democratization in Latin America over the past decade. What has been the effect of this on the work of the ICRC?

It is true that some steps have been taken towards democracy in the region. In Central America, first of all, several conflicts have been settled through a process involving elections. Nicaragua is one example. In Chile, at the other end of the continent, there have also been important political changes. Humanitarian problems in general have tended to become less acute in the last half of the 80s and the ICRC has therefore been able to reduce its staff in Latin America.

But though there are hardly any military regimes left in the region — and that is a great step forward — it must be borne in mind that the armed forces often continue to play a very important role behind the scenes. Indeed, in some countries the democratically elected governments stand on very shaky foundations. This explains the persistence of serious human rights problems and thus the need for the ICRC to remain alert and continue its protection work where necessary.

Is that why you have set up a network of regional delegations?

We currently have regional delegations in Argentina, Colombia, Costa Rica and Guatemala, and we shall soon be opening a new one in Brazil. Each of these delegations covers a number of nearby countries and this serves a double purpose. From the point of view of "humanitarian diplomacy", first of all, it allows us to maintain or increase our contacts with a number of governments and National Red Cross Societies in order to promote knowledge of international humanitarian law and Red Cross principles. Secondly, at the operational level, it enables us to go into countries that still have problems and visit security detainees or provide specific, short-term assistance to people affected by internal strife. This type of activity takes place in countries whose problems are not so serious that they require the full-time presence of ICRC staff.

In early March, you accompanied ICRC President Cornello Sommaruga to Brazil. What was the purpose of that mission?

To begin with, the President went to Brazil to sign, together with the country's authorities, the formal agreement enabling us to open the regional delegation in Brasilia that I just mentioned. Apart from Brazil itself, the delegation will cover Suriname, Guyana and French Guyana. The second objective was to encourage Brazil to ratify the two Protocols additional to the Geneva Conventions of 1949. For us, Brazil is an extremely important country; with its huge territory and 150 million citizens, it is a veritable continent unto itself. Ratification of the Protocols by Brazil could lead other countries in the region to follow suit. Finally, the trip was an opportunity to strengthen our relations with the Brazilian Red Cross.

How many delegates does the ICRC have in Latin America?

At present we have about 90 delegates in the field, with large teams in El Salvador and Peru, two countries where the situation has obliged the ICRC to increase its staff. To an even greater extent perhaps than in other parts of the world, the ICRC in Latin America is increasingly working in an area that I consider very important: protection for civilians. Civilians are frequently caught between two warring sides and are often forced to cooperate with the government forces or with an opposition movement. The ICRC must therefore strive to ensure that the civilian population is afforded a minimum of respect and protection.

Peru is in the grip of a terrible cholera epidemic. What is the ICRC doing to help?

The epidemic is a new ordeal that has been added to the waves of violence that have been sweeping the country for years. Many different organizations are working in Peru to fight the epidemic; some are UN organizations, others are governmental bodies such as Médecins sans frontières, and yet others are Red Cross institutions such as the League and a number of National Societies. For its part, the ICRC has been concentrating on keeping the disease out of places of detention, which are easy prey to such epidemics. The ICRC's work in this regard is being carried out in close conjunction with the Peruvian authorities concerned.

Is the ICRC visiting detainees in Panama?

Yes. When US forces intervened in Panama on 20 December 1989, the ICRC immediately went into action. This was in full accordance with our mandate as the situation constituted an international armed conflict. The ICRC has been working in behalf of prisoners of war, civilian detainees arrested in connection with the conflict and civilians affected by it. At present, we are concentrating on protection for a number of prisoners still detained in Panama and for four detainees in the United States, including General Noriega. We make regular visits to all these people.

The ICRC recently conducted several surveys to assess conditions in Suriname. What are the humanitarian needs in that country?

The situation in this regard has changed very little in Suriname in recent years. There are still several thousand refugees across the border in French Guyana who have no hope of returning in the foreseeable future. There are also several hundred Surinamese refugees, most of them Amerindian, in Brazil. At the request of the Brazilian authorities, the ICRC sent a mission to assess their needs.

(continued on page 4)
Mary and Omnia

Mary is a little girl who was abandoned and almost starved to death in Monrovia. Omnia was born in a transit camp in Jordan while her Egyptian parents were fleeing war-torn Iraq. Both have had their paths crossed by the ICRC and the Save the Children Fund, and their stories are told here by Roland Sidler, head of the ICRC delegation in Monrovia, and Michel Schroeder, who arrived that day was a woman about to give birth. The trip from Acashat, an Iraqi town near the Syrian border, to “T 1/28” camp had lasted nine days. The travellers’ condition after their ordeal can be imagined: fatigue, fear, thirst and nervous tension had all taken their toll. Action had to be taken immediately to save the woman and her baby. Doctors from the Jordanian Red Crescent transferred her to the hospital in Ruweished, a small town of 3,000 people on the Amman-Baghdad highway. This quick decision was a wise one and a Caesarean section was performed at once by a gynaecologist called Dr. Abdel. Omnia was the name given by the parents to the baby girl, the first child of the couple who had been married for four years. The woman had feared that she was sterile and it was wonderful to see the joy on the parents’ faces. As the husband is a carpenter, it reminded the Christians present of an other story that happened not far from here, a very long time ago.

Food aid for abandoned children

There are many children in Monrovia who have been left to fend for themselves. Without care and without food, they are almost certain to die. Last February, therefore, the ICRC launched a food-aid operation for children found wandering the streets of the Liberian capital.

In the space of a week, 240 lost or abandoned children were fed by the ICRC’s mobile kitchen, and two reception centres have been set up in conjunction with UNICEF, Médecins sans frontières and the Save the Children Fund.

NAMIBIA

Refugees repatriated from south-eastern Angola

ICRC delegates repatriated 77 Namibians from south-eastern Angola on 9 March. All had expressed the wish to return to Namibia.

The operation was carried out with the agreement of both the Namibian authorities and UNITA. The returnees were taken to the border in an ICRC truck, and then crossed on foot one at a time, each one being checked against a list drawn up by the ICRC. On the Namibian side, they were met by delegates based in Windhoek, the country’s capital.

When the last returnee had crossed the border, the delegates realized that the group in fact comprised 78 individuals, one more than were on the list. The extra person was a baby boy born on 4 March in a camp near Cacuchí.
Reviving the blood bank in Cambodia

Cambodia is a country at war. The hospitals are badly in need of blood for the wounded and the little blood available is sold rather than being donated. This is what prompted the ICRC, the League of Red Cross and Red Crescent Societies, the local Red Cross and the Cambodian Ministry of Health to enter into negotiations last summer with a view to reopening the national blood bank in Phnom Penh, the Cambodian capital, on the basis of strictly medical criteria. “The idea is to turn a commercial transaction into a gift to the Red Cross”, says Dr. Bruce Eshaya-Chauvin, an ICRC medical coordinator who has just returned from a mission in the area.

Since fighting is still raging in Cambodia, the ICRC was entrusted with the task of reviving this blood bank for a period of two years. The League is kept informed of developments on a quarterly basis.

In October 1990, the ICRC sent Alain Rouvillois, a delegate who had acquired extensive experience working with blood banks in Kabul, the Afghan capital, and in Khao-I-Dang hospital on the Khmer-Thai border, to Phnom Penh. Alain immediately set to work, contacting radio and TV stations and various Cambodian ministries to prepare the ground. He also asked Khmer graphic artists to devise various logos and posters promoting blood donation. “This publicity campaign was designed by Khmers for the Khmers”, emphasizes Bruce Eshaya-Chauvin.

The local staff working at the “2nd of December” hospital in Phnom Penh, where the national blood bank is located, were given refresher courses to update their knowledge, and the premises themselves were done up.

March will see the launching of the third phase of the operation. Following the negotiations held with the various parties involved and now that people are psychologically prepared, mobile units have started collecting blood in various parts of the country. Donors are given a meal and a Red Cross T-shirt. “Let’s wish the campaign good luck”, Dr. Eshaya-Chauvin goes on, “because it may be a turning point in the blood collection process in Cambodia”. The long-term plan is to extend the programme to the provinces and especially to the hospitals where ICRC surgical teams are working in Kampot, Pursat and Mongkol Borei.

(Continued from page 1)

Itinerary of a capture card

Immediately after his capture, each prisoner of war may fill out a capture card in his own language. The card is then sent to the CTA in Geneva by the National Information Bureau of the Power into whose hands the prisoner has fallen. Each card is in two parts, one of which is kept by the CTA as a permanent record of the prisoner’s existence, enabling the ICRC to keep track of him throughout his captivity. The second half of the card is sent to the prisoner’s Power of Origin — if he so wishes. If the prisoner does not want his country’s authorities to be notified of his capture, his wish must be respected, in which case only the first half of the card is confidentially processed by the ICRC in Geneva.

The cards are filled out in Arabic and then transcribed into Roman script by translators using a phonetic lexicon to standardize spelling and establish a reliable system of classification by alphabetical order.

To prepare for the repatriation of the prisoners of war, ICRC delegates who regularly visit the POW camps draw up an “identity card”, also in two parts, for each prisoner, who then holds on to the first half for the duration of his captivity. The other half is kept by the delegates in the field. Just before the repatriation process begins, every prisoner has an interview with witnesses with an ICRC delegate, during which he may freely express the wish to return home or not, as the case may be. At the time of repatriation itself, all prisoners wishing to go back to their countries must hand over their cards, which serve as “repatriation tickets”, to the ICRC delegates. The two halves of each identity card are then matched and sent to Geneva where they are filed along with the corresponding capture card. The repatriated prisoner’s file is then closed, once the ICRC knows that he has returned to his home and family.

Delving into history

The files thus processed by the Central Tracing Agency may lie dormant for years until one day... a French soldier sent to the Middle East, learning from a Tracing Agency delegate how to register prisoners captured during the conflict, suddenly remembered that his father had been taken prisoner during the Second World War. Perhaps he too had been registered by the ICRC at the time. The delegate the soldier had been talking to had briefly gone to Geneva a few days later and managed to find the father’s capture card, which had turned yellow with age. She took it back with her to Riyadh and showed it to the son, who was extremely moved and, seeing the card, required no further explanation as to why the registration procedure was so vital. He immediately understood that behind each capture card lay a human being, an identity and a life that must be respected and protected.

News in brief

ALBANIA: Two ICRC delegates visited the Albanian capital, Tirana, on 14 March. Following an initial assessment of requirements and within the framework of its mandate to strengthen the operational capacity of National Societies, the ICRC placed a Tracing Agency delegate at the disposal of the Albanian Red Cross. He will set up the facilities needed to process the numerous tracing requests received after thousands of Albanians left the country, many of them by sea to Italy.

Published by the ICRC Press Division. 19, avenue de la Paix CH-1202 Geneva
Tel.: (022) 734 60 01
Fax: (022) 734 82 80
Telex: 414 226
The texts of the Bulletin have no official character and may be freely reproduced.

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MIDDLE EAST CONFLICT

Increased activity in northern Iraq

In mid-April, the ICRC sent a convoy of six trucks into northern Iraq with 11,000 blankets, tents, kitchen sets, 2.3 tonnes of medicines and other supplies for displaced Kurdish civilians in the area.

The ICRC’s Baghdad delegation is currently loading further convoys for northern Iraq with 10,000 blankets and 1.2 tonnes of food. Delegates have set up a dispensary in the Dashtan pass on the Iraqi-Turkish border, and a logistics base for relief shipments in the town of Dahuk.

In central and southern Iraq, the ICRC has been concentrating on providing drinking water to hospitals and orphans in Baghdad, Basrah and Nasiriyah. ICRC sanitary engineers have carried out repairs on Baghdad’s water supply system and by mid-April 20% of its former capacity had been restored. Mobile purification plants in the Iraqi capital are supplying drinking water for the most part to hospitals and vulnerable sections of the population. The institution has also set up a regular service using tanker trucks to supply urban areas that have no running water. By 25 April, the ICRC expects to be using 45 tanker trucks and to have water reserves of 3.5 million tonnes.

MALI

The humanitarian spirit prevails in Bamako

On 22 March in the Malian capital Bamako, a trial of strength between the opposition and President Moussa Traoré turned into a full-scale insurrection. In the resulting violence, many injuries and deaths were reported. The ICRC regional delegate immediately left his base in Dakar and went to the scene to facilitate the activities of first-aid workers from the Mali Red Cross, who were already in action assisting and protecting the civilian population.

As soon as he arrived, the delegate set up an emergency unit in one of the city’s main hotels. From there he was able to coordinate the activities of 40 first-aid workers formed into six teams, each with a vehicle converted into an ambulance. Protected by the red cross emblem, the ambulances criss-crossed the chaos of the city day and night. In one week, 461 injured people were picked up, 170 of them being taken to Gabriel Toure Hospital for treatment by local surgeons.

An ICRC doctor was sent out from Geneva and went to Ségou and Kayes, two regional centres affected by the violence. The regional delegate quickly obtained permission from the Malian

Relief for displaced persons in Iran

In conjunction with the Iranian Red Crescent, the ICRC has been distributing medicines, blankets, tents and 130 tons of food per day since mid-April to several hundred thousand Iraqi Kurds who have taken refuge in the Iranian provinces of Kurdistan, West Azerbaijan and Bakhtaran.

The ICRC’s goal is to provide reception facilities for some 200,000 refugees. Camps already set up or under construction in Khorramshahr, Sanandaj, Gilan-e-Gharb, Ravansar and Oshnovieh will have an initial capacity of 100,000 people.

By 22 April, 63,456 Iraqi prisoners of war and 5,059 Kuwaiti prisoners of war and civilian internees had been repatriated under ICRC auspices.

In Kuwait, since 23 March the ICRC has been visiting persons detained in police stations and the Kuwait City military prison.
“The rules are there but they must be better implemented”

Interview with François Bugnion, Deputy Director of the Department of Principles, Law and Relations with the Movement

The Kurdish tragedy has prompted the press and a number of politicians recently to speak of a right of humanitarian intervention. Do the Geneva Conventions provide for any such right to intervene in the internal affairs of a State?

The Geneva Conventions make no mention of a right of intervention but they do contain a number of humanitarian rules applicable in non-international armed conflicts. These rules are set out in Article 3 common to the Four Conventions. Article 3 states, for example, that “persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely.” That article also authorizes the ICRC to offer its services to the parties to an internal conflict so that it can provide protection and assistance to the victims.

If we take the example of the Kurds or the Shi’ites in Iraq, are they entitled to any specific protection?

Generally speaking, humanitarian law does not intervene between a State and its citizens unless a non-international armed conflict is going on. The cases you cite are clearly the result of an internal conflict and the ICRC has a firm legal basis for offering its services to the Iraqi government and, more generally, to the other parties to the conflict.

Are the Palestinians in Kuwait protected persons under international humanitarian law?

Foreign nationals in a country at war who do not benefit from the diplomatic protection of their country of origin are protected by the Fourth Geneva Convention. The Palestinians in Kuwait fall into this category and the ICRC has approached the authorities concerned on a number of occasions with a view to providing the Palestinians with its protection. We have also set up Tracing Agency offices in neighbourhoods where large numbers of Palestinians live in order to maintain contact with them, to arrange for the exchange of family messages and to trace missing persons.

What provisions do the Geneva Conventions make for prisoners of war who refuse to be repatriated?

The relevant rules in the Conventions are based on the assumption that every prisoner of war will want to return home. There is thus no provision for anyone who refuses to be repatriated. However, as the Conventions are humanitarian instruments intended to protect the victims of conflict, we feel that they do not allow the forcible repatriation of prisoners of war. Therefore, if a prisoner makes clear that he does not want to return to his country of origin, he should be considered as a refugee and placed in the care of organizations responsible for assisting refugees.

Does the ICRC warn these prisoners of the difficulty they will have in finding a country of asylum?

Certainly. We have been very careful to dispel any illusions.

Throughout the conflict, the ICRC has had to deal with the UN Sanctions Committee in order to send relief to civilian victims of the situation inside Iraq. Where does the law stand on this?

(Continued from page 1)

AFGHANISTAN

Prisoners visited after the fall of Khost

On 3 April an ICRC team based in Peshawar, Pakistan, began to visit and register several hundred prisoners being held in and around Khost, an Afghan town near the Pakistani border that fell to the Afghan opposition on 31 March. Medicines and blankets were distributed.

As soon as the offensive against Khost started in mid-March, large numbers of wounded began arriving at the ICRC surgical hospital in Peshawar, which has admitted several hundred victims (on the night of 1 April alone, 60 new patients arrived). Two more first-aid posts were opened on the border and a fleet of ambulances set up a shuttle to evacuate the wounded to Peshawar.

On 22 April, some 20 wounded Afghans managed to reach the Peshawar hospital following a missile attack on the town of Asadabad in eastern Afghanistan.

Blockade as a means of warfare has always existed and is quite legal. However, international humanitarian law strives to protect the most vulnerable groups among the civilian population from undue hardship resulting from blockade and provides for exceptions in respect of these groups. Relief consignments sent through a blockade may be inspected by the blockading power to check that they are humanitarian in nature, and that power may insist on supervising the distribution of the goods to ensure that they go to those for whom they are intended.

Do you feel that during the Middle East conflict the ICRC helped to bring about better understanding and improve implementation of humanitarian law?

Yes indeed. This conflict was different in that we were all able to watch it building up. During those five months the ICRC approached all the States directly involved and drew their attention to the relevant provisions of humanitarian law and the measures they were under an obligation to take — for example, proper instruction of military personnel — in order to ensure compliance with those rules. And when a number of television networks and newspapers showed the faces of prisoners of war, we reminded the media and the authorities concerned that this was in contravention of Article 13 of the Third Convention which stipulates that prisoners must be “protected ... against acts of violence or intimidation and against insults and public curiosity”. On the whole, the points we made were well taken.

The ordeal of the Kurds shows that there are loopholes in international humanitarian law. What provisions do you think should be included in the future to prevent such calamities?

First of all, we must determine whether such disasters are attributable to loopholes in the law or failure to implement it, that is, whether adequate rules exist but are not being complied with. I feel that in this instance, as in so many other cases, the rules are there, the principles are perfectly clear. It is just that the rules are not being obeyed.

Refugees and displaced persons were distributed. The Kurdish tragedy has prompted the press and a number of politicians recently to speak of a right of humanitarian intervention. Do the Geneva Conventions provide for any such right to intervene in the internal affairs of a State? The Geneva Conventions make no mention of a right of intervention but they do contain a number of humanitarian rules applicable in non-international armed conflicts. These rules are set out in Article 3 common to the Four Conventions. Article 3 states, for example, that “persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely.” That article also authorizes the ICRC to offer its services to the parties to an internal conflict so that it can provide protection and assistance to the victims.

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(Continued from page 1)
The ICRC in Iraq and Kuwait

Water shortages and epidemics in Iraq. Pollution and power blackouts in Kuwait. In spite of the official cease-fire, the conflict in the Middle East continues to affect the lives of countless civilians. The ICRC is present and active in both countries. The following reports were filed by Bernard Oberson in Baghdad and Françoise Derron, who has just returned from Kuwait.

The shortage of drinking water in Baghdad is less acute since ICRC sanitary engineers succeeded in repairing part of the city's supply system. By mid-April, 20% of the former supply had been restored. In the Iraqi capital, two mobile purification plants are providing drinking water for hospitals and vulnerable groups among the population, and similar systems are being set up in other urban areas.

The first of these units, designed to purify water and package it in plastic bags, arrived in Baghdad in March via Tehran. A second plant, donated by the German Red Cross, was sent in from Amman. Both have been set up inside one of the city's water-treatment plants in a northern suburb. The plants are operated by two teams — one from the Algerian Red Crescent and the other from the Austrian Red Cross — and the entire process is coordinated by an ICRC delegate. Production rose in the first few weeks to some 40,000 one-litre bags per day.

Baghdad is short of water largely because the water-supply system relies on electric pumps, and the power stations sustained heavy damage by bombing during the war. Once production of packaged water started, hospitals were given priority. The distribution system set up by the ICRC should eventually be taken over by the Iraqi authorities and extended to cover other sections of the population.

The arrival of two more purification and packaging plants in early April allowed distribution to begin in Basrah and Nasiriyah, two cities where the water shortage is even more severe than in Baghdad.

However, with summer coming on and temperatures rising, soon these measures will no longer be adequate. The ICRC is therefore planning to increase production of drinking water and to use tanker trucks to distribute it.

Kuwait City. The first ICRC delegates to arrive came from Bahrain on 1 March. The delegation, which now has a staff of 15, is located in the "Second Home" hotel. A generator has been installed there but Michel Berger, the delegation's administrator, has to go out each day to look for drinking water.

The morning I was there began with the delegates discussing their programme for the day. As usual, everyone first took a long look at the sky to gauge the thickness of the cloud of oil-smoke that hung as always over the city. Would the wind come up and provide some relief, or would we spend the day bathed in the metallic grey light that makes one think of dawn in Hiroshima the day after the Bomb? Then the day's activities began to take shape. I set off with Roland Salvisberg and Pierre Gerber, the inter-
**TRACING AGENCY**

**Lists of missing Liberians**

Since the Liberian conflict began, hundreds of thousands of people have been displaced, either inside the country itself, across the border to Sierra Leone, Guinea or Côte d’Ivoire, or even to Ghana or Nigeria for those who were able to flee the fighting by boat.

This posed a seemingly insoluble problem for the ICRC’s Central Tracing Agency (CTA) in Geneva. “Practically everyone in Liberia is looking for someone else”, explains Christiane Tschopp, head of the CTA’s Africa section, “and the whole thing is made more difficult by the fact that the people sought could be in any of a large number of different countries”.

By the end of March, the ICRC had processed tracing requests for 4,620 people. These requests come from Man, in Côte d’Ivoire, the Liberian capital Monrovia and the Sierra Leonean capital Freetown, and from the American Red Cross and other National Societies.

The CTA decided to make lists of missing persons and to post them in some 160 public places and in the camps where displaced people are living. The lists are also published in newspapers and read over the radio. Anyone who reads or hears his name can write a Red Cross message that will be forwarded by the ICRC. “In this way”, Ms. Tschopp goes on, “people can let their families know where they are and receive news from them in return”. By the end of March, 5,434 Red Cross messages had been exchanged.

The programme, which the CTA is carrying out in conjunction with the National Societies concerned, may well take on even greater proportions as even more Liberians are forced to flee the recent fighting that has spilled over into Sierra Leone. And then there is the problem of the countless abandoned or unaccompanied children wandering the streets of Monrovia and other towns.

**MEDICAL ACTIVITY**

**Averting famine in wartime**

When war breaks out, the food supply to the civilian population is quickly disrupted. Is it possible to avert the risk of famine by breaking the chain of events that so often leads from armed conflict to hunger? In other words, are there preventive measures that can obviate the need for humanitarian assistance that generally arrives too late? These were the questions discussed in Annecy, France, from 21 to 23 March at a seminar organized by the ICRC’s Medical Division and entitled “Famine and War”.

The seminar’s 40 participants, mainly journalists, lawyers and people involved in humanitarian aid, evaluated the relevant provisions of international humanitarian law, studied the role and responsibility of the media and discussed how to take prompt action when famine seems imminent. Members of the ICRC’s Legal Division pointed out that the two Protocols additional to the Geneva Conventions state (in Articles 54 and 14 respectively) that “starvation of civilians as a method of warfare is prohibited”, and that it is prohibited to “attack, destroy, remove or render useless objects indispensable to the survival of the civilian population”. In today’s conflicts, the civilian population’s means of subsistence becomes the specific target of armed attack, and civilians become pawns in the conflict when they are not actually used as hostages or human shields. Humanitarian organizations that come to their aid therefore find it difficult to appear impartial and their activities are sometimes misunderstood by the belligerents.

One of the working groups set up at the seminar considered the respective roles of international humanitarian organizations (UN agencies, various non-governmental organizations, the ICRC, etc.) and local bodies such as government agencies and National Red Cross and Red Crescent Societies. Such organizations know the area and the situation very well but often have limited resources and possibilities for action. In such cases, effective international co-ordination is clearly necessary if the available resources are to be fully utilized.

Another group studied the role of the media in famine situations. While it is true that the world became truly aware of the famine in Ethiopia in 1984 only after viewing the now-famous BBC documentary on the situation, it is also true that the media sometimes allow themselves, knowingly or otherwise, to be manipulated into reporting imaginary famines — in Romania for example — and as a result a large proportion of international aid can be diverted from countries in greater need. During the discussion, representatives of the media and of humanitarian organizations acknowledged their joint responsibility to sound the alarm as soon as early signs of famine appear.

The seminar also discussed the central, and ambiguous, concept of emergency. “Should we wait until a situation gets out of hand before we take action?” asked Alain Mourey, an ICRC nutritionist and one of the seminar’s organizers. “What constitutes a true emergency — is it when people are already dying of starvation or when the indicators of imminent famine, such as widespread fighting and displacement of civilians, are there?” This question is all the more crucial in that civilians generally fear losing their means of subsistence and having to leave their homes, with all the suffering that entails, as much as they do death by starvation. What, then, should be the basic aim of humanitarian action and what form should it take? Emergency food aid cannot be ruled out simply because it is often impossible to provide it in time. “Nevertheless”, said Mr. Mourey, “an ounce of prevention is worth a pound of cure”.

In bringing together people from different walks of life and posing the right questions, this seminar, the first of its kind organized by the ICRC, has laid the foundations for further reflection on the subject. And that could lead to a draft resolution being submitted to the International Conference of the Red Cross and Red Crescent next November in Budapest.

Such a resolution would set out to increase the efficiency of the Movement and the governments in their efforts to eradicate famine, by recommending a combination of preventive and curative measures.

Published by the ICRC Press Division, 19, avenue de la Paix CH-1202 Geneva
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A YEAR OF ICRC ACTIVITIES

"The ICRC cannot choose the victims it helps"

Interview with Cornelio Sommaruga, President of the ICRC

Mr. President, in your annual press conference held on 3 May you reviewed ICRC activities over the past year. Would you say that the ICRC took a moral stance in the recent Middle East conflict?

Yes, beyond its practical work the ICRC did take a moral stance by alerting public opinion and reminding governments of their humanitarian obligations. This was particularly clear in the appeal it launched on 1 February to the belligerents in behalf of all the victims and potential victims of the conflict. The ICRC deliberately invoked general humanitarian principles instead of specific legal provisions because decent treatment and basic protection are inalienable human rights, even in conflict situations.

How does the ICRC’s humanitarian work differ from that of other organizations or governments?

The ICRC has an international mandate deriving from the Geneva Conventions. The 165 States party to those Conventions conferred on it the status of a specifically neutral humanitarian intermediary that is required to take action in many different situations. This means, in particular, that the ICRC cannot choose the victims it helps. It has to come to their aid, and to do so has to be able to reach them. For this it needs the support of the international community. The ICRC’s work is also unique in that its mandate covers not only assistance but also protection activities.

How did the ICRC manage to respond to the overwhelming humanitarian needs created by the Middle East conflict?

The ICRC could not have risen to such a challenge without great dedication on the part of the entire staff. I should like to pay tribute here to the unstinting work of its delegates, including former delegates who returned to lend a hand and the many headquarters staff who went out to work (Continued on page 2)

MIDDLE EAST CONFLICT

Eight medical teams in Iraq

With the help of National Red Cross and Red Crescent Societies, the ICRC has deployed eight medical teams throughout Iraq, with an ICRC medical coordinator based in Baghdad. Three teams are working in and around the capital and two others in Basrah and Nasiriyah, in the south.

The remaining three teams are helping at dispensaries and hospitals in the Arbil and Sulaimaniya areas near the Iranian border. Priority is being given to providing support for existing medical services and efforts to control outbreaks of diarrhoea.

A sanitation programme is also under way throughout the country. Almost 40 sanitary engineers and technicians from the ICRC and nine National Red Cross and Red Crescent Societies are currently in Iraq repairing the country's water treatment and distribution systems and taking measures to control diarrhoea epidemics.

In northern Iraq the ICRC has just installed six more mobile water purification units, each with a capacity of 100 cubic metres per day.

In the centre and south of the country, the three mobile units in Baghdad, Basrah and Nasiriyah are producing drinking water in plastic bags for distribution to hospitals and the population in general.

The repatriation of prisoners of war, which was suspended on 21 April, resumed on 4 May following the fifth meeting between Iraqi and Allied delegations, held in Riyadh under ICRC auspices. Since then ICRC delegates have repatriated several thousand Iraqi POWs held by Allied forces in Saudi Arabia, including 114 who were sick or wounded.

So far the ICRC has registered over 82,000 Iraqi POWs and supervised the repatriation of more than 66,000 of them.

Mainly as a result of the Middle East conflict, during the first four months of 1991 there was a sharp increase in the number of missions by ICRC personnel. An average of 280 staff have been leaving the field every month, as compared with 200 in 1990, which was already the highest number on record. This number includes both short- and long-term missions and visits abroad by ICRC headquarters staff.

The ICRC currently has 340 expatriate staff in the Middle East, comprising ICRC delegates and personnel seconded by National Red Cross and Red Crescent Societies, as compared with an average of 90 last year.
in the field. Moreover, it could not have undertaken such a large-scale operation without the virtually unconditional cooperation of the majority of National Red Cross and Red Crescent Societies, which provided not only substantial logistic means but also personnel. The ICRC received support from many governments, which were well aware of the magnitude of our task, and from public opinion and the media, which showed considerable understanding of the difficulties involved.

Does the ICRC have the funds necessary to assist African countries facing a proliferation of long-drawn-out conflicts and disturbances?

We cannot turn our back on Africa. I have repeatedly stated in recent months that the Gulf is not the ICRC’s sole concern. Our aim is to provide impartial and neutral assistance and protection to conflict victims everywhere. We must therefore continue to draw attention to the plight of victims in Africa. In any undertaking, whether humanitarian or otherwise, priorities must be set and human and material resources allocated accordingly. I am profoundly convinced that the living conditions of innumerable African civilians, even outside conflict areas, are today barely tolerable. It is therefore all the more crucial for the ICRC to take action in situations of conflict, especially where it is the only institution able to do so. We shall not abandon Africa!

The ICRC has launched numerous fundraising appeals this year, especially for its work in the Middle East. What has been the response of governments?

I am happy to say that governments have responded generously. However, our needs have not been fully met in terms of both quantity and quality, so to speak. The ICRC requires not only additional funds to cover the cost of its humanitarian activities this year, which because of the Gulf war has increased by one fifth as compared with previous years, but also a free hand in using those funds. Governments must understand that the earmarking of contributions, in other words stipulating that they must be used for a specific operation, tends to favour certain programmes to the detriment of others. The ICRC must be allowed to set its operational priorities independently and impartially.

In your press conference, you mentioned the destructive effect of laser weapons. Does this mean that the ICRC intends to press for a ban on such weapons?

This requires further explanation. I was referring to work that the ICRC has been engaged in for the past four years with various experts in the field of laser weapons. The primary cause for concern is not the existence of laser weapons, but their potential for causing unnecessary suffering, particularly blindness, among civilians and members of the armed forces. It is the use of these weapons to inflict such injuries that should be banned. I hope that the next International Conference of the Red Cross and the Red Crescent, due to be held in Budapest in November, will issue a statement to that effect. However, the adoption of a rule of international law is still a long way off.

The ICRC is setting up a new executive structure. What role will this play?

The new structure is intended to meet the need for closer working relations between ICRC staff and the institution’s governing body, the Committee, which comprises up to 25 members. The new Executive Board should ensure more efficient and streamlined management, since as the sole executive body it will take all operational decisions and also prepare the ground for the more fundamental decisions taken by the Assembly. The Board, which is a collegiate body, will take decisions by majority vote and will be more closely involved in the ICRC’s work in that five of its members will be full-time ICRC staff. Those five members are the President, the Vice-President, Mr. Claudio Caratsch, and three directors, Mr. Guy Deluz, Mr. Jean de Courten and Mr. Yves Sandoz.

What major problems will be dealt with by the forthcoming International Red Cross and Red Crescent Conference?

Traditionally the President of the ICRC opens the Conference by taking stock of the implementation of international humanitarian law (IHL) throughout the world, and I intend to go into the matter in great detail. The Conference will also discuss the issue of universal adherence to humanitarian law instruments. Indeed, during the Gulf war it was all too evident that not every belligerent State had ratified Protocol I additional to the Geneva Conventions and relating to the protection of victims of international armed conflicts. We shall also deal with specific problems of IHL such as the use of laser weapons and the need for more widespread dissemination of the law, since governments too often fail to devote sufficient time and energy to teaching its rules to members of the armed forces, the police and diplomatic corps.

The Conference will also focus on the Red Cross and Red Crescent Movement’s work in behalf of refugees. In addition, I hope that clear decisions will be taken on the use of the red cross and red crescent emblems in commercial sponsorship agreements. Another subject we shall be discussing is the development of National Societies, which is a matter of priority for the ICRC and the League, our international partner within the Movement. The International Conference in Budapest, which as you know will be attended by representatives of the National Societies and governments, will thus have a very full agenda.

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ICRC RECEIVES MAX SCHMIDHEINY PRIZE

On 27 May 1991 the Max Schmidheiny Foundation at the University of St. Gallen awarded the 1991 Freedom Prize to the International Committee of the Red Cross,

to the men and women who, as unwavering defenders of human dignity and freedom, inspired by the ideals of impartiality, risk their lives to bring protection and assistance to the victims of armed conflict and internal disturbances throughout the world;

to the guardians of humanitarian law who, confident in the universal mission entrusted to this private organization, resolutely place their courage and commitment at the service of the law and, by setting the example and without discrimination, strive to overcome the scourge of war, alleviate the suffering of mankind and prevent wanton destruction;

to those — Swiss and yet independent — who fight for humanitarian ideals, who in the tried and tested tradition of voluntary commitment put their neutrality and discretion at the service of mankind, and who in the spirit of Henry Dunant make a valuable contribution to international solidarity.
INSIDE IRAN’S REFUGEE CAMPS

Over one million Kurdish and Arab Iraqis fled their country in the space of a few days to escape the internal disturbances that broke out in the wake of the recent Middle East conflict. ICRC press attaché Pierre Gauthier reports.

5 May. Close to 100,000 refugees were sheltering in four camps near the small town of Tazehabad in West Bakhtaran province, where the ICRC had set up a dispensary and a rehydration centre staffed by a Norwegian Red Cross medical team.

One of the team members explained: “We are still waiting for our equipment to arrive, so at the moment we have only a temporary dispensary in several small tents. We treat over 100 patients daily, mainly dehydrated, feverish or exhausted children brought to us by their mothers. We work without a break from 6 a.m. to 11 p.m. — I can’t even remember when we had our last meal.”

Inside the tents, nurses were showing mothers how to mix a solution of rehydration salt to be instilled into the babies’ mouths. The infants, too weak to cry, stared vacantly into space. Despite their critical condition, most of them would survive.

Outside, a woman pressed a nurse’s arm and said: “I am from Sulaimaniya. My husband and two children died on the way here. Yesterday I gave birth to twins. One weighed only 750 grammes, the other barely a kilo, and both of them died. But I still have milk, so please let me feed some of the babies here”.

The nurse showed the woman to a makeshift cot and moments later she was nursing two babies, a melancholy smile lighting her face.

Tragic journey

7 May. There was still only a trickle of returning refugees in Bakhtaran; but in West Azerbaijan long lines of vehicles heading for Iraq could be seen converging on the border post of Piranshahr. Under two white awnings next to the hospital some 60 women were listening attentively to a young ICRC paediatrician giving simple but effective advice and explaining the basic rules of hygiene. The young women in brightly coloured dresses, eager to learn how to protect their children from disease, asked innumerable questions. It was hard to imagine that only a few days earlier they had been trudging barefoot in mud and snow on the long road to exile.

Further north in the same province 12,000 people had found refuge in an ICRC camp set up on a mountainside near Oshnavieh. Inside a tent a young woman described her tragic journey. Her entire family, including her brothers, sisters and husband of only 20 days, had been killed before her very eyes. Yet her words betrayed no hatred or bitterness, only sadness and fear for the future. Somewhere in the dark recesses of the tent an old man was weeping softly.

Tarpaulins flapped in the rising wind and clouds of dust swirled by. Below the tents, near the water taps installed by ICRC sanitary engineers, children were playing while women washed dishes in the gathering dusk. Soon the moon and stars appeared, bathing the camp in silvery light.

In the bitter cold a lamp over the camp dispensary shone reassuringly all night long.

The Iranian Red Crescent at work

Khorramshahr, Khuzistan, 11 May. The town of Khorramshahr was virtually razed to the ground during the Iran-Iraq war. Here and there steel girders of buildings blasted apart by the bombing loomed amidst the ruins. There, in the abandoned remnants of former homes, refugees from southern Iraq had set up makeshift shelters. An Iranian Red Crescent water truck provided by the ICRC threaded its way through the debris several times a day. That morning a small child waiting by the roadside hailed the truck, and when it stopped some 20 refugees emerged from the crumbling masonry carrying buckets, jerrycans, or any other available receptacle. When the water began to flow, cool and bubbling, it sounded almost joyous in the desolate landscape. At 10 a.m. the temperature already stood at 40°C.

The local Red Crescent representative accompanying us was known to everyone as “Hadji” or “pilgrim”. He was about to leave on his third journey to Mecca and had joined us to say goodbye to the refugees, his refugees, before setting off. Children flocked around us, while men proudly showed us their Red Crescent distribution cards on which the amount and nature of the goods received and the corresponding dates had been carefully entered. The refugees seemed well provided for and we were again impressed by the excellent work of the Iranian Red Crescent.

Further on, near some warehouses, Hadji showed us the canteen, his canteen, where the most needy received a full meal each day.

The call of the muezzin suddenly rang out in the blistering heat and Hadji left us briefly to join in the prayers. On both sides of the rough trail leading us to a place called Shalamsheh, a scarred battlefield stretched as far as the eye could see. The twisted wreckage of tanks, unexploded rockets half buried in the shifting sands, abandoned trenches and bomb craters littered the landscape. For years no one had ventured into this heavily mined region. The Shalamsheh transit camp was empty. But every day Red Crescent vans carrying returning refugees stopped there and each refugee was given food, water and other basic supplies before moving on.

After each distribution everyone piled again into the van and it took off in a cloud of dust. There too, the return to Iraq was slowly gathering momentum.

Time seemed to stand still as the stifling heat bore down on us. Hadji, taking my hand in his, said awkwardly: “We are all brothers, you know”.

Pierre Gauthier
AFRICA

Spreading knowledge of international humanitarian law among the armed forces

For several years the ICRC has been carrying out a programme to spread knowledge of the principles of international humanitarian law (IHL) among members of the armed forces. Its aim is in the medium term to encourage national dissemination programmes which incorporate the teaching of IHL in military instruction courses.

"From the outset", says Jean-Jacques Gacond, the ICRC delegate to the armed forces who is in charge of this programme for Africa, "African military personnel have been very receptive to the idea of dissemination". Over a three-year period 21 courses for high-ranking officers were organized at national level in 18 countries. The next step was to extend the programme’s scope to the sub-regional level by organizing seminars for more senior officers of various nationalities with a view to increasing cooperation among the States. This has now been achieved, with the support of ICRC field delegations, in West Africa, southern Africa, and last February in Kinshasa (Zaire) for the countries of Central Africa.

A total of 800 officers from 36 countries have so far taken part in national or regional courses on IHL. Independent national programmes are already under way, in Benin, Congo, Mozambique and Uganda for example. Jean-Jacques Gacond considers that two-thirds of all African countries are now ready to set up similar courses.

The ICRC’s next goal is to reach a larger audience comprising not only government armed forces, but also police and security forces, opposition groups and other belligerents.

Next October a conference on IHL is due to take place in Nairobi, Kenya. It is being organized by the ICRC in cooperation with the Organization of African Unity (OAU), for the heads of legal services and of operations in the armed forces of all OAU Member States. Eminent African experts from the military and academic circles will attend the conference, which will be the first to cover the entire continent.

MEDICAL ACTIVITIES

Medevac network around Kabul

Several times a week, security conditions permitting, a team of ICRC delegates and nurses leaves Kabul for the Mir Bachakot first-aid post, where they collect war casualties and bring them back to the Afghan capital for treatment at the ICRC surgical hospital. Before reaching its destination 30 km north of Kabul, the team must clear first a government and then an opposition checkpoint.

The site for the Mir Bachakot first-aid post, which was set up in September 1990, was chosen in agreement with about 20 opposition commanders. The Mujahed-din bring their wounded in for treatment by local doctors employed by the ICRC, which also provides the medical supplies, including antibiotics and tetanus antitoxin. The more serious cases are evacuated to Kabul.

During the week of 5 to 11 May ICRC delegates took 28 patients to the surgical hospital in Kabul. "This is a model operation", says Dr. Bruce Eshaya-Chauvin, ICRC medical coordinator for Asia, "since the wounded, after being treated in Kabul, return home across the front lines under ICRC protection".

A second first-aid post was set up in Sheikhabad (south of Kabul) in December 1990 and a third will soon be opening in the Maydan valley west of the capital. The ICRC already has two major networks for the evacuation of the wounded to the Peshawar and Quetta surgical hospitals in Pakistan. As the fighting increases, other networks are being set up around the Afghan capital and in the vicinities of Herat in the west and Mazari-i-Sharif in the north, where the ICRC has two sub-delegations.

Published by the ICRC Press Division.
19, avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 60 01
Fax: (022) 734 82 80
Telex: 414 226
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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.
ICRC operation in Ethiopia

Interview with Harald Schmid de Grüneck, Deputy Delegate General for Africa

The ICRC is carrying out a large-scale operation to provide food and medical assistance in Ethiopia, particularly to former members of the Ethiopian armed forces. Who are these people?

Most of the ex-servicemen currently being assisted by the ICRC belonged to the contingent of over 150,000 troops stationed in Eritrea, who were demobilized and later released by the Eritrean People’s Liberation Front (EPLF). Imagine a defeated army whose members, some just emerging from five years or more of captivity, have lost everything, even their dignity, and are returning in droves to their villages in the south through regions devastated by years of conflict and drought. Many are wounded, disabled or sick. Some are travelling with their families. They face a journey of one to two thousand miles before reaching their homes and there is no one to look after them.

(Continued on page 2)

MIDDLE EAST CONFLICT

Millions of litres of safe water distributed in plastic bags

The ICRC is arranging for the production and distribution of millions of litres of safe drinking water in Iraq. Some of the water comes from three treatment units in Baghdad, Nasiriyah and Basrah which produced over 3,500,000 one-litre plastic bags of water between March and early June (an average of 60,000 per day). This water is used to supply hospitals and medical centres.

In urban areas that are still without a mains water supply, the ICRC has installed tanks fitted with taps and keeps them filled by means of 21 tanker trucks, as part of the institution’s programme to control the epidemic of diarrhoeal diseases. Such measures are especially vital now that temperatures often rise above 40° C, particularly in the south of the country.

* * * * *

Between 2 and 13 June four ICRC convoys travelled from Iran to the border region near Penjwin in north-eastern Iraq, carrying more than 300 tonnes of food which was distributed to several tens of thousands of hunger-stricken Iraqi refugees returning from Iran. An additional convoy of eight trucks carrying 200 tonnes of food arrived in Baghdad on 23 June from Turkey, a route that had not previously been used to deliver relief supplies to the Iraqi population.

* * * * *

In early June ICRC Director of Operations Jean de Courten went to Kuwait, where he discussed with the authorities various problems relating to people who have been arrested.

The ICRC has been present in Kuwait since 2 March last and its team of over 20 delegates is continuing its activities to protect vulnerable groups among the population. Delegates visit people held in places of detention and regularly attend, as observers, the trials of civilians arrested after the end of hostilities.

Four ICRC offices have been opened in several districts of Kuwait City to register tracing requests concerning missing persons or people presumed to have been arrested. The delegates are also keeping a close watch on the situation of the civilians stranded in El Abdali camp on the country’s northern border.
ICRC operation in Ethiopia

(Continued from page 1)

How is the ICRC dealing with this situation?

The new Ethiopian authorities wasted no time in requesting ICRC assistance and relief supplies were quickly mobilized, thanks to the immediate response of donors. As early as 8 June food rations for 360,000 people were flown in by three American Galaxy aircraft. We ourselves have sent in a Hercules plane and personnel from Geneva, particularly medical and paramedical staff, sanitary engineers and delegates. Transit centres have been set up along the route taken by the returning ex-servicemen to provide them with first aid, food and water. The logistics involved are particularly complex owing to the dearth of fuel and the fact that these many thousands of people are constantly on the move. Those too weak to go on are being evacuated by the ICRC by road or air. The others are given additional food for the next phase of their journey. The ICRC’s aim is to ensure that the returnees get back to their villages as quickly as possible; we have chartered some 100 shuttle buses to transport them from north to south. The greatest tragedy is that many of them are returning to devastated regions, such as the Ogaden, where there has not been a single harvest for several years. Plans will have to be considered for an assistance programme there, perhaps to distribute full rations to the returnees for two to six months, according to needs, to help them become reintegrated in their communities.

In addition to these 150,000 soldiers, there are all the others who have either been demobilized or are still being held in the centre and south of the country by the new Ethiopian authorities, as well as those members of Mengistu’s former army in Eritrea who had fled to Sudan and are now coming back home. So you can imagine the magnitude of the humanitarian needs which the ICRC is trying to meet, in close cooperation with the Ethiopian Red Cross.

What is the ICRC doing for these ex-servicemen near the border between Sudan and Ethiopia, and for the Sudanese who fled to Ethiopia and are now coming back home?

The situation is extremely complex. In Kassala, for example, there are the former members of Mengistu’s army who had taken refuge in Sudan. They come within the mandate of the UN High Commissioner for Refugees (UNHCR), but we provided them with assistance in the initial phase of the emergency: via the Sudanese Red Cross, we sent several convoys of trucks carrying medicines and food to cover the most acute needs. Further south there are tens of thousands of Sudanese who had fled to Ethiopia and are now returning to their country. The ICRC has carried out a first survey in Pochala and intends to concentrate on providing assistance to the most vulnerable groups.

Will the ICRC be able to fulfill its protection mandate by visiting the persons detained by the new Ethiopian authorities?

The ICRC was never allowed to visit political detainees under the Mengistu regime, nor was it permitted to see all the members of the Ethiopian army held by the Eritrean and Tigray movements. During recent talks with the new Ethiopian authorities, including the President of the Provisional Government, Mr. Meles Zenawi, the ICRC was assured that it would be authorized to visit persons detained in connection with their activities under the former regime and it subsequently received written confirmation of this agreement in principle from the Ministry of Foreign Affairs. The agreement must now be put into practice.

BAHR DAR: CUT OFF FOR 14 WEEKS

The four women comprising the ICRC surgical team in Bahr Dar, a town north-west of Addis Ababa, were cut off from the outside world from 25 February to the end of May after the arrival of the Ethiopian People’s Revolutionary Democratic Front (EPRDF). On her return to Geneva in mid-June Aasa Molde, a Swedish Red Cross surgeon, described her experience.

“Will they arrive tomorrow? But they did not come. Next week? Still no sign of them. Then we thought: perhaps they will come next month.” Aasa, chatty and smiling, was telling us about the unusual adventure that befell her and three nurses in Bahr Dar. “They [the EPRDF] came to see us on the very afternoon they captured the town. They told us not to be afraid, guaranteed our safety and assured us that every combatant had been informed of our presence. They also gave us permission to move freely about town.”

During the following three weeks Aasa, Kathryn, Colette and Claudia tended over 800 wounded, mainly government soldiers, and performed surgery on 250 people in a civilian hospital with a capacity of only 100 beds.

“The local hospital personnel had all fled and did not return for three weeks. During that period our only assistance came from local Red Cross volunteers no older than 16 or 17. Night and day they carried the wounded, brought them water and attended to their needs.”

After the first week the medical supplies had nearly run out. So the “four musketeers”, as they called themselves, combed the hospital and managed to scrape together additional supplies to last a few more days. Then on 23 April a consignment of urgently needed anaesthetics, bandages and medicines arrived, as if by miracle, from the ICRC delegation in Addis Ababa. “That got us through”, said Aasa with a smile.

Aasa and her colleague Claudia, from the German Red Cross, left Ethiopia in early June, long after their mission was due to end. Kathryn, from the Australian Red Cross, and Colette, from the French Red Cross, chose to stay on and complete their assignments. Before returning to the Swedish hospital where she had been expected four months earlier, Aasa told us: “The most difficult thing to bear was not having any news from home, especially from our elderly parents. Otherwise we had no major worries: we were well, there was work to be done, we felt useful and we knew that our efforts were appreciated.”
Gathering and distributing red cross messages (RCMs), which are often the only means of communication among family members in Afghanistan, is the daily task of the Central Tracing Agency delegates deployed across the country and in Pakistan, where family messages are delivered to Afghan refugees. An interpreter, who wishes to remain anonymous, reports on a day of tracing work in Kabul's Pul-i-Charkhi prison.

Having set off at daybreak to distribute RCMs to prisoners at Pul-i-Charkhi, we were brutally roused from our somnolent state by the jolting of our vehicle over the ridges, bumps and gaping potholes of a road more akin to an obstacle course.

Finally we cleared the last gate and entered the prison compound. After exchanging profuse greetings with the guards, who recognized our familiar faces, we headed for the censorship office to pick up the RCMs dropped off several days earlier.

The distribution itself could then begin. In each cell we first observed a standard ritual: we took off our shoes and sat down among the detainees, who invariably offered us tea.

The news of our arrival spread like wildfire and soon a crowd began to gather. The prisoners, eager to receive their messages, pressed closer. Sleepy figures emerged with great effort from under their blankets and joined the throng. With the assistance of several of the prisoners' representatives we called out the names of people for whom we had received messages earlier. Some prisoners complained that they had not received answers to letters sent to Iran or Pakistan a few weeks earlier. Others worried because they had not been given the money mentioned in their messages and wondered whether it had been lost or inadvertently given to another prisoner. Over and over again we explained that messages from Iran and Pakistan are taken for three months to arrive and that the money had not been lost but would be handed over later.

Those who received nothing had to share the joy of their more fortunate comrades. RCMs are not treated as private letters; they are read aloud and freely commented on by everyone in the cell. The photos which sometimes accompany the messages are passed around. This communal spirit, inherent in the Afghan mentality, is accentuated by the high illiteracy rate that forces some prisoners to rely on fellow inmates to read their messages for them.

That day we were lucky enough to find all the addressees. Frequently one or two are missing, either because they are unaware that a distribution is taking place and so have not come to claim their messages or because they have been transferred to another cell. In such cases the elusive addressee must be searched for, block by block, cell by cell, with what little information can be gleaned from the vague and contradictory comments offered along the way.

Meanwhile another team of delegates was distributing fresh RCM forms to detainees who wished to contact their families. The senders must respect certain rules: each prisoner is entitled to write a message, but it must be addressed to a family member and the contents must pertain strictly to family matters. These rules are not always well understood and the prisoners often confuse the ICRC with the official postal service.

We painstakingly endeavoured to transcribe the Pushtu-sounding name of a Pakistani refugee camp and insisted on being given full names and precise addresses, bearing in mind our unfortunate colleagues who often have to deliver messages with such sketchy indications as: "the first street on the right as you enter Peshawar" or "the shoe-shop in the centre of Faizabad".

The departure of our team from the cells invariably created a stir. As we forged our way through the dimly lit corridors we were repeatedly accosted by detainees who claimed that they had not received fresh RCM forms or insisted on being given a second one. Our last stop before leaving the prison was the compulsory visit to the censorship office, where we dropped off our harvest of letters for the day.

The work of the four orthopaedic centres in the country, two around Yangon (Rangoon) and two near Mandalay, is coordinated by an ICRC orthopaedic technician. In 1990 almost 1,500 civilian and military disabled were fitted with artificial limbs.
1991 HELP course

The ICRC, the World Health Organization (WHO) and the Faculty of Medicine of Geneva University are organizing the sixth consecutive annual course on Health Emergencies in Large Populations (HELP) from 10 June to 5 July. The course, intended for medical personnel called upon to supervise work in emergency situations, trains doctors and nurses to anticipate and deal with the health problems that arise when large groups of people are displaced. Medical staff, especially in countries with inadequate health facilities, are generally ill-prepared to cope with life-threatening emergencies on a large scale.

The HELP course also focuses on developing a common approach to improve coordination among the various humanitarian organizations.

This year there will be 22 participants from 14 countries, mainly doctors and nurses working for the ICRC, National Red Cross or Red Crescent Societies, governments of developing countries and non-governmental humanitarian agencies. Lectures and group discussions, held in English, will cover problems related to nutrition, water supply and sanitation, public health and epidemiology, all factors which must be taken into account in any comprehensive health policy for disaster situations.

Control and prevention of communicable diseases (diarrhoea, cholera, tuberculosis, etc.) in such situations will be another major concern. The importance of training local personnel, who can significantly amplify the impact of expatriate staff, will also be underscored. In addition, the HELP course will touch on the basic rules (Medical Ethics, Humanitarian Law, etc.) in such situations will be another major concern. The importance of training local personnel, who can significantly amplify the impact of expatriate staff, will also be underscored. In addition, the HELP course will touch on the basic rules of international humanitarian law, particularly as regards the identification of especially vulnerable groups (such as displaced persons and ethnic or religious minorities isolated in a hostile environment) and the possibility of declaring certain areas or health facilities neutral zones where the wounded and sick can be tended under reasonably secure conditions.

The ICRC Medical Division is organizing two other training courses in 1991. These are the "SOS" courses, one in French, to be held in Brussels from 2 to 20 September, and the other in Spanish, to be held in Costa Rica from 4 to 22 November.

LIEBERA

Campaign to end misuse of the emblem

In Monrovia and indeed throughout Liberia the red cross emblem has become ubiquitous in the past few months. To provide against all contingencies the ICRC's distinctive sign is commonly displayed in shop windows, pharmacies and even on vehicle windshields.

An information campaign to end this widespread misuse of the emblem was launched in early June by the ICRC delegation in Monrovia in cooperation with Liberia's interim government and the National Red Cross Society. "We proceed in three stages", explained Roland Sidler, head of the Monrovia delegation until last May.

The first stage is to draw up a list of all the places where the Red Cross emblem has been misappropriated. Then the ICRC, in agreement with the authorities, sends a letter explaining the problem of misuse to all shop and vehicle owners. These measures are backed up by radio broadcasts and announcements in the press. Lastly, National Society volunteers comb entire neighbourhoods, replacing red crosses in pharmacies with a green cross or caduceus (the traditional serpent and staff symbol), and on medical transportation with a six-pronged blue cross. "The campaign is due to last two or three months and has been well received by the population", added Roland Sidler.

In addition, an ICRC delegate specializing in dissemination of the principles of international humanitarian law among the armed forces was in Liberia from 12 to 24 June to hold talks with officers responsible for military instruction in all the forces present in the country, and with senior officers of the National Patriotic Front of Liberia (NPFL).

Since mid-June, ICRC delegations in Monrovia and Gbarnga have been carrying out a joint assistance programme with the Liberian Red Cross in the buffer zone around Monrovia. This zone is controlled by the NPFL. Working in close cooperation with the National Society, ICRC delegates found several thousand people suffering from severe malnutrition in the buffer zone, where no humanitarian organization had been able to work on a regular basis. Food aid (rice, beans, oil) is being distributed and a special programme has been set up for sick children in two feeding centres in Kingsville and Zenna Town.

Published by the ICRC Press Division.

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DISPLACED PEOPLE IN YUGOSLAVIA

On both sides of the Danube

Croats have fled their villages in fear of their Serbian neighbours and the federal army; Serbian families afraid of the Croats have taken refuge in Belgrade and Vojvodina. On both sides of the Danube the local Red Cross branches in Croatia and Serbia have been working tirelessly to provide shelter for these civilians, mostly women and children, who have had to abandon their homes, often leaving behind family members from whom they have not heard since. Salvatore Sagues, editor of the ICRC Bulletin, reports.

Sunday 7 July, 10 p.m. Some two hundred Croatian civilian refugees, protected by armed men, were milling around the Red Cross building in Osijek, the capital of Slavonia, a region in Eastern Croatia that has been rocked for the past three months by violent clashes between Croats and the Serbian minority. That morning the fighting had begun very early in the village of Tenje, six kilometres away. Despite the advanced hour, Red Cross staff were carefully registering each newcomer. Meals were served and accommodation for many of the displaced people was rapidly found in local households. The rest were temporarily settled in a reception centre adjacent to the Red Cross building. "Nearly 4,000 civilians have been taken in by families here", said Stjepan Ham, the secretary of the Osijek Red Cross. Many of the people concerned were farmers who had abandoned crops and

(Continued on page 4)

ETHIOPIA

Emergency aid for 200,000 people

Since the end of the fighting in Ethiopia, over 200,000 ex-servicemen of the former government's armed forces have left Eritrea to make their way on foot back to their homes in the centre and south of the country, more than 1,000 km away. The ICRC has set up a large-scale operation to assist these destitute people moving in droves across land devastated by decades of conflict. In the northern provinces of Tigray, Wollo and Gondar the institution has opened temporary reception and transit centres where, with the help of many Ethiopian Red Cross volunteers, food, shelter and care are provided.

Some 108,000 blankets, 80 tonnes of clothing and 2,500 tonnes of food, including one million high-protein rations, have been distributed and 650 tents erected to date. Some of the centres have a capacity of over 50,000 people, but thousands more are arriving every day. The bulk of the relief supplies has been provided by ten National Societies, the United States and the European Community. On the road to Addis Ababa, the capital, additional transit centres have been set up to supply food and water to those who are well enough to continue their journey on foot. The elderly and the sick are taken south in ICRC-chartered buses. Six weeks after the beginning of the operation over 20,000 people had reached the camp in Nazret, south of Addis Ababa, where they could rest before the last stage of their journey home.

In all, some 100 buses, 60 trucks and three transport aircraft have so far been used to carry out this operation. But thousands of newcomers press at the camp gates every day. By mid-July there were already 45,000 people in the camp at Mekele, a town in the province of Tigray, and 60,000 in Gondar.

Close to 850 Ethiopian Red Cross volunteers and some 50 ICRC delegates are currently deployed in ten Red Cross centres across the country.
**With the Kurds in Iran**

D r. Rannveig Fjar from the Norwegian Red Cross lifted two-year-old Afrahin Kadiri onto her lap and gently pressed his swollen legs with two fingers. Afrahin was suffering from elephantiasis and was to be referred to the hospital in Bakhtaran for surgery. But it was too late to save the boy's legs: the parasitic worm had damaged the lymph glands in his tiny body to such an extent that amputation was the only means of stopping the deadly disease. For hundreds of Kurdish children, suffering mainly from dehydration, diarrhoeal diseases and malnutrition, the presence of Dr. Fjar and her three-member Norwegian Red Cross team meant salvation.

The Norwegian team had arrived in Tazehabad fresh from Oslo in late April, when tens of thousands of Kurds were already massed in the nearby camps of Kanirash, Hafes, Khaliche and Salman Farsi.

The first thing the Norwegians did was to hire local staff and put up the white cotton tents that in a matter of days housed a fully operational dispensary with inpatient and outpatient units for refugees suffering from typhoid fever, malnutrition and diarrhoea. The Norwegian team had arrived in Tazehabad fresh from Oslo in late April, when tens of thousands of Kurds were already massed in the nearby camps of Kanirash, Hafes, Khaliche and Salman Farsi.

The first thing the Norwegians did was to hire local staff and put up the white cotton tents that in a matter of days housed a fully operational dispensary with inpatient and outpatient units for refugees suffering from typhoid fever, malnutrition and diarrhoea. At the far end of the dusty brown courtyard two additional tents were soon set up for consultations and deliveries.

"Within hours the temporary outdoor waiting area was filled with women and children, and the sound of crying babies pierced the air", said Terje Engevik, remembering his first days in Tazehabad, less than 50 kilometres from the Iraqi border.

"This mission was special because it gave us a rare opportunity to go beyond the purely medical aspect of the situation and gain an understanding of the people we were helping", concluded the three team members still in Tazehabad after nearly two months of working without a break. By then Britta had left to join another ICRC mission in northern Iran; a Dutch doctor and a French nurse had come to fill the gap, making the team truly international.

The Norwegians worked closely with the Kurdish refugees. One Saturday after noon in June 38-year-old Aktar Kawraw from Sulaimaniyah, giving birth to her first baby, screamed in pain: "I never want to have another child!". Aziza, a young Kurdish engineer from Arbil, stepped in to translate, enabling Ingvild to urge the woman to stop wasting her energy screaming and concentrate instead on pushing hard whenever she felt a contraction. Three hours later a baby girl weighing 3.2 kilos emerged onto the chequered blanket spread on the floor. The baby was, according to Kurdish custom, given a name straight away... and the name was "Kurdistan"!

An unforgettable experience

"We rarely had to deal with extremely serious cases. Generally we persuaded mothers to stay in the dispensary and use simple remedies like oral rehydration salts (ORS), a salt and sugar solution, to treat infants suffering from dehydration and diarrhoea."

This rapid and extremely easy method contrasts sharply with the Kurdish habit of depriving the patient of all fluids. ORS, administered to the patient with a spoon or, in severe cases, by intravenous in-
Watching Markku Rissanen from the Finnish Red Cross standing on a concrete roof in the 35°C heat, surrounded by empty oil drums, a few tools and some sheets of corrugated iron, it was difficult to imagine that his efforts would produce something as cool and vital as drinking water.

But gradually the corrugated iron was coaxed into a circular shape and when the sun reached its zenith, burning away every patch of shade, Sangasar’s new water tank was nearly ready for use.

Markku and several Kurdish volunteers had worked without a break. “Their readiness to help is impressive”, said the Finnish delegate. “Yesterday I asked the leaders whether they could round up some volunteers and this morning the work-site is filled with people eager to lend a hand.”

Sangasar is a small village in north-eastern Iraq, in Kurdish-controlled territory. The return of refugees from Iran had swelled its population to 7,000. The refugees had not been living there before they fled across the border; like thousands of others they had been forced to relocate to the outskirts of big cities during the eighties when the villages along the border had been destroyed. Some people claimed that this had happened during the war against Iran, while others said the Iranians had nothing to do with it.

A 45,000-litre tank

In any case the area looked like Armenia after the earthquake, or perhaps more like Cambodia, where the destruction was man-made.

At night some of Sangasar’s inhabitants sought shelter in the ruins or in Red Cross tents brought from Iran. Others had built small grass huts near their former homes or along the river.

“Life is hard here, but no one complains, not even the women who have to walk a long way to fetch clean water and have to do their laundry in the river”, said Markku.

It was both to make things easier for them and to prevent the spread of water-borne diseases like typhoid fever and diarrhoea that the ICRC was building a water tank with a capacity of 45,000 litres on the flat roof of a derelict house. The round, grey tank was to be regularly filled by a tanker truck and the water chlorinated for drinking.

Late in the afternoon Markku drove back to the sub-delegation in Shaqlawa. The road took him through the town of Ranya then crossed some beautiful valleys, where the previous year’s tobacco fields had been sown with onions and wheat.

Until the harvest, many families were dependent on ICRC food distributions (in the Penjwin valley, a few hours’ drive from Shaqlawa, the ICRC was providing food to some 300,000 people every month).

A very rewarding task

Markku was sharing his living quarters with several ICRC delegates and expatriate staff from Canada, France, Japan and Switzerland. On the roof were two solar cells that came in handy during the occasional power cuts, and a wire antenna strung out between two trees provided the indispensable radio link with Baghdad.

Markku had been given only a few hours to decide whether he wanted to go to Iraq on his first Red Cross mission. He had accepted, and was soon on his way with a Finnish Red Cross sanitation team. He had no regrets.

“When you see how people here bear daily hardship without complaining, you realize that you should not let relatively minor problems bother you back home.”

Lasse Norgaard

SOUTHERN SUDAN

Humanitarian flights resume

On 12 June the ICRC began to airlift relief supplies to six towns in southern Sudan after an interruption of nearly six months. In the government-controlled area, the greatest needs noted by ICRC delegates were in the town of Wau. Food distributions to 50,000 displaced people and seed distributions to 30,000 families are currently under way.

In the areas controlled by the SPLA, the armed resistance to the government in Khartoum, the ICRC distributed fishing nets and farming tools to 20,000 families in Yirol and 35,000 families in Leer.

Over 80,000 destitute Sudanese returning from Ethiopia are currently stranded in Pochala, a village near the Ethiopian border, because heavy rains are making travel impossible. An ICRC light aircraft makes four to five round trips daily to bring in about six tonnes of food, scarcely sufficient to feed the most needy. The ICRC has enlisted the help of 500 local volunteers to extend the landing strip as quickly as possible. The work, which is expected to be completed by the end of July, will enable two large transport aircraft chartered by the ICRC to bring in 20 tonnes of food daily, enough to ensure the bare survival of these tens of thousands of victims of civil war who have been wandering homeless for years.
On both sides of the Danube

(Supported from page 1)

Serbian families in Vojvodina

Serbian civilians, mostly women and children, were also fleeing the trouble spots, often leaving the men behind to defend their homes. In Borovo Selo, a small Slovenian community on the banks of the Danube, all that remained of the predominantly Serbian population was a few armed men. Their families had crossed the river by ferry, making their way to Bac and Sid where they had found shelter through the Vojvodina Red Cross. Ferries, often carrying displaced people, cross the river separating Slavonia from Vojvodina several times a day. In a matter of weeks close to 10,000 Serbs had crossed the Danube to Vojvodina. The majority were travelling in the same direction, from west to east, but a few were going the other way, back to their villages. One woman who had taken refuge in Bac with her two daughters returned to Borovo Selo after hearing on the radio that her son had been killed in the fighting: she wanted to have the body exhumed to make sure there was no mistake and then hold a decent burial. Other women had managed to reach their husbands or families by telephone, but said they could not speak freely since the lines were tapped.

On the Serbian side, as in Osijek on the Croatian side, the displaced people's faces betrayed the same fears and hope of being able to return home soon. Many were still suffering from shock and could not understand the sudden spate of violence that had engulfed their region. “Before the trouble began”, said a young Serbian woman taking refuge in Sid, “no one in my town knew who was Serbian and who was Croatian”. She was afraid she would never be able to go home and was worried about her husband, who had lost his job and was rapidly using up their meagre reserves but refused to leave.

Here, as in Osijek, local Red Cross volunteers were receiving the displaced people and finding them shelter with great speed and efficiency. In Bac, a small town in Vojvodina about 10 kilometres from the Danube, the Red Cross was taking care of 725 people on 9 July. A school had been converted into a reception centre and, as in Slavonia, many families had offered to provide accommodation.

Large numbers of Serbs had also found refuge in Belgrade, where they were being looked after by the local and national Red Cross. By mid-July sixteen offices had set up in the capital to process offers of shelter already had the names of 4,000 volunteer families. There, as in Croatia, Red Cross staff were doing their utmost to install displaced people with host families as quickly as possible so as to spare them long waiting periods in reception centres.

ICRC activities

ICRC delegates who had been in Yugoslavia since 21 May visiting persons detained in the country’s six republics went to Slovenia as soon as clashes between the republic and the federal army began in late June. After having received permission to visit all persons held by the Slovenian authorities in connection with the events, the delegates began a tour of places of detention and hospitals on 2 July, interviewing some 200 federal army soldiers in accordance with the institution’s customary procedures. They also visited 45 people held in Knin following the recent fighting between Serbs and Croats. In addition, ICRC delegates visited 98 detainees in 14 places of detention throughout the country.

Published by

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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.
International Committee of the Red Cross

BULLETIN

September 1991
No. 188

YUGOSLAVIA

Assistance for 90,000 displaced people

The ICRC launched an appeal on 23 August for 7.8 million Swiss francs to increase its humanitarian activities in Yugoslavia, which consist in providing assistance to 90,000 displaced people, building up stocks of emergency medical supplies, running a media campaign on the role of the Red Cross and the significance of the emblem, and visiting detainees.

The number of displaced people registered by the Red Cross of Yugoslavia rose from 45,000 in early August to over 112,000 some three weeks later. There are now at least 36,000 displaced people in

(Continued on page 4)

Displaced person being registered by the Red Cross in Belgrade.

Death of former ICRC President Alexandre Hay

Alexandre Hay, who was President of the International Committee of the Red Cross from 1976 to 1987, died on 23 August following major surgery.

A citizen of Geneva, Mr. Hay was born in 1919. He qualified as a lawyer and in 1945 joined the Swiss Federal Political Department. After serving from 1948 to 1953 as Secretary at the Swiss Legation in Paris, he took up a key post at the Swiss National Bank.

Mr. Hay was appointed a member of the ICRC in 1975 and the following year became its eleventh President. During his terms of office he conducted over 150 missions abroad and met many heads of State and government and leaders of National Red Cross and Red Crescent Societies.

During Mr. Hay's time as President, the ICRC experienced unprecedented expansion. Staff tripled and the budget grew from 50 to 250 million Swiss francs. Under his leadership the ICRC's work, in particular for efforts to promote humanitarian law also received a new impetus.

After stepping down from the Presidency, Mr. Hay agreed to remain a member of the Committee until 1989. He rendered invaluable services to the Movement in his capacity as Chairman of the Commission on the Red Cross, Red Crescent and Peace and as President of the World Campaign for the Protection of Victims of War.

"One of Mr. Hay's outstanding qualities", commented Michel Convers, Deputy Director at the ICRC, "was his kindness. All those who met him were struck by his warmth, which put one immediately at ease. This quality was combined with natural authority and sound judgement, enabling him to take a firm stand when called for. Beneath his calm exterior was a lively mind and a keen sense of humour. Mr. Hay was a kind of patriarch whose authority stemmed from the deep respect he inspired."
THE ICRC AND THE UNITED NATIONS

“The ICRC must make its presence felt in international gatherings”

Interview with Michel Veuthey, head of the ICRC’s International Organizations Division

Last year the United Nations General Assembly granted the ICRC observer status. How has this affected the institution?

The ICRC has maintained an office in New York for 20 years and has regularly attended meetings there, such as those of the General Assembly and the Economic and Social Council (ECOSOC). We also attend the conferences of agencies in Geneva, such as the World Health Organization (WHO). Observer status has given official sanction to our practice of maintaining close ties with United Nations bodies. The ICRC now has its own seat and name-card in the General Assembly and various commissions and can therefore be easily identified by participants when a humanitarian issue is being discussed. In Geneva the ICRC has a standing invitation to attend, as an official observer, all the meetings of the United Nations High Commissioner for Refugees (UNHCR) and the Commission on Human Rights and its Sub-Commission. We can take the floor on a more formal basis and have documents circulated. Recognition has thus been given to the ICRC’s specific and dual nature, which distinguishes it from other organizations. Indeed, although it is a private organization it has a special status under public international law by virtue of the mandate bestowed on it by the governments party to the 1949 Geneva Conventions.

Throughout the Gulf crisis the ICRC was in close contact with the United Nations Sanctions Committee. Could you describe this cooperation?

It is inaccurate to speak of cooperation. Although the ICRC was perfectly open with the Sanctions Committee, it never considered cooperating with it as that would have been tantamount to acting as the humanitarian branch of a political body of the United Nations. Such a course would have considerably weakened the institution’s credibility and acceptability vis-à-vis Iraq. The ICRC merely kept the Committee informed of its activities. It did not ask for permission to act in behalf of civilian victims in Iraq. This is more than a semantic question. The ICRC was concerned with exercising its right, deriving in particular from Article 23 of the Fourth Geneva Convention, to supply food for the civilian victims of a conflict. We kept the Sanctions Committee informed merely to ensure the safe passage of our convoys and to carry out our humanitarian work openly.

The possible appointment of a UN coordinator for humanitarian matters is currently under consideration. What is the ICRC’s position on this?

To improve coordination of humanitarian activities is an excellent idea and we would welcome any step in that direction. The UN is naturally free to take organizational decisions without consulting the ICRC. Whatever the mechanisms adopted by the UN, the ICRC will take part, as it always has, openly and in total independence, in all humanitarian endeavours. It should not be forgotten that the ICRC is an observer, not a member of the UN. We are ready to attend all inter-agency and donor meetings, as we have since 1979 in relation to the crises in Cambodia and later in Africa, with a special view to ensuring due respect for the specific mandate we received from the 166 States party to the Geneva Conventions. In our opinion this type of consultation should take place not only in Geneva and New York, but also and especially in the field.

Do you think that the proposed coordination of the UN’s humanitarian activities would influence the ICRC’s work? For example, would the ICRC focus more on its specific protection and tracing mandate at the expense of assistance programmes?

Protection, tracing and assistance are the three key components of the ICRC’s mandate, and assistance is an integral part of protection. Therefore the ICRC must not fall into the trap of confining itself to prison visits and tracing activities, simply because that is what it is best known for, and leave assistance to others. Not only does the ICRC have a mandate from the governments to provide assistance, it also has considerable experience in the matter. The UN might take over ICRC activities at an earlier stage after the end of a conflict, but as long as the hostilities last the ICRC will continue to assist victims in conformity with its mandate, the principles of humanity and impartiality and its own practical experience.

The UN is paying increasing attention to detention problems and has even sent representatives to visit detainees in Central America. Does the ICRC view this as a form of dangerous competition?

No, we do not see it in that light. Although it cannot be denied that there is rivalry in the humanitarian field, this should merely serve as an incentive for the ICRC to remain in the vanguard in terms of experience, competence and readiness to act. This depends above all on the quality of its staff: the institution must provide the motivation and environment necessary to attract and keep a highly qualified work force. Prison visits carried out by the UN can then be seen as complementary to the ICRC’s long-standing detention activities, which rest on the solid foundation of nearly a century of experience.

If the UN idea is adopted, do you think that donor States might prefer to contribute all their money to a single coordinator rather than spread it around and that the ICRC might therefore suffer from a shortage of funds?

Donor States are fully aware of the nature of the ICRC’s activities and expertise and already make their contributions directly to the institution. The ICRC has made it clear that it is willing to provide information, attend organizational meetings and take part in a monitoring and reporting system agreed on with the governments. Therefore it should have little difficulty in reaching an understanding with donors. While governments may take an overall decision on the total amount of their contributions, including those intended for the ICRC, this does not mean that they have to deposit everything in the same bank account.

The more active role recently assumed by the UN has been accompanied by increased politicization. Should the ICRC not keep its distance in order to preserve its independence and neutrality?

The ICRC welcomes this new impetus since one organization alone cannot do everything. It is important for the ICRC to know that when a conflict ends, other organizations will take on such tasks as mine clearance and rehabilitating agriculture and social services, including medical care. The ICRC cannot presume to play the role of a humanitarian Atlas, bearing the weight of the world on its shoulders. This is why it must make its presence felt at international gatherings and avoid isolation. The world is currently in transition and East-West tension may well give way to a North-South split. In such a context the ICRC has a particularly important role to play as an organization based in the North and working in the South. This humanitarian bridge between the two hemispheres must be preserved at all costs. The ICRC must therefore be present and active at all major international meetings in order to maintain the confidence of both donor governments and all parties to conflicts in the South.

Interview by Salvatore Sagues
A large-scale ICRC operation was launched in Ethiopia at the end of May to help hundreds of thousands of members of the former government’s army making their way south on foot, the most seriously sick and wounded being flown to the capital for treatment. Julie von Stülpnagel, a German Red Cross delegate working for the ICRC, reports.

Monday, 5 August. “Well, is it coming or not ?”, said Rainer, the head of delegation, trying to make himself heard above the noise of the rain beating down on the corrugated iron roof. We were all waiting for news of the Hercules due in from Djibouti. The plane had been transporting ICRC relief supplies for the past month and today was to start flying wounded and sick former members of Mengistu’s army — 269 of them in all — from the northern town of Mekele to Addis Ababa. Derek, the flight coordinator, looked discouraged: “Till 7 o’clock this morning everything seemed to be running smoothly, when all of a sudden Southern Air Transport decided that the Hercules had left Djibouti. The operation was due to begin at 9 a.m. — to be taken to Mekele and flown to Addis Ababa for treatment. Everything had worked out fine so far. The four-hour drive from Adigrat (landing there being impossible because of the rains) had been made in trucks with specially padded interiors so that the wounded could lie down and ride in relative comfort under the supervision of Anna, the Swedish ICRC nurse who had been looking after them. They had been accommodated in tents at Mekele airport so that their onward journey to Addis Ababa could proceed as fast as possible. Steps had been taken to ensure that hospital beds were available in the capital and a transit camp with medical facilities had been set up at Addis airport. Ethiopian Red Cross (ERCSC) ambulances, manned by two doctors and 30 young ERCSC staff, were standing ready to take charge of the patients.

And now the whole operation might have to be called off, just because of some unresolved insurance matter. It was already 8.30 a.m., barely one hour before the operation was due to begin.

All the delegates gathered round the table in Rainer’s office for their weekly meeting. The phone rang suddenly — Geneva on the line. They had managed to arrange insurance in time for the flight to go ahead. The radio operator announced that the Hercules had left Djibouti. The operation was finally under way. Derek’s face lit up. Anne-Marie rose to her feet and immediately left for the airport to see to the very last preparations before the Hercules touched down in Addis.

The others were also eager to get going. The day was wearing on and there was still a lot to be done. But two more delegates had yet to make their reports.

Mr. Ghelew’s unconditional release came after commanders in the area with regular contacts with the ICRC intervened on his behalf.

Knuth, a doctor who had just completed his first week of his month-long assignment in the transit camp in Mekele, had returned to Addis to report that there was a risk of a relapsing fever epidemic in the camp. In addition to building up the existing stocks of medicine, it had been decided, as a preventive measure, to shave everyone from head to foot. Rainer was to inform the local health authorities and request their cooperation. The danger of having the epidemic spread throughout the camp or into the city should be avoided at all costs.

Diane, another delegate just back from Mekele, reported a further problem: there were two bakeries in Mekele, both working exclusively for the ICRC and turning out 18,000 small loaves of bread a day for the camp population. The ICRC had provided one of the bakeries with a generator and the necessary fuel, but not the other, which also wanted those items or it would not carry on working for the ICRC. What was to be done? The decision to supply the second bakery with a generator brought the morning meeting to an end.

The telephone rang again: this time it was Anne-Marie calling from the airport to say that everything was proceeding according to plan, but that she needed an ICRC information delegate on the spot. “There’s a whole crowd of journalists out here”, she said, “who want to come along so they can see the evacuees board the Hercules in Mekele.”

The information delegate dashed off to the airport and soon after the meeting broke up. There would be no respite until 10 p.m., when the curfew brought all work to a halt. The one big advantage was that everyone was sure to get an early night!

Julie von Stülpnagel
Rehabilitation: bridging the gap between emergency assistance and development aid

The cycle of malnutrition, urban migration and rising infant mortality which leads to famine and major human tragedies seems to be following its inexorable course. The underlying food shortages are often due to the combined effects of drought and internal conflict, as was the case in Ethiopia in 1985. The ICRC, like other humanitarian organizations, provides emergency relief in the form of food and other aid to displaced people massed in camps. At a later stage, it sets up rehabilitation programmes where possible, distributing seed and tools. "This is also an emergency measure", says Dr. Pierre Perrin, medical coordinator at ICRC headquarters in Geneva, "as it gives displaced people the means to return home." Are such rehabilitation programmes really a hidden form of development aid? Does the ICRC sometimes undertake long-term programmes, with political implications, which fall outside its mandate? "The terminology tends to be confusing", explains Dr. Perrin. "Rehabilitation means restoring a former situation, not changing it by dismantling existing structures."

The aim of development aid, which is the task of various specialized agencies of the United Nations, such as UNDP and FAO, is to tackle the structural causes of the chronic food shortages affecting various countries, particularly in Africa. This involves reassessment of agricultural production methods, possibly efforts to change customary diets and, above all, reorganization of the agrarian structures of these countries. Such highly political issues do not come within the scope of the ICRC’s work.

The distinction between rehabilitation and development aid is easy to draw in theory, but not always in practice. For Dr. Perrin, “rehabilitation programmes, such as those carried out by the ICRC in Angola, El Salvador and Ethiopia, are designed to enable civilians affected by the conflict regain self-sufficiency. To deal with the root causes of the situation is a long-term undertaking which is not part of the ICRC’s mandate.” In the field, these various assistance activities overlap and ideally should complement each other. In Cambodia, for example, ICRC rehabilitation work and FAO development aid have been mutually supportive.

Yugoslavia

Croatia, 29,000 in the autonomous province of Vojvodina, 34,000 in Serbia and some 13,000 in Bosnia-Herzegovina. They are mainly women, children and elderly people who fled their villages following the inter-ethnic strife that has swept Yugoslavia in recent months.

Many of the displaced have found accommodation with relatives or been taken in by strangers; the rest have found shelter in schools and other public buildings. Over the next four months the ICRC is planning to distribute some 240 tonnes of relief supplies to these people, almost all of whom are without resources. Once a month, beginning in September, each family of five will receive 13.6 kilos of food, soap and school supplies. This assistance will be distributed, under ICRC supervision, by the National Red Cross and its branches in the various republics. Logistic bases have already been set up in Belgrade, Novi Sad, Sarajevo and Zagreb.

Medical assistance and dissemination

The ICRC is also sending eight tonnes of medical supplies to replenish emergency stocks in Belgrade and Zagreb. These stocks, managed by the National Red Cross and its branches, are intended to meet emergency medical needs in villages cut off by the fighting.

Meanwhile ICRC delegates, in cooperation with the National Red Cross, have launched a campaign to spread knowledge of humanitarian principles, in particular to ensure greater respect for the red cross emblem. The campaign is already well under way in the republics affected by the fighting, where it is being promoted by local radio, television and press.

The ICRC is continuing its round of visits, begun on 21 May, to detainees throughout the country. Its delegates have so far visited some 400 people, many of whom have been released in recent weeks. The ICRC is also providing additional material support for the Yugoslav Red Cross and its branches, whose operational capacity has been placed under great strain.

Published by the ICRC Press Division.
19, avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 80 01
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The texts of the Bulletin have no official character and may be freely reproduced.

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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 II - Account No. 129.986.0, or Post Office Account No. 12-5527-6.
SOMALIA

Food Situation Alarming

According to some estimates, Somalia needs about 50,000 tonnes of food a month to survive. Since January of this year, however, a mere 30,000 tonnes in all have been shipped in by commercial vessels. The ICRC, which is at present the sole humanitarian organization regularly providing food aid throughout the country, has been able to supply an average of only 2,500 tonnes a month, since disturbances such as those in Mogadishu in September have held up distribution.

“At present, the whole population is at risk,” says Béatrice Mégevand, who is in charge of the Somalia desk at ICRC headquarters in Geneva. “The economic and social structure has ceased to exist. There are no longer any fruit plantations, so exports have stopped. There is no electricity, communications have broken down and schools are closed. Everything that was vital to the country has been destroyed.” Insecurity, conflicts between clans and even within factions, indifference in the West towards this forgotten country that has lost all geo-strategic interest — there are a variety of causes for this disastrous situation.

The ICRC has rarely been confronted by such immense food needs. During a recent nutritional assessment of children in the Johar region, to the north of the Somali capital, delegates found that 46% of them were suffering from C-grade malnutrition (the most serious kind) and 44% from B-grade malnutrition (alarming cases). Only 10% of the children were in an acceptable nutritional condition. “And as things stand,” added Béatrice Mégevand, “it can only get worse.” Between the end of April and the beginning of September, the ICRC dispatched 12,500 tonnes of food to Doble, Kismayu and Mogadishu, and organized a first distribution of seed outside Mogadishu in early September, in the Jalalaxi and Johar regions. “It is high time for the international community and the United Nations to get down to sending Somalia the volume of aid it really needs”, says ICRC Director of Operations Jean de Courten in no uncertain terms. “The ICRC can meet the needs of only a few previously identified vulnerable groups.”

In addition to its food aid, the ICRC has built up an extensive tracing network over the last four months to search for people who have been displaced or have disappeared. From north to south of the country, twelve offices handle tracing requests and deliver family messages. “For July and August alone,” says Béatrice Mégevand, “we received more than 1,200 tracing requests and delivered more than 5,000 family messages in a country that no longer has a postal service.”

Medical assistance is the third major ICRC activity in Somalia. Some fifty tonnes of medical supplies have been dispatched in the past five months. The ICRC also has five nurses working in the field, and a medical coordinator based in Nairobi who travels throughout the country. A surgeon will also be sent from Geneva at the beginning of October to assess existing care facilities.

Finally, the ICRC is trying to develop its protection-related activities for people detained because of the conflict. The authorities in north-west Somalia have just agreed in principle to allow the ICRC access to all detained persons. Delegates have already been able to visit 17 people in Garoe and 23 in Kismayu. “If Somalia bordered on the Mediterranean, Europe would feel much more directly concerned”, says Béatrice Mégevand, and adds: “This country cannot simply be forgotten.” The ICRC, with about 35 delegates in the field, is trying to fight what many people seem to regard as inevitable.

(Continued on page 3)
The ICRC had an important meeting recently with the Supreme National Council (SNC) of Cambodia. Will this help our work in the country?

We discussed two problems with the SNC: mines and detention. On the first subject, we asked Prince Sihanouk to urge the four Khmer factions to stop laying mines along the border with Thailand.

On the detention issue, the Prince also undertook, on behalf of the SNC, to facilitate ICRC access to all those detained because of the conflict. This is a long-standing problem; we have been trying to visit detainees held by all the parties since the start of the conflict, and we can only hope that this time we shall succeed.

If there is a political settlement of the Cambodian problem, how will the ICRC's activities develop along the Thai border?

Our tracing and medical work for the civilian population, particularly surgical activities in the Khao-I-Dang hospital, will continue. There will be some changes, in the content of our dissemination programme, for example, until the repatriation actually begins. How the repatriation operation will be carried out is anybody's guess. UNHCR was given that responsibility at the Paris Conference in the summer of 1989. UNHCR is hoping that the operation, which will probably involve more than 300,000 people, will go smoothly and benefit from all the necessary guarantees. But there are many questions still pending. Will people return to visit detainees held by all the parties since the start of the conflict, and we can only hope that this time we shall succeed.

The ICRC's current medical activities in Cambodia?

The ICRC has surgical teams in three government hospitals in Kampot, Pursat and Mongkol Borei. In the Mongkol Borei region, in the north-west of the country, where fighting has been particularly intense, we are practically the only organization to maintain a permanent presence. The ICRC does not simply take care of the wounded, but also malaria and tuberculosis, for example, are causing more deaths than the actual conflict. We have therefore had to deal with these problems too. The ICRC is also monitoring the sanitation and public health situation in certain camps for displaced people inside the country where the living conditions are extremely precarious.

Turning to Afghanistan, there have lately been many security incidents involving ICRC staff. Is this going to affect ICRC work there in the long term?

Let me say first of all that the ICRC is not the only humanitarian organization that has been involved in security incidents. So the ICRC is not a special target. But something had to be done. We could not go on exposing our delegates to greater risks than warranted by the results of their work. We have therefore considerably restricted our travel in the field, especially as regards our two sub-delegations in Herat and Mazar-i-Sharif. Nevertheless, this cut back has not had a major impact on the number of wounded treated at the ICRC hospitals in Kabul, Peshawar and Quetta, or — for the time being — on our visits to people detained by the Kabul government. As for the medium term, our activities will depend on how the political and military situation develops. We followed with interest the talks leading to the American-Soviet agreement on stopping arms deliveries to the belligerents. But will the agreement have any practical effect? Alas, observers do not foresee any reduction either in the number of victims or in the intensity of the conflict.

The ICRC has been working in Sri Lanka for two years. What has it been doing to protect people who have been arrested?

After years of negotiations, the ICRC finally arrived in Sri Lanka in October 1989 at the invitation of the Colombo government, but its work was initially limited to the conflict between the government and the JVP, the Sinhalese opposition party. In that context, the ICRC visited and is still visiting about 400 places of detention and has registered more than 20,000 detainees. Since June 1990, the ICRC has also been active in the north and east of the country, in areas affected by the conflict between the Colombo government and the Tamils — or more specifically, the Liberation Tigers of Tamil Eelam (LTTE). Here, the ICRC plays a double role. First there is its traditional work of protecting people detained by the two sides. It also acts as a neutral intermediary, for example by providing protection for consignments of essential supplies shipped to the Jaffna Peninsula. In addition, the ICRC has obtained neutral status for the Jaffna hospital, which, with its 1,000 beds, is the only hospital in the region worthy of the name. There again, the ICRC is not directly operational, but enables local health services to function by gaining the confidence of the parties to the conflict.

Prince Norodom Sihanouk, Chairman of Cambodia's Supreme National Council (SNC), launched an appeal on 3 September to the Council's four member parties urging them to stop laying mines in the country, in particular along the Thai border.

Prince Sihanouk also asked the four parties to allow the ICRC to visit all detainees they were holding. This appeal followed a meeting held on 31 August in Pattaya, Thailand, at which the SNC pledged to cooperate closely with the ICRC.

CAMBODIA: Supreme National Council Pledges Cooperation with ICRC

Interview with Jean-Michel Monod, Delegate General for Asia

The border must be cleared of mines before anyone is repatriated to Cambodia
INTERNAL UNREST IN WEST AFRICA

National Societies Mobilize

The National Red Cross Societies of West Africa have recently been facing the greatest challenge in their history: meeting the humanitarian needs of changing societies that are trying to find their own way to democracy without always being able to avoid violence and bloodshed. A report from Dakar filed by Hassan Ba, ICRC programme officer.

In March 1991 in Bamako, the spectacle was both startling and significant. On one side a crowd of angry and desperate young people from the city's wretched suburbs were destroying everything that symbolized the former regime, defying the security forces that were completely overwhelmed. Facing them, other young people of the same generation as the rioters had chosen the humanitarian cause and, in the thick of the battle, were providing help and comfort to the victims wherever they could.

This year what happened in Bamako has been repeated elsewhere in West Africa — Lomé, Yaundé, and even more recently in Zaire — against a background of economic crisis and political change. These outbreaks of political violence, usually in urban areas, have caused enormous problems for the local National Red Cross Societies. They have certain characteristics in common: you never know when or where they will occur, they often involve brutal street fighting and it is generally young people that take the lead.

Many National Societies, supported by the ICRC regional delegations and Medical Division, have coped remarkably well with these crises.

YUGOSLAVIA

(Continued from page 1)

first team is transporting additional medical supplies to Slavonia via Hungary, with the help of the Hungarian Red Cross, for hospitals in the region, particularly the hospital in Osijek. The second team left Ljubljana (Slovenia) on 25 September for Rijeka and Split on the Dalmatian coast, which has been affected by the fighting. With the arrival of the teams, which are intended to establish a permanent ICRC presence in the two regions particularly hard hit by the fighting, the ICRC now has 26 delegates in Yugoslavia.

In the streets, where soldiers or police were battling with rioters and the dead and wounded were left where they lay, teams of young first-aid workers went in despite the real risks to their own safety. The range of tasks facing them was daunting: first aid for minor injuries, collection and evacuation of the wounded and arranging for their admission to hospital, assistance for overloaded health services, food aid, blood collection, informing families. They also had to do unexpected jobs like feeding detainees left to starve after a prison mutiny and burying charred corpses, and everything had to be done in an atmosphere of insecurity and turmoil. Making people aware of the meaning of the Red Cross emblem became a vital concern in this context; in Lomé appeals for respect for the emblem were broadcast on radio and television.

Being Prepared

"To be able to act with maximum efficiency during disturbances, it is wise to make preparations well beforehand", notes Mr. Senghore, Secretary General of the Gambian Red Cross Society. Indeed, emergency preparedness has been given greater priority than ever by National Societies in West Africa. During a seminar organized jointly by the League, the ICRC and the National Societies in Dakar on 17 and 18 September 1991, a number of guidelines were adopted in this respect. As a result, further stress will be laid on the training and organization of voluntary first-aiders; and these activities will be backed by a major effort to make international humanitarian law and the basic principles of the Red Cross more widely known. Emergency response teams will be set up in the National Societies with the support of the ICRC, which will also contribute basic supplies — tabards, stretchers, badges, flags, etc.

"With simple and appropriate equipment and highly-motivated young first-aid workers the Red Cross can meet the challenges facing it in Africa", says Mr. Ahouangbévi, the new President of the Togolese Red Cross.

In Conakry, an emergency unit was set up in June in preparation for disturbances that fortunately did not occur. "The unit is in abeyance for the time being, but we have organized things so that we can be operational within a few hours, without waiting for the ICRC to get here", declares Mr. Diallo, who is in charge of first-aid work at the Guinean Red Cross. For its part, the ICRC is setting up a communications network and is providing the National Societies with the necessary equipment.

During the Dakar seminar it was also decided that contacts with army medical services should be strengthened wherever possible with a view to defining spheres of common interest such as first-aid work, ensuring respect for the emblem and dissemination of international humanitarian law.

Thus a fertile area for cooperation has opened up in West Africa for the ICRC, the League, and the region’s National Societies. Countless young people stand ready to do their part, with an enthusiasm and commitment equal to the risks involved and the interests at stake.
Support for Medical Services in Yugoslavia

Since mid-July the ICRC has received a steady stream of requests for medical assistance from Yugoslavia. The country's health care system, strained by both the economic crisis and the internal conflict, has increasing difficulty in meeting the population's needs, especially in areas affected by the fighting. The ICRC's initial response was to send in two tonnes of medical sets, which were distributed by the Yugoslav Red Cross and its branches in and around Osijek, an area particularly hard hit by the events, and in Vojvodina. Two additional consignments of four tonnes of medicines and medical supplies were dispatched from Geneva to Belgrade and Zagreb on 30 July in an effort to decentralize emergency stocks.

The ICRC, in cooperation with several Red Cross Societies, is currently launching a special programme to assist the country's medical services. "What we are trying to do", explained Dr. Jean-Claude Mülli, an ICRC medical coordinator recently back from the field, "is make up kits of drugs and equipment intended to cover the basic needs of medical and surgical facilities for a specific period".

The ICRC has designed five types of kits for, respectively, blood transfusion services, first-aid centres, surgical hospitals, anaesthesia and intensive care units and centres providing treatment for displaced people with chronic conditions.

"Our purpose", said Dr. Mülli, "is to standardize the medicines sent and streamline the widely diverse lists of requests received".

The contents of the kits were selected in consultation with the services for which they are intended and in accordance with the criteria for quality and presentation adopted by the 25th International Conference of the Red Cross in Geneva in 1986. "For example", said Dr. Mülli, "we hope we shall no longer receive any miscellaneous samples or expired medicines".

The programme, similar to those set up by the ICRC to dispatch surgical units to Romania in late 1989, and more recently to Iraq, is being coordinated by the ICRC. The kits are now being put together by several European National Societies and will be distributed by the Yugoslav Red Cross and its branches.

MEDICAL ACTIVITIES

TRACING AGENCY

Twelve Years in El Salvador

ICRC Central Tracing Agency (CTA) delegates have been handling enquiries about missing people in El Salvador since the outbreak of civil war in 1979. By comparing two major sources of information — notifications of arrest provided by the authorities and tracing requests submitted by relatives — they have solved many cases involving persons reported missing on both government and opposition sides. "We have fewer cases to process now that the situation has calmed down," said Romaine Tissières, who is responsible for Latin America at CTA headquarters in Geneva.

The Agency also handles tracing requests relating to Salvadorans abroad, in particular in Australia, Sweden and the United States. These requests are processed in cooperation with the National Red Cross Societies of the countries concerned. The CTA has set up a special network to exchange family messages between Salvadorans at home and their relatives who have taken refuge in neighbouring countries. These included the Salvadorans in Honduras who were repatriated by the Office of the UN High Commissioner for Refugees in 1990. In addition the Agency is helping several hundred Salvadoran war disabled in Cuba keep in touch with their families.

"HUMANITY IN THE MIDST OF WAR"

ICRC Exhibition Begins its Third Year on Tour

On show in Warsaw in September, after Minsk, Kiev and Sofia in April and May, the ICRC exhibition "Humanity in the midst of war" is continuing its travels in Central Europe and is starting its third year on tour. In the last three months of 1991, it will be shown in Prague, then Budapest and finally Bratislava.

The purpose of this travelling exhibition, first held to mark the 125th anniversary of the earliest Geneva Convention of 22 August 1864, is to spread knowledge of the principles of international humanitarian law by showing, with the help of photos and documents, how the four Geneva Conventions and the two 1977 Additional Protocols came into being in the aftermath of conflicts. Opened in New York on 13 October 1989 alongside the United Nations General Assembly, in the presence of UN Secretary-General Javier Pérez de Cuéllar, Federal Councillor René Felber, and ICRC President Cornelio Sommaruga, the exhibition went on in 1990 to Austria, Germany and Romania.

In Central and Eastern Europe, the exhibition served to illustrate various seminars on the humanitarian principles, and met with a particularly warm response in Bucharest from the Romanian armed forces. Its presentation in Budapest in November-December will coincide with the 26th International Conference of the Red Cross and Red Crescent. The exhibition will then have been shown in all the countries of Eastern Europe except Yugoslavia and Albania, where it will be on display in early 1992. It will continue its tour the following year, when it is scheduled to visit Africa and the Middle East.

Published by the
ICRC Press Division.
19, avenue de la Paix
CH-1202 Geneva
Tel.: (022) 734 60 01
Fax : (022) 734 82 80
Telex: 414 226

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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. 12-3527-6.

The exhibition at the University of Sofia, Bulgaria.
**EDITORIAL**

**THE BUDAPEST CONFERENCE**

At the 26th International Conference of the Red Cross and Red Crescent, which will take place in Budapest from 29 November to 6 December 1991 at the invitation of the Hungarian Red Cross, delegations from duly recognized National Societies, from the International Committee of the Red Cross and from the League of Red Cross and Red Crescent Societies will assemble together with delegations from the States party to the Geneva Conventions.

The International Conference, which in principle takes place every four years, is first and foremost an opportunity for all the Red Cross and Red Crescent institutions to meet, to exchange experiences and views and to adopt the common policies which will shape the Movement's future. It is also an opportunity for dialogue between the Red Cross and Red Crescent institutions on the one hand, and the States party to the Geneva Conventions on the other, on issues of humanitarian concern.

The 26th International Conference will have two main themes:

- the implementation of and compliance with international humanitarian law;
- the development of National Red Cross and Red Crescent Societies.

The 26th International Conference is sure to strengthen the unity of the International Red Cross and Red Crescent Movement still further and foster respect for international humanitarian law.

François Bugnion

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**YUGOSLAVIA**

**Over 1,800 Detainees Visited since May**

The ICRC, which has been in Yugoslavia since the hostilities began, is stepping up its protection and assistance activities and increasing its presence throughout the country. More than 1,800 people held by the parties to the conflict have been visited by ICRC delegates since last May, as well as some 60 security detainees held in the country's various republics in connection with the events in Kosovo.

After assigning delegates on a permanent basis to Osijek, in Slavonia, and the Dalmatian coastal town of Split three weeks ago, the ICRC, which was already working in Belgrade, Ljubljana and Zagreb, will shortly be opening two more offices, one at Novi Sad in Vojvodina and another at Sarajevo in Bosnia-Herzegovina.

The ICRC has about 30 people in the field. In cooperation with the Red Cross of Yugoslavia and its components, it is providing food and medical assistance to more than 320,000 displaced persons.

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**LIBERIA**

**Repatriation of Foreign Citizens in NPFL Zone**

Kakata, about 50 km north of Monrovia, on the evening of 7 October. Over 220 Ghanaians get ready, most of them children, old people and widows who lost their husbands in the fighting which has ravaged Liberia for over a year. Tomorrow at dawn, six ICRC/Liberian Red Cross trucks will take them from here to the Ivorian border. It will be the last large repatriation of foreign civilians still in the area held by Charles Taylor’s National Patriotic Front of Liberia (NPFL). On 28 August, a first convoy took 123 people to Man in Côte d’Ivoire. Two later convoys transported 185 and 109 Nigerians respectively. Before leaving Kakata, the 220 Ghanaians have to completely unpack their bundles. The NPFL wants to check (Continued on page 3)

A Ghanaian woman preparing for repatriation.
The first talks between the Iraqi authorities, the Coalition Forces and the ICRC took place on 7 March of this year in Riyadh, Saudi Arabia. Since then, the ICRC has supervised the repatriation of over 70,000 Iraqi prisoners of war and of about 6,700 allied prisoners of war and civilians who were able to return to Kuwait and Saudi Arabia. The ICRC also repatriated the mortal remains of 23 Iraqis and 16 coalition soldiers. At the October meeting, the first in six months and the first to be held in Geneva, the Commission discussed unresolved repatriation cases and the tracing of people who disappeared during the Gulf war.

Sixth Meeting of the Repatriation Commission

The sixth meeting of the Commission in charge of the repatriation of prisoners of war and civilian internees, made up of representatives of the Coalition Forces, Iraq and the ICRC, was held in Geneva on 16 and 17 October.

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The Seeds of Peace in Angola

Peace recently came to Angola after many long years of civil war. It is gradually turning yesterday’s battlefields into farmland, but it has not yet solved the problems of the people living there. Development programmes are being set up by international agencies, but very slowly. To bridge the gap the ICRC, on the strength of its twelve years of activities in Angola, launched a large-scale relief operation in the central part of the country in mid-September. It selected about twenty towns and villages as distribution points in the three provinces of Bié, Huambo and Benguela, and mobilized a good thirty vehicles, two small cargo aircraft, about thirty ICRC delegates and several hundred local employees. The operation will come to an end in late December, by which time the ICRC will have reached almost 150,000 families, or about 500,000 people. Pierre Gauthier, currently on mission in Angola, reports.

Mungo, 4 October. We have just landed in Mungo, a village in northern Huambo province. The dust stirred up by the plane has not yet settled, and already our Angolan colleagues based in the village are unloading the hold. The villagers throng to watch from a distance. The sacks of seed and crates of hoes are piled one on top of the other, the distribution area is symbolically marked off by a cord tied between wooden stakes. Mungo was cut off by the fighting for many years. This is our third visit in as many days, and each time we have provided aid to 5,000 families. Today Mungo seems different. Maybe it’s just the heavily overcast sky, harbinger of the rainy season to come? Breaking in on our thoughts, the plane guns its engines, then takes off in a thick cloud of red laterite dust. It will be back in about an hour with another load. The roads have not yet been cleared of mines in this area, and the plane has to make four or five round trips per day to bring in enough supplies for 5,000 families.

As we head for the village centre to supervise the distribution of tickets to each family, we suddenly realize what is different. Around each hut — four packed-earth walls with a straw roof — the land has been cleared and prepared for sowing. The hoes distributed the day before have broken up the soil left barren throughout the long years of war for lack of able bodied to do the work, tools and seeds to plant. For lack of peace. It looks as though the rains will be early and abundant this year. This is an encouraging sign.

**The Chamada**

The half-destroyed colonial houses in the middle of the village are a reminder — if anyone needs reminding — that the fighting was fierce. Bullet cases of all calibres still lie strewn about on the ground. It’s early October, there has been peace for only four months. In the centre of what used to be the village square — now in ruins and a chilling sight even in the heat of the sun — a group of men, women and children sit in a circle for the chamada, the “roll-call”. In the middle, the ICRC liaison officer and the sobas, the traditional heads of the neighbouring villages, call up each family one by one to receive the tickets they will later exchange at the distribution site for a hoe and seed to grow maize, beans and other vegetables. Today everything went well, the distribution was calm and orderly. This is not always the case. The wait is often long, the heat suffocating. One displaced family which has recently returned after years of exile is not on the list. The soba explains the problem to the delegate, a solution is quickly found: we will distribute an extra portion today.

**Yesterday — Today — Tomorrow**

The women carry the supplies back to the outlying villages, their bearing proud, their grace undiminished by the weight they carry and their tattered clothing. For years they lived cut off from the outside world in the matas, the bush, but they were lucky and had the energy to survive. Yesterday their lives consisted of war, horror, isolation and the anguish of separation. Today this has given way to peace. For those who lost everything, a hoe and a handful of seed are truly worth their weight in gold, an unexpected gift from the heavens.

Tomorrow it will rain, and if the harvest is plentiful the surplus can be sold on the market, reviving the small flow of trade interrupted by sixteen years of war. Hunger, deprivation, suffering, these will not be forgotten, but the cycle of nature will have replaced that of violence.

On the land where the blood of the victims once ran red, the seeds of life are about to be planted. It is the season for sowing, it is time to sow the seeds of peace.  

Pierre Gauthier
MEDICAL ACTIVITIES

Maintaining Health in Places of Detention

ICRC delegates and doctors regularly visit people put behind bars in places of detention throughout the world. The visits have many purposes: to prevent forced disappearances; to prevent torture and other cruel, inhuman or degrading treatment; to make sure the detainees live in adequate conditions. In the course of the visits, the doctors come across numerous medical problems stemming from the prison environment. Conditions of detention obviously vary widely from one country to another, even from one prison to another. The doctors assess the prisoners’ state of health, starting with their nutritional status and the overall sanitary conditions. “We have to determine whether or not the detainees receive enough food of an acceptable quality and whether or not the hygiene conditions are a hazard to health”, explains Dr. Hernan Reyes, coordinator of ICRC medical work in the prisons. If the ICRC observes a problem, it informs the prison authorities and asks them to take the necessary steps. If the situation is very serious, it can even distribute short-term food aid itself or help solve a specific hygiene problem. “We cannot take charge of material conditions within the prison”, Dr. Reyes adds, “but simply by repairing a water pump we can sometimes change the prisoners’ lives.”

The ICRC delegates and doctors also find themselves face to face with people who have been tortured. In addition to calling on the prison officials and the higher authorities to put an end to such practices, the ICRC doctors can do much in person to help these detainees, who greatly appreciate the fact that someone listens to them, examines them and is often able to reassure them. “We are frequently asked the most anxious questions”, says Dr. Reyes. “Women prisoners who have been tortured want to know whether they will still be able to bear children. It is not always easy to answer such questions.”

In any event, the detainees can have confidence in the ICRC doctor, a neutral intermediary, whereas they do not always trust the local doctor, either because he is part of the system of repression or simply because he is identified by them with the prison authorities.

TRACING ACTIVITIES

An Unusual Sight in Kabul

The ICRC delegation in Kabul is besieged by people arriving on foot or by truck from the Mazar-i-Sharif area in the north of the country. Some of them are wearing traditional Uzbeki garb. Others speak only the local language. It’s early October, and the sight is an unusual one for the Afghan capital. These people have travelled hundreds of kilometres through the mountains in response to a radio message broadcast by the delegation. The purpose of their long journey: to obtain news of their relatives taken prisoner in Khost, eastern Afghanistan, in late March 1991. At that time, ICRC delegates were able to visit over 2,000 government soldiers in Khost. Almost all the soldiers gave the delegates messages for their families. The messages for the Khost area were duly distributed, but security conditions compelled the ICRC to cut back its activities in the north in July, so the messages for the Mazar-i-Sharif area had never reached their destination. Then, in early September, the delegation in Kabul had the idea of broadcasting a radio message. The result was even better than the ICRC had dared hope. People seeking news of their relatives came with lists of names and were able to take back with them messages for friends who had stayed home. Since many families received good news, their journey may have a snowball effect and new arrivals from the north may soon show up at the ICRC delegation in Kabul.

SOUTH AFRICA

Assistance for the Victims of Disturbances in Soweto

In cooperation with the South African Red Cross Society (SARCS), ICRC delegates provided assistance in October in Soweto, on the outskirts of Johannesburg, where dozens died in the unrest.

Soweto. A township of 2 million inhabitants. Mshenguveille squatter camp, on the site of what was once a golf course, stands half-demolished. Some of the shacks have in fact been taken down completely, piece by piece. Here, in early October, Zulus from the Inkatha movement and members of the ANC clashed more violently than ever before. “Most of the inhabitants of the squatter camp sought refuge at the Ipeleging evangelical centre. Several dozen slept in two rooms”, says Nader Farman, the ICRC press attaché for Africa, just back from a field mission. The Soweto branch of the SARCS, in cooperation with the ICRC, is providing those people with food aid and blankets.

The confrontation between blacks has resulted in victims on both sides. In Mshenguveille, families seen to have ties with the ANC were forced to flee by Inkatha members who occupied the squatter camp. Later, in front of the Red Cross office, five Zulu women who had lost everything registered for assistance. “Fear is spreading everywhere”, Farman continues. “The local SARCS employee who was with us pointed to the squatter camp, now occupied by Inkatha, and told us that if he went there unaccompanied he would be killed”.

It is in this highly volatile atmosphere that the ICRC, which has 13 expatriates in South Africa, has been distributing food and blankets since the beginning of the year, in cooperation with the SARCS, to about 45,000 people who have been displaced or left without an income because family breadwinners have been arrested, wounded or killed.

Published by the ICRC Press Division.
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EDITORIAL
HUMANITARIAN COORDINATION

If a scholar were to trace the use of the word “humanitarian” by the media and in political declarations from the 1960s to the 1990s, he would certainly observe an astonishing increase in the use of this term.

All this is to the good, because it points to a growing interest in problems of humanitarian concern. However, this observation also reveals that the term “humanitarian” is being used in a wider sense. Today, any kind or charitable gesture comes under the heading “humanitarian”. For the ICRC, the word refers to circumstances clearly defined under international humanitarian law: a gesture to provide aid and protection in times of civil or international war is “humanitarian”.

These initial remarks are important to understand the ICRC’s position in the current discussions about humanitarian coordination. As it has already done in the past, the ICRC intends to work in conjunction with the United Nations and its agencies and with other non-governmental bodies and is indeed keen to increase its cooperation. But it also has its own good reasons for doing so within the constraints imposed upon it by the special role which the international community has asked it to play.

In conflict situations, it is right and necessary that a means of recourse totally independent of the warring parties should exist so that all the wounded, all prisoners, and all displaced people and refugees can be given the same opportunity to receive humane assistance. ICRC-conducted operations, in its own specific field, presuppose total neutrality and impartiality. When these operations overlap with other initiatives of a political or military nature, the ICRC’s role as a neutral intermediary is blurred and then discredited, because any attempt to reconcile humanitarian and military interests is like trying to square the circle.

Consequently, it is essential to keep a clear distinction at all times between the various types of intervention in armed conflicts, and safeguard the ICRC’s freedom and independence so that it can carry out the duties entrusted to it by international humanitarian law. In recognition of the ICRC’s unique role in conflict situations, the members of the United Nations General Assembly have accorded it observer status.

Since the ICRC needs to be totally independent and neutral in order to act as a neutral intermediary between parties to a conflict, it would be inconsistent for its work to be coordinated by an intergovernmental body.

Paul Grossrieder
ICRC Deputy Director of Operations

YUGOSLAVIA

Two ICRC Ships Reach Dubrovnik

An ICRC ship, the Rhodos II, arrived in Dubrovnik on 21 November from Bari, Italy, with eight delegates on board, including several nurses and a sanitary engineer, to assist the beleaguered civilian population. The sanitary engineer set to work immediately on ensuring a safe water supply — a major problem in the besieged Adriatic city. The delegates also brought emergency medical supplies and some 7,000 blankets.

A second ICRC ship, the freighter Dimaratos, also arrived in Dubrovnik with more than 265 tonnes of relief supplies on board. Some 120 tonnes of basic foodstuffs, 40,000 litres of milk and more than 27,000 blankets were distributed to the civilian population, which had been cut off for several weeks.

The ICRC will continue to use the Rhodos II, and is now checking whether help is needed by the people living on islands near Dubrovnik, in particular Mljet and Korcula.

Distributing family parcels to displaced persons in Nova Beograd

Twelve other ICRC delegates reached Vukovar on 18 November, after a siege of 87 days, and promptly began visiting people detained by the federal army. They also provided the hospital, where there were several hundred Croatian wounded, sick, old people and children, with one tonne of emergency medical supplies (antibiotics, bandages and blood for transfusions) which they had taken with them.

On 19 November, an agreement was reached with the Croatian authorities and the representatives of the federal forces, enabling the ICRC to declare the hospital neutral. Despite this agreement, on 20 November the army evacuated 300 wounded from the hospital, leaving the ICRC powerless to intervene.

Meanwhile, the ICRC’s work to protect people detained in connection with the conflict continues. On 9 November it supervised the simultaneous release in Bosanski Samac (Bosnia-Herzegovina) of 700 prisoners who had been held in Bjelovar, Zagreb and Manjaca and were visited by the ICRC in September.

(Continued on page 4)
The ICRC in Southern Africa

Interview with Jean-Daniel Tauxe, Deputy Delegate General for Africa

Last September the ICRC mounted a major assistance programme in Angola. What are its objectives?

This is a large-scale operation to provide relief supplies to the victims of the conflict on the Planalto, the area hardest hit by the fighting since 1976. What is special about this assistance operation is that it will, we hope, be the last one. In other words the ICRC is providing these people, mainly farmers, with predominantly non-food items in the hope that they will return to their native villages and begin to lead a normal life again.

Does that mean that the ICRC intends to withdraw from Angola?

Yes, the ICRC does intend to phase out its assistance operation now that the war is over. Hostilities ended on 16 May last and since then there have been only a few clashes. The situation has thus radically changed for the population, which can now move about freely. Government and UNITA armed forces have engaged in joint mine clearance operations along the main roads, so they are now safer even though the anti-personnel mines scattered in the fields will continue to take their toll of victims for a long time to come.

What is the ICRC’s role in the release of prisoners on both sides?

The ICRC’s objective has always been to visit all the prisoners held by both sides. It has succeeded only very partially as regards the government soldiers held by UNITA, and despite repeated representations, it did not manage to gain access to people held by the government in Luanda until after the end of the conflict. However, the ICRC has now signed a protocol with the Angolan government allowing it to visit all the prisoners arrested because of the conflict and has begun its visits to Angolan prisons. During the negotiations in Estoril, Portugal, which led to the signing of a peace agreement between the government and UNITA last May, the ICRC was specifically designated to supervise the prisoners’ release. But to do so, it must first have seen them. So our delegates began visiting the prisoners on both sides and then we supervised the initial releases.

What can the ICRC do in the South African context, where Zulus from the Inkatha movement and members of the ANC are killing each other almost daily?

Faced with this type of urban violence, the ICRC has an extremely difficult task because there is no specific authority for it to approach and make recommendations or protests. The ICRC, in conjunction with the South African Red Cross, therefore had no other alternative but to mount an assistance programme for the thousands of people who have lost their breadwinners or who have seen their homes go up in smoke. This programme, launched in Natal Province, where the fighting started four years ago, has been extended to include the townships surrounding Johannesburg, where the violence has claimed almost 4,000 victims over the last twelve months. Assistance activities are combined with protection. The delegates therefore contact both the militiants on the spot and officials at the highest level to make the various groups aware of the humanitarian issues at stake.

The ICRC visits detainees in KwaZulu and Bophuthatswana. Do you have access to all the prisoners?

The problem in South Africa and in the homelands is the number of prisons and police stations. Theoretically, in KwaZulu and Bophuthatswana we have access to all the detainees, but obviously we have not got enough delegates in the field to visit all the police stations at the same time. On the basis of the information available to it, the ICRC must therefore decide which police stations have top priority to be visited.

The ICRC has recently experienced problems in Mozambique resulting from a delivery of army uniforms. Have relations with the government improved?

High-level relations with the government in Maputo have never been bad. In February 1988 the Mozambican government informed President Samora that the ICRC was authorized to assist and protect all the victims of the conflict, including those in areas strongly influenced by RENAMO. Although this principle has never been disputed by the government, it is not always necessarily adhered to in the field. At times, military operations impede humanitarian work and local military commanders occasionally disapprove of ICRC activities, which they interpret as being support for their opponents. The delegates’ role is to repeat over and over again that we are not assisting RENAMO, but that we are on the contrary helping people who are absolutely destitute — a fact which no one questions. Through this unfortunate incident with the uniforms, the Red Cross has supplied certain less cooperative army personnel with a good excuse for temporarily halting the work of the ICRC. This incident is now a thing of the past and we hope to be able to continue working under the same conditions as before — even though things are still very difficult.

Is there any hope that the millions of Mozambicans who sought refuge in neighbouring countries will be able to go home in the near future?

This is a dreadful problem. I am thinking particularly of southern Malawi, where there are more than one million Mozambican refugees. They are living in a confined area there and are a burden on the population and on the Malawian government. Unfortunately their return is simply not feasible for the moment because the security conditions and the basic facilities are totally inadequate — in the rural parts of Mozambique there are no longer any hospitals, schools or roads. In so far as a political solution can be found for Mozambique, there is of course hope. Once a settlement is reached, steps must be taken to rebuild a certain infrastructure and only then will the people be able to return. The ICRC has incidentally taken the initiative by proposing that the parties to the conflict create geographically limited, combat-free or cease-fire zones near the border with Malawi. We calculate that this would enable some 500,000 Mozambicans to return to their country. The idea itself has met with a favourable response. Now it is a matter of making arrangements with the parties to put it into practice — with all the political and logistic problems this involves.

Interview by Salvatore Sagues
Mozambican Refugees in Malawi

The fighting which has been raging in Mozambique for some twelve years has forced over a million people to flee their country. Most of the refugees are in Malawi, a small country 118,000 sq. km in size. This special report is by Munyama Ngangura, ICRC information delegate in Harare, Zimbabwe.

Malawi is home to about one million Mozambican refugees. The Mozambicans live in numerous refugee camps and villages across Malawi. Most of the refugee centres are well integrated, with Malawians and Mozambicans living side by side.

In Malawi, each refugee family is given 5.6 kg of maize meal every two weeks, plus 5 litres of cooking oil for 42 days, and 84 kg of beans, as well as salt, groundnuts and soap. Moreover, the refugees are not restricted to guarded and protected camps. They live and mix freely with their Malawian hosts.

The children of the refugees attend school, but they are taught in Portuguese by Mozambican teachers, who are also refugees and live in the camps. Some of the teachers have very little education but they can read and write. The schools for refugees suffered from a severe shortage of teachers. For instance, in Kabambanya, in the Lilongwe district, there are three teachers for 295 pupils. Some children attend morning classes, while others go to school in the afternoon; classes range from the first to the fourth year of primary school.

Most of the refugees live in villages close to the Mozambican border, grouped together with members of their extended families. Despite the borders that officially separate the two countries, some displaced Mozambicans have relatives living in Malawi. In certain rural areas, especially in the Nsanje district, in the southern part of the country, the refugees outnumber the host population by more than a hundred to one. But most Malawians feel no hostility towards the Mozambicans.

A Large-Scale Information Campaign

The refugees come from different parts of Mozambique, but their stories and experiences are very similar. Their villages were destroyed, and many lost their children, husbands, wives and other relatives in the fighting.

During most of October 1991, the Malawi Red Cross and the International Committee of the Red Cross were engaged in a large-scale information campaign to explain to people what the Red Cross can do to restore family links amongst all these displaced Mozambicans. This is a problem since during the raids, members of the same family often fled in different directions.

Other Mozambican refugees are scattered across several countries in southern Africa. Some of the refugees found sanctuary in Malawi, others in Zimbabwe, Zambia, Tanzania, South Africa and Swaziland. But only a small percentage know what has happened to their loved ones, or where they are. Most of those living in the numerous villages and camps of displaced Mozambicans in Malawi do not know whether their relatives are still alive or were killed during the raids.

The ICRC/Malawi Red Cross campaign involved explaining the tracing service and the system of family messages, which most refugees had never heard of. Some of them were under the impression that the writing of letters was a stratagem of the government or the Red Cross to force them to return to their troubled country.

However, ICRC and Malawi Red Cross officials have made clear the advantages of letter writing and tracing. In numerous refugee centres across Malawi, Grace Paliani, Red Cross information officer, and Annick Lonfat, a Harare-based ICRC delegate, have described the work of their respective organizations. During the information campaign, they were also extensively assisted by several Malawian district development officers, tracing officers and district distribution officers in spreading the word about the ICRC and the Red Cross, and what they do.

Most of the refugees thought that the Red Cross and the ICRC were concerned only with blood donation, first aid, primary health care and ambulances; but they expressed great interest in letter writing, because of the possibilities of being reunited with their relatives as explained by the ICRC and Red Cross officials.

Films with Portuguese sound-tracks were also shown: they portrayed the difficulties encountered by displaced people worldwide, and demonstrated the Red Cross message system and the reuniting of families.

Munyama Ngangura

SOMALIA

ICRC Sends Extra Medical Personnel to Mogadishu

Following mid-November’s fierce fighting in the Somali capital, which caused many casualties, the ICRC has flown in the first emergency medical aid for Mogadishu’s hospitals. An ICRC plane landed in the city on 19 November with a nurse and 450 kilos of medical supplies on board. The following day, a second flight brought in more medical material and a doctor to help the team of nine already in Mogadishu.

Since February the ICRC, the only humanitarian organization currently conducting permanent relief programmes throughout Somalia, has distributed about 20,000 tonnes of emergency food supplies, with the Somali Red Crescent, to civilians affected by the conflict.
**TRACING AGENCY**

Family Reunited After 34 Years Apart

The programme launched last April by the ICRC to restore the White Plains water treatment plant to working order was completed at the beginning of November. Using a team of five sanitary engineers, the ICRC coordinated work at the plant, which is the only one serving the Liberian capital and is situated in an insecure area. Initial plans were to maintain a steady output of at least 30% of its normal capacity so as to provide the people of Monrovia with a regular supply of drinking water. “We’ve done better than planned”, says Roland Friedli, ICRC sanitary engineer, “because the plant has regained 46% of its capacity and is now producing an average of 28 million litres of water per day”.

The White Plains treatment plant, some 20 km away from the Liberian capital, ceased working regularly in July 1990 after fierce fighting between the various factions to gain control of Monrovia. “Our work has been complicated by the fact that the Mt. Coffee dam was no longer able to supply the White Plains plant with hydroelectric power”, says Giorgio Nembrini, ICRC sanitary engineer. So two of the three 12 MW generators in the harbour area, which kept breaking down, had to be repaired. The sanitary engineers also repaired the water mains system by sealing almost 15,000 leaks and closing off 10,000 connections. “The system had not been serviced, it was damaged during the fighting and was corroded. We’ve repaired the main pipelines and installed 52 public stand-pipes to minimize water loss” adds Giorgio Nembrini.

This repair programme, financed by a European Community contribution of 540,000 ECU’s to the ICRC, lasted from April to November 1991. It will continue for three months in the NPFL zone. With the aid of UNICEF, the Liberia Water Corporation will then be responsible for the subsequent distribution of water.

29 October 1991. Mrs. Marie O. greets her elderly mother at Paris airport and her young brother, whom she has never met. Both have just arrived from Hanoi, the capital of Viet Nam, and this family would not have been reunited but for close cooperation between the ICRC Central Tracing Agency (CTA) and the Viet Nam Red Cross.

Mrs. O. had been searching for her Vietnamese mother for a very long time; she had had no news of her since leaving her country in 1957 together with her Gabonese father, a soldier with the French army in Indochina. Mrs. O.’s mother had had another child by her Gabonese husband, but he was unaware of the fact. The search began in 1975 when Mrs. O.’s husband, Mr. S., took steps to find his wife’s Vietnamese family. Despite a very great deal of correspondence between 1975 and 1978 with the various authorities in Paris and Hanoi, no news could be obtained.

In February 1990, Mr. S., who had meanwhile become President of the Council of Ministers of Gabon, decided to ask the mayor of Ho Chi Minh City for his help. This appeal was forwarded to the tracing service of the Viet Nam Red Cross, which made numerous investigations, notably by contacting its provincial branch in Ha Bac, north of Hanoi, where Mrs. O.’s mother comes from. Shortly afterwards, the Viet Nam Red Cross succeeded in tracing the mother and her son in February 1991. The ICRC Central Tracing Agency then stepped in to smooth the way, via Geneva, for contacts with the family in Gabon. Mother and daughter finally embraced each other in Paris, after 34 years apart.

**YUGOSLAVIA**

(Continued from page 1)

and October. Since May ICRC delegates have visited over 1,800 people held in the various republics.

The ICRC, which has some fifty delegates in the country — in Serbia, Croatia and Slovenia — launched an additional appeal on 6 November for 8,857,000 Swiss francs to finance its protection and assistance activities for civilians, including displaced people, who numbered over 450,000 by mid-November.

Published by the ICRC Press Division.

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