INTERVIEW

“‘My priority in my second term of office will be to combat the politicization of humanitarian endeavour’

Interview with Cornelio Sommaruga to mark his re-election on 12 December as President of the ICRC.

President Sommaruga, now that you have been re-elected, how would you assess the outcome of your work during your first term of office?

Any such assessment should be made by the Committee as a whole. I do not believe that the President of the ICRC has such extensive powers that he alone can set the institution’s course. We are a team consisting not only of the Committee members but, above all, of the ICRC’s entire staff. Over the four years of my first term, we faced many challenges, and there were many humanitarian needs to be met. I think the ICRC’s main success lay in the effectiveness of its field operations. We were put to the test by a number of emergencies that demanded the prompt commitment of staff and funds, plus rapid action on the diplomatic front. I would like to congratulate all those around me who made it possible to rise to those challenges.

(Continued on page 2)

YUGOSLAVIA

A Day on Mljet with Magdalena, the Island’s Doctor

On 29 November the Rodos II, a Greek ship chartered by the ICRC a week before, brought food and medical assistance to the 1,200 inhabitants of the island of Mljet (60 kilometres off Dubrovnik), which had been completely cut off from the mainland for two months. Roland Sidler, an ICRC delegate on board the ship, reports.

As dawn rose over the Adriatic, the four ICRC delegates stood on deck, scanning the horizon, when at last the outline of the island appeared in the distance. The Rodos II had left the port of Dubrovnik the previous day, after unloading food, blankets and sanitation equipment for the population of the city, which had been surrounded by federal troops for two months.

A ferry used to ply daily between Mljet and the mainland, but when the federal army imposed a blockade on Dubrovnik in October, the island and its inhabitants were cut off completely from the outside world.

A woman stood out from the crowd waiting on the dock, her hands deep in her coat pockets and her blue eyes still heavy with sleep. This was Magdalena, the island’s doctor. She had learned that an ICRC ship was on its way and had organized a watch through the night to make sure someone would be there when the Rodos II sailed in.

As we gathered around steaming cups of coffee in the little harbour cafe which had opened especially for the occasion, Magdalena gave vent to the excitement and joy she felt at renewing contact with the outside world, after living in complete isolation for eight weeks. She had prepared everything in advance — the lists of supplies needed by the island’s inhabitants, of medical cases to be evacuated and of people to be reunited with their families in Rijeka, on the Adriatic coast, which would be the ICRC ship’s next port of call.

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Interview with Cornelio Sommaruga

(Continued from page 1)

What will your priorities be in the years to come?

As always — but perhaps even more so during my second term — I will strive to prevent the politicization of humanitarian endeavour. If we take the term “humanitarian” seriously, we must take care that there is no link whatsoever with politics. This means that the specific nature of the Movement’s work as a whole must be ensured and the ICRC’s character as a neutral and impartial institution must be preserved.

The International Conference of the Red Cross and Red Crescent, which was scheduled to take place in Budapest, has now had to be postponed. Does this development endanger the Red Cross and Red Crescent Movement?

It cannot be denied that there is a problem. Views differ in the various components of the Movement as to the need for structured multilateral dialogue with the governments of the States party to the Geneva Conventions. Obviously, given its mandate and its historical role, the ICRC has every interest in being able to maintain an ongoing dialogue with the governments, especially in the form of a conference convened at regular intervals. I hope that the Red Cross and Red Crescent Movement will pull itself together and move quickly towards an international conference. But it is certainly not up to the Movement alone; there is a need for the governments and indeed all those who wield political power to understand that such a conference must avoid being politicized in any way.

In early December you travelled to the Hungarian-Yugoslav border. What is the situation of the people displaced there?

For them, as for all displaced persons and refugees, it is a difficult and distressing situation. Such people have always had to forsake something dear to them — family, friends, their accustomed environment or their possessions — and their sense of loss is heightened by concern about a bewildering political situation. Here I particularly wish to congratulate the Hungarian government, and Hungarian Red Cross, especially the latter’s local branches in the area bordering on Croatia and Vojvodina, for their efforts to help. I was greatly impressed by the spontaneous generosity of the Hungarian population which has enabled many of the 50,000 people who have sought refuge in that country to be accommodated with families and thus to avoid having to live in camps. That certainly helps to lighten their burden.

What can the ICRC do in a conflict as complex as the one now taking place in Yugoslavia?

There is much that the ICRC can do, as we have already shown. We now have over 50 delegates in Yugoslavia, who have been visiting detainees on both sides and taking part in the release of prisoners. The ICRC is carrying out tracing work on a large scale, looking for missing persons and enabling members of separated families to remain in touch. Delegates have also provided medical assistance to existing care facilities, or have themselves tended war casualties. In addition, the ICRC has been working with the various components of the Yugoslav Red Cross to help people displaced within Yugoslavia, of whom there are now almost half a million.

Cornelio Sommaruga
re-elected as ICRC President

The Assembly of the International Committee of the Red Cross (ICRC) re-elected Mr. Cornelio Sommaruga as ICRC President, a post he has held since May 1987, for another four-year term in office.

The Assembly also elected Mr. Pierre Keller as non-permanent Vice-President to succeed Mr. Maurice Aubert, who continues to be a member of the Committee, and conferred honorary membership upon outgoing members Mr. Hans Haug and Mr. André Gheffi.

In addition the Assembly took note with satisfaction of the election by the Council of Delegates, on 30 November 1991 in Budapest, of Mr. Maurice Aubert as Chairman of the Commission on the Red Cross, Red Crescent and Peace.

Last but by no means least there is the ICRC’s role as a neutral intermediary, which consists both in reminding all the parties to the conflict of the great humanitarian principles and in helping to facilitate a humanitarian dialogue between those parties. The ICRC has succeeded in bringing all the components of the Yugoslav Red Cross — the federal organization and those in the various republics — together with the parties to the conflict themselves. The result was the signature and implementation of a series of humanitarian measures.

What do you think of the plan for humanitarian coordination which is currently being debated at the United Nations?

I think it is very useful to debate this matter and the ICRC definitely has something to contribute to the discussions. In fact, the ICRC’s first statement as an observer at the United Nations General Assembly in plenary this past autumn concerned this very subject. The ICRC’s goal is to ensure that the present debate results in a greater mutual exchange of information and consultation between all humanitarian organizations. And there should be more cooperation as regards their actual activities. It is vital that humanitarian institutions — and their staff in the field — speak with each other rather than competing. I do believe, however, that for its own good and that of the Movement as a whole, the ICRC must preserve the unique nature of its specific mandate, that is, its impartial, independent and neutral role under the Geneva Conventions.

Switzerland is thinking about joining the European Community. Does this pose a threat to the neutrality of the ICRC?

Not at all. Switzerland, like any other State, must make its own foreign policy. The ICRC’s neutrality and independence have long been consolidated in both treaties and international practice. But this does not lessen the ICRC’s gratitude toward the Swiss Confederation for providing it with substantial financial support free of any interference. Moreover, it was the Swiss policy of neutrality in the latter half of the nineteenth century that enabled the ICRC to be founded and to grow. Since then, however, the ICRC has acquired its own identity independent of Swiss foreign policy.

In the past year, the ICRC set up large-scale operations. Does the institution have the financial means to meet such challenges?

The ICRC has no financial resources of its own. It must constantly search for the means to come to the aid of the victims of conflict. Whether it finds those means depends entirely on the generosity of governments, which are able to make contributions on a voluntary basis. And generous they are, for the governments understand the important need for our assistance and protection work. We are extremely grateful to them for their support. While taking the international economic situation into account and showing all due care in selecting the priorities for our humanitarian work, it is important for us to be sure of receiving the support of the community of States so that the many victims of conflicts will not be deprived even more, for lack of financial resources, of the help they so desperately need.

Interview conducted by
Salvatore Sagues
Tracing Work in Basra

Ever since the end of the Gulf war the ICRC has been at work in southern Iraq, trying in various ways to trace missing persons and reunite families. This report is by Werner Scheurer, an ICRC delegate back from the field.

In front of me were three members of the same family representing three different generations. Fatima was about twenty, gazing at me with her big eyes, but saying nothing. In her arms, her baby daughter whimpered with the slight fever she had after spending a night and a hot day in a makeshift shelter at the Abdali/Safwan border post between Iraq and Kuwait. It was Fatima’s 50-year-old mother-in-law who did the talking, trying to put over her own conviction: “My son is in Kuwait. He’ll have no problem getting a visa for Fatima and the little one, all I have to do is contact him. Look, here is my visa”, she said, holding her passport out to me.

But things were not as simple as she imagined, for Abdali/Safwan is no normal border post. This is a one-way crossing only. Since the end of the war, thousands have crossed from Kuwait into Iraq: Palestinians, Iraqis and above all beduins, stateless people who had been living in Kuwait. But to enter Kuwait, people must first make the long detour via Jordan and apply to the Kuwaiti consulate there. The next day, a telex more than a metre long ticked out of the machine at the ICRC’s Basra sub-delegation. It looked like some mysterious secret code but it brought joy to many, for it was a list of all the ICRC’s tracing cases that had been granted permission to enter Kuwait. “DKWB 00.580 (+1)”, for example, meant that Fatima and her baby (+1) would be on the next ICRC convoy from Iraq through Saudi Arabia to Kuwait. To her great relief and thanks to her passport, Fatima’s mother-in-law was also being allowed to go home via Jordan.

Reuniting families torn apart by the Gulf war is a particularly satisfying aspect of the ICRC’s tracing activities in Basra. The sub-delegation here has at times resembled a day-care centre when children were brought there on their way from Kuwait to their parents in Iraq.

It is also impossible to exaggerate the importance of a small piece of paper with a brief message such as “Don’t worry. We are safe and well”, impossible to imagine the joy of a woman who learns that her son, whom she had feared dead, is alive and has been visited in prison by ICRC delegates, or the relief of Iraqis abroad whose tracing request is answered by a Red Cross message from their relatives in Basra.

The ever-thickening files relating to the 500 tracing requests continue to pile up in the Basra sub-delegation. Letters, telexes, photocopies, forms — everywhere you look there is paper. But for me and my Iraqi colleagues, these cases are more than just paper. With each one we can associate faces, stories, the lives of real people who have placed their hope in the ICRC so that they might find their loved ones. We are leaving no stone unturned to bring that about. If we succeed, we will share their joy.

Werner Scheurer
TRACING AGENCY

Intense Activity in Yugoslavia

The ICRC Central Tracing Agency (CTA) went into action as soon as tension began mounting in Yugoslavia last July; and when the situation deteriorated it launched a major operation to deal with the influx of requests for news concerning detainees held by both sides and some 530,000 people displaced by the conflict. The latter have been registered by the Red Cross of Yugoslavia and its various components.

"We have set up two separate operations: one in Belgrade and the other in Zagreb", explained Raymonde Dufey, who is in charge of the Europe and North America sector at the CTA. "Data on prisoners registered and visited by our delegates are processed by computer." The CTA has had to send more staff into the field, and six out of the 50 ICRC staff in Yugoslavia are now working for the Agency, helped by locally recruited employees.

The delegates have registered about 5,500 prisoners on both sides and have forwarded 3,000 family messages, often the only link between detainees or displaced people and their families.

"The CTA also receives tracing requests from outside Yugoslavia", added Mrs. Dufey. "About a hundred requests have been arriving in Geneva every week for the last month, coming from Yugoslav nationals living abroad and various National Societies, particularly the American, Australian, Austrian, British and German Red Cross." Requests concerning displaced persons are passed on to the appropriate local Red Cross branches, which keep lists of people forced to leave their homes.

The work of the Tracing Agency is especially vital in a country affected by such large-scale population movements. Thousands of people have approached the ICRC delegation in Zagreb seeking news about relatives missing and presumed detained, and 1,200 tracing requests have been filed. The delegates also hand out lists of civilians — mostly women and children — evacuated from Vukovar (Slavonia) and registered by the Red Cross in the nearby town of Djakovo.

YUGOSLAVIA

(Continued from page 1)

Since there were no cranes to unload the ship the local population turned out to help, and in just a few hours the 20 tonnes of food, blankets and fresh fruit had been carried onto the dock. The Rodos II had even brought along an olive press, since olive oil is the island's staple resource.

At midday the ship left the island's magical setting where, according to legend, the Greek hero Ulysses had tarried seven years with the nymph Calypso. The ICRC delegates' stay lasted barely a few hours, but they were just as sorry to leave.

It took another night to reach Rijeka, about 400 km up the coast from Dubrovnik, where the 31 people evacuated from Mljet for medical or family reasons disembarked and were met by representatives of the local Red Cross and taken to the homes of their families or acquaintances living in the town.

True to the tradition that a captain never abandons ship, Magdalena stayed behind. Although she had moved to Mljet only four years previously, she could not bear to leave the island's inhabitants, who had become her friends and, in the present tragic circumstances, her adoptive family.

MEDICAL ACTIVITIES

New Orthopaedic Centre Opens in Kabul

The new ICRC orthopaedic facility in Kabul has now begun production. It is in the Aliabad quarter in the centre of Kabul and has replaced the old facility, which was on the outskirts of the capital and has now been closed down. The 5,000-sq-m premises were built in record time (12 months) by the Swiss Disaster Relief Corps on 2.5 hectares of land made available by the Afghan Red Crescent. The centre is the largest of its kind run by the ICRC, in terms of both size and capacity, and is also one of the largest in the world.

The official inauguration of this project is scheduled for 8 May 1992, although the centre has already been in operation for the past ten days. The move from the former structure was extremely speedy and did not entail any interruption, either in production or in rehabilitation of patients.

The new centre will be able to treat more patients and the quality of treatment will be improved. The production goal for 1992 is 200 prostheses and 60 wheelchairs per month, as compared with a maximum of 150 and 26 respectively in 1991. It has a capacity of 100 (67 men and 33 women, who will receive in-patient treatment for up to one month) and a staff of 160 local Afghan employees and seven expatriates, producing about a hundred different orthopaedic components.

The former orthopaedic centre, set up in 1988, had produced a total of 3,502 prostheses, 144 orthoses (96 in 1991), 479 wheelchairs and 13,160 pairs of elbow crutches when it closed in October 1991.

In view of the large number of amputees and the daily risk of mine injuries in Afghanistan, the opening of the new facility is a major step forward that bears witness to the ICRC's commitment in behalf of the victims in this war-torn country.

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EDITORIAL

After Budapest

Over the past century and a quarter, the governments and the various components of the International Red Cross have come together at twenty-five International Conferences. Should this tradition begun in Paris in 1867 be continued? The stormy debate at the last Conference in Geneva in 1986 over the participation of the South African government delegation, and the indefinite postponement, for fear that an equally fractious dispute would break out over Palestinian participation, of the Conference scheduled to take place in Budapest last November, have raised the question as to whether there is any point in maintaining this tradition.

Make no mistake: it is not merely a matter of regretting the passing of some quaint custom. International humanitarian law, and indeed our Movement itself, have been forged at such Conferences. To abandon this exceptional forum would inevitably leave humanitarian law open to the encroachment of political considerations, and would eventually weaken the Red Cross and Red Crescent Movement and compromise the universal dimension of its Principles.

There is thus a great deal at stake, ultimately much more than the issues that led to such difficulties in Geneva and Budapest, which themselves are far from insurmountable.

The Movement must therefore waste no time in contacting the governments to reaffirm its desire to preserve the International Conference. In so doing, it will show that it is ready to face up to the problems of our time and has no wish to take refuge in a nostalgic vision of the past.

In too many parts of the world the Red Cross is still regarded as an old-fashioned, rather genteel institution. But it is down in the street, close to the victims, that the Red Cross will draw the strength it needs to win the governments over, just as it was in Solferino that Henry Dunant tapped the forces that led to the original Geneva Convention.

We are looking forward to the 26th International Conference.

Yves Sandoz
Director, Principles, Law and Relations with the Movement

SOMALIA

1,700 Tonnes of Relief Unloaded near Mogadishu

Two ICRC ships arrived in Somalia on 18 January, one in Merca, 100 km south of Mogadishu, and the other in Adale, 120 km north of the capital.

Unloading of the 1,700 tonnes of relief and medical supplies on board began the same day and is proceeding rapidly. The task of transporting and distributing the food will be carried out entirely by local staff. For more than two months, unsafe conditions and the persistent fighting had made it impossible for ships loaded with relief supplies to bring aid to Mogadishu.

The ICRC currently has seven staff members in the northern part of Mogadishu and six in the city's southern sector. The Key Saney hospital, which the ICRC recently set up in a disused prison north of the capital, has now received its medical equipment from Adale.

The ICRC also has five expatriate staff in "Somaliland", where 30,000 displaced people have massed in the Buraq area after fleeing the fighting in mid-January. The ICRC has taken a number of wounded to the surgical hospital in Berbera and is closely monitoring the situation of the whole group, who are suffering particular hardship because of the wintry conditions on the region's high plateaux.

"Somalia now rivals Liberia as our biggest operation in Africa", said Christine Béguelin of the ICRC's Central Tracing Agency in Geneva. "At our Mogadishu office we have set up a poste restante service to facilitate the exchange of news between displaced people and their relatives."

In another sphere of activity, last year the ICRC's Tracing Agency processed some 22,000 family messages from Somalis displaced within the country and their families. Working with the Somali Red Crescent, the ICRC thus endeavoured to offset the collapse of telephone and postal services caused by the ongoing conflict in the country.

The Tracing Agency has an office in Djibouti and two others in camps for Somali refugees in Kenya, apart from the ten inside Somalia itself. Their work is coordinated from Nairobi.
Almost Half the ICRC’s Field Staff are Engaged in Medical Work

Interview with Dr. Rémi Russbach, head of the ICRC’s Medical Division

The ICRC’s involvement in medical activities has grown especially rapidly in recent years. How did this come about?

Almost half the ICRC’s field staff are now engaged in medical work, whereas 20 years ago the institution’s medical activities were very limited. There are historical reasons for this change. At the time of the Second World War, the armed forces of the belligerent countries had well-organized medical services that were capable of caring for the wounded, so the only action the ICRC had to take was to remind governments of their obligations in this respect. In the 1970s, situations reminiscent of Solferino began to emerge, that is, people were dying on the battlefield because medical services were either nonexistent or quite inadequate to meet the needs. Later, in the 1980s, we began to see large numbers of displaced and destitute civilians who were physically weakened and vulnerable to disease. They too had to be helped, and the ICRC was therefore obliged to become much more involved in the medical sphere to make up for the lack of government-sponsored medical and war surgery facilities.

Do you have trouble finding qualified medical staff?

That depends on the job. The National Red Cross and Red Crescent Societies are a great help in this regard, and can always be relied on to provide us with qualified people. But when a Swiss doctor is urgently needed, to take part in prison visits for example, we sometimes have difficulty, though nothing insurmountable.

What role do ICRC doctors play in prison visits and what are the limits to what they can do?

Their functions are many and varied. Their main concern is the general level of health in the prison, and hence the detainees’ living conditions, food, hygiene and quarters. Then they assess the establishment’s health-care system. Is it adequate? Is there always someone there whom the prisoners can consult? Is there a system for taking seriously ill prisoners to hospital? Finally, the visit has a much more personal dimension: the meeting between the doctor and the individual detainee, when any ill-treatment suffered by the latter is discussed. This intensely personal contact demands qualities quite different from the ability to assess the public health aspect and we need doctors who are good at both.

What are the main areas of ICRC medical activity?

A large number of our staff in the field are involved in war surgery; we perform almost 40,000 operations a year. We have a dozen war-surgery units and hospitals throughout the world that require enough surgeons, anaesthetists and nurses to work around the clock. Many of the doctors and nurses we use are taken on locally; they do most of the work under the supervision of expatriate doctors. Then there are our orthopaedic activities. We have 27 orthopaedic centres throughout the world in which eight to ten thousand amputees are fitted per year. (See “Medical activities”, p. 4.)

In which countries are expatriate medical staff most active?

Mainly in countries that have been at war for a long time. The conflict in Afghanistan, for example, keeps us very busy although it no longer has the attention of the media. We have a war surgery hospital in Kabul and two other hospitals over the border in Pakistan, in Peshawar and Quetta. Then there is the conflict in Cambodia. We have three surgical units inside the country — in Pursat, Kampot and Mongkol Borei — and a hospital in Khao-i-Dang, on the Thai border, where there are still many refugee camps. In Africa, the situation in Somalia is currently causing us great concern. We are doing our best to work in Mogadishu in barely tolerable conditions. The security situation there is so critical that we are able to do only a fraction of what is needed. Elsewhere in Africa, we have a surgical hospital in Lokichokio, Kenya, to treat the wounded from southern Sudan.

When the ICRC arrives in African or Asian villages with its panoply of modern technology, is there a risk of disrupting a certain social equilibrium based on traditional medicine?

It seems to me that in such situations the social equilibrium you mention is long gone. Moreover, traditional medicine loses a great deal of ground in war situations. This is sometimes regrettable, as traditional techniques are extremely effective against certain diseases, but in other cases it is a good thing because some traditional practices can do a lot of harm. We have worked together with practitioners of traditional medicine in Thailand, where we set up the first Khmer centre for traditional medicine, a hospital bringing together doctors who, unlike those in China, are used to working alone. We have thus been able to utilize the positive aspects of traditional medicine and I don’t think we have caused any disruption. We respect local techniques and, although we usually work in emergency situations, we proceed with a view to development and try to make sure that our project will be taken over by someone else when we leave.

Does the ICRC then risk becoming involved in development aid programmes that are not part of its mandate?

The line between emergency work and development work is very difficult to draw, especially when the emergency is taking place in an underdeveloped area, which is usually the case. Everything you do in such circumstances can be regarded as development work. But we never arrive in a country with the intention of staying on in the long term since the ICRC is an organization which, by definition, works only in conflict situations. On the other hand, even during the emergency it is possible to have an idea of what the project could become later and to try to make sure that the staff trained and structures set up will serve as a basis for future development.

Interview by Salvatore Sagues
Ethiopian Ex-servicemen’s Long Road Home

Since last June the ICRC has been running a vast aid operation in conjunction with the Ethiopian Red Cross Society for demobilized soldiers of the former regime who have been streaming south in an attempt to reach their places of origin. Some 235,000 of them have now returned home. This report was filed by Jo Fox, the International Federation of Red Cross and Red Crescent Societies’ information delegate in Nairobi.

There’s a crowd of men outside an Ethiopian Red Cross branch office. They are between 18 and 45 years old — all were soldiers in Mengistu Haile Mariam’s army. They have been demobilized following the takeover of the country by the Ethiopian People’s Revolutionary Democratic Front (EPRDF), end of May 1991. These men have travelled many thousands of kilometres across the drought- and war-ravaged country: they are weak and dejected and are now queuing for food.

Ato Tilahun Girma is among the crowd. A soldier for 15 years during the former regime, he had been stationed in Eritrea during the last years of the war. When his army was defeated he was told to go back home and he started walking. After ten days, exhausted and weak, he reached Adigrat in the province of Tigray in northern Ethiopia, 30 kilometres from the Eritrean border. There at the Red Cross transit camp he received food, drink, shelter and treatment for an old bullet wound which had reopened during the long, hard walk.

From Adigrat he moved on to the Red Cross reception centre at Mekele, capital of Tigray province. There he waited many weeks for his official release papers to be issued by the Ethiopian authorities. These papers allowed Tilahun to board, together with fellow ex-servicemen, a Red Cross-chartered bus which took him to his home. He did not travel empty-handed. Along with eight prepackaged meals — a legacy from the Gulf War — and a cash grant for the trip, the Red Cross provided him with a ration card. This was his meal ticket, entitling him to five months’ food supply to be collected from the nearest Ethiopian Red Cross Branch Office.

Tilahun is just one of the 235,000 ex-soldiers returned to their homes by the Red Cross over the last eight months from centres to which it provided assistance in the northern part of the country and from government-run camps in the southern part of Ethiopia. This huge and complex operation involved 1,000 Red Cross workers (50 ICRC delegates and 950 members of the National Red Cross Society, mainly youth volunteers), and called on the resources of all 28 Ethiopian Red Cross branches nationwide.

Yet how did the Red Cross become involved in such a programme which at first sight seems to have little to do with its traditional role? Theo Verhoeff, the ICRC delegate responsible for the operation, explains: “There was great humanitarian need and the Red Cross was able to mobilize the necessary resources to alleviate the plight of these soldiers with reasonable speed.”

The first phase of the operation involved the provision of basic shelter, food and medical care to ex-soldiers gathered in the camps in the northern part of Ethiopia. The second phase comprised the transport of all the ex-military to their places of origin. The third and ongoing stage involves the distribution of food rations for a period of five months to the ex-servicemen in their home areas, pending the setting-up of a rehabilitation programme by the government in conjunction with international donors.

In September, the ICRC joined forces with UNHCR to bring home 50,000 Ethiopian ex-soldiers who had fled to Sudan during the days following Mengistu’s defeat. A large reception centre was set up at Addis Ababa International Airport. Staffed by 50 ERCS youth volunteers, the centre received an average of seven flights per day over a two-month period. As men walked down the steps they kissed the ground. Many had never expected to see their homeland again.

The last flights carried sick and war wounded ex-military. In preparation, the reception centre was transformed into a field hospital with a capacity of 200 beds. Eleven ICRC and ERCS medical staff cared for patients suffering from acute conditions such as malaria, relapsing fever and the effects of severe malnutrition. The most serious cases were transferred to hospitals around Addis Ababa.

For the soldiers, however, the story didn’t end with their return home. In some ways, their problems are only just beginning. As Tilahun explains: “I cannot find work. No one will give me a job. When we lost the war, my wages stopped and I couldn’t send any money to my wife. Now there are eight of us in my family depending on Red Cross food — and it’s not enough.”

Tilahun is in a better position than many. Those soldiers who simply walked the long, hard journey home without passing through the official demobilization process now have no ration card and no means of claiming food. They arrived home with simply the clothes on their back. Many had not seen their families for years, and when they reached their villages found either that their relatives had moved on, or that their wives had given them up for dead and had married other men. Many soldiers end up sleeping in the road. For those in the country areas there is the problem of land. The entity previously responsible for land allocation no longer exists and no alternative infrastructure has yet been set up.

What is the future for these men? This is the problem that the transitional government of Ethiopia, with the support of the international community, now has to address.

Meanwhile, for Tilahun and thousands like him each day is a struggle for survival. In Amharic Tilahun means: “The one who gives shelter to his family.” May he soon be given the means to do this.
French Technician's Body Repatriated from Angola

On 10 January 1992, six men climbed into a helicopter in the Angolan capital Luanda and took off for the north of the country. Their destination was Lembosa; their purpose to exhume the body of François Grossenbacher, a young French technician who was abducted on 21 February 1990 and died 35 days later following a forced march. Among the helicopter's passengers were Vincent Nicod, head of the ICRC's delegation in Luanda, and a specialist in forensic medicine sent by the French Foreign Ministry. The specialist subsequently identified the body by its hair and using dental records provided by the victim's family. The body was quickly taken to Luanda and then on to France for burial, thus ending a Tracing Agency operation that had begun almost two years ago.

After being approached by the victim's family in April 1990, the ICRC immediately contacted UNITA representatives in Switzerland and Angola. Nothing could be done, it was explained, because the body was buried in a remote and inaccessible conflict zone. Further contacts were made following the ceasefire signed in May of that year and in July UNITA agreed in principle to allow the ICRC to repatriate the body. But the military men who could pinpoint the grave's exact location still had to be found. Mr. Grossenbacher's family stepped up its representations to both the French government and the United Nations. In October, the ICRC at last received written permission from UNITA.

At the family's request, the ICRC was present at the exhumation, an operation made possible by the peace process now under way in Angola.

Two Breakthroughs in Asia

In the space of two days the ICRC gained access to detainees in Afghanistan and in Cambodia whom it had hitherto been unable to visit despite the fact that they were entitled to protection under the ICRC's mandate.

On 14 January, for the first time since the Cambodian conflict began, delegates were able to visit detainees in Phnom Penh in accordance with the ICRC's customary procedures. Those visited were eligible for release under Article 21 of the Geneva Conventions. Those visited were entitled to protection under customary procedures. Those visited were entitled to protection under

On 13 January, the ICRC began visiting detainees held in Kabul by the Ministry of State Security. Delegates had never before had access to these detainees although they had been visiting prisoners held by the Ministries of Justice and the Interior since late 1987. "It is indeed a coincidence that we have succeeded in these two cases simultaneously after twelve years of intensive negotiations", remarked Jean-Michel Monod, the ICRC's Delegate General for Asia and the Pacific. "But the underlying factors are different. In Cambodia, the ICRC's efforts received a boost from both the Paris agreement and pressure exerted by the five permanent members of the UN Security Council. In Afghanistan, there is perhaps less international pressure but the internal political situation has played a role in bringing the ICRC's longstanding negotiations to a successful conclusion."

This success is not complete, however: in Cambodia delegates have not yet been able to visit detainees held by the other factions, and in Afghanistan progress with the opposition movements in this respect has come to a standstill. What has been achieved is nevertheless encouraging and reduces the number of countries in Asia that continue to refuse the ICRC's offers of its services to visit detainees. Myanmar (formerly Burma) remaining one of the most intractable in this regard.

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SOMALIA

Global Approach the Only Means of Averting Famine

The entire population of Somalia is threatened with starvation, and only a global approach can prevent a disaster on an unprecedented scale.

“Emergency food aid must be provided not only in the capital Mogadishu but also in the rest of the country”, said Jean-Daniel Tauxe, ICRC Delegate General for Africa. “The ICRC and the NGOs on the spot can no longer meet the need for food. The United Nations and its specialized agencies must take massive action if a general famine is to be prevented.” ICRC Director of Operations, Jean de Courtens, who returned from Somalia in mid-February, warned of a large-scale exodus of the population to neighbouring countries if an international aid operation were not mounted rapidly.

The ICRC, which has 32 delegates working throughout Somalia, estimates that some 35,000 tonnes of food per month are needed for the country as a whole, including the north-west, to save the approximately 4.5 million Somalis at risk. The ICRC’s initial plans are to send in 7,000 tonnes of food every month by sea; distribution of the first 2,500 tonnes, which were unloaded in Kismayu, started on 15 February. Three other ships chartered by the ICRC are currently being unloaded at various points along the Somali coast. “This aid”, said Mr. de Courtens, “is only a drop in the ocean compared with the magnitude of the needs”.

On 13 February, the surgical team from the Netherlands Red Cross had to leave the Keysaney hospital, north of the capital, for security reasons. The 44 patients remaining in the hospital were taken to private homes that are being used as dispensaries to treat the approximately 4,000 war casualties in northern Mogadishu. The ICRC estimates that over 30,000 people have been killed or wounded over the past three months in the capital alone.

TRANSCAUCASIA

ICRC Missions to Armenia and Azerbaijan

Three ICRC delegates were in the Azerbaijani capital Baku from 16 to 25 February for talks with government authorities and representatives of the local Red Crescent on a humanitarian aid programme the ICRC would like to implement in Karabakh. “Since the beginning of the year a growing number of people have fallen victim to clashes between Azeris and Armenians in the enclave of Nagorno-Karabakh”, said Thierry Germond, the ICRC’s Delegate General for Europe. “The situation is clearly deteriorating”. The Azerbaijani authorities have agreed in principle to an ICRC operation throughout the Karabakh region to bring help to victims on both sides.

The ICRC team received from the authorities a list of persons detained in connection with the conflict and went to two hospitals in Baku to visit casualties. In January, delegates travelled to Armenia where many people fleeing Azerbaijan have taken refuge. “The bitter cold in the region is making life very difficult for these refugees”, Thierry Germond pointed out, “and conditions with regard to food supplies and medical care are likely to get worse”. The Armenian authorities also expressed support for ICRC plans to conduct activities in their country.

ICRC in South Ossetia

A team of three ICRC delegates including a doctor went to Tskhinvali, the main town in the troubled region of South Ossetia, on 22 January. “People here are having great difficulty finding supplies”, said Roland Hammer, head of the ICRC’s mission to Georgia. “The situation is aggravated by fuel and electricity shortages and by the region’s isolation”.

The ICRC has sent an initial emergency shipment of antibiotics and anaesthetics to Georgia after assessing the situation in a number of hospitals.
“Soon we shall have to cope with the needs of both the North and the South”.

Interview with Andreas Lendorff, head of the ICRC Relief Division

The ICRC distributed over 88,000 tonnes of relief in 1991, a twofold increase over 1990. What accounts for this?

Our operations in connection with the Gulf war and the conflict in Yugoslavia account for most of the increase. The figures for the Gulf region are not likely to recur, as major UN assistance programmes are taking over, but it is difficult to predict how the situation in Yugoslavia will develop. We shall also have to keep a close watch on events in the rest of Central and Eastern Europe, where vast assistance programmes may be needed. Fortunately, this is not yet the case.

Is there a limit to the ICRC’s capacity to meet emergency humanitarian needs?

We have been approaching that limit for the past ten years, and the situation is now quite critical, since our human and financial resources have been stretched as far as they can go. The success of our fundraising efforts will determine whether or not the limit can be pushed back yet again.

The Gulf war created enormous needs in terms of relief supplies virtually overnight. How was the ICRC able to cope?

We relied heavily on the help of donor National Societies. In recent years we have developed cooperation mechanisms enabling us to carry out several major assistance programmes at the same time. We also introduced a new type of cooperation for our operations in the Gulf, whereby National Societies not only contributed human and material resources but were also responsible for setting up and implementing entire projects. For example, they purchased and dispatched all the materials and logistic means necessary to set up several camps for refugees and displaced people, each one with a capacity of 30,000.

What is the ICRC doing for the Kurds in north-eastern Iraq?

We are providing aid to some 50,000 people in the mountainous Penjwin area on the border with Iran, where the political situation, the hostile environment and adverse weather conditions make our presence necessary. However, we are planning to hand over all non-medical assistance activities in the Gulf region to UN agencies in the spring.

The ICRC recently chartered five ships to bring relief to Somalia. What are the difficulties involved in distributing these goods?

They are directly related to the conflict. Security is our major concern. In Somalia, unlike many other places, the problems we face are political rather than logistic. Large stocks of food are available, especially in our warehouses in Mombasa, Kenya, and further consignments are on their way. However, political problems and unsafe conditions have so far prevented us from distributing sufficient quantities. We hope the situation will soon improve so that we can bring in more relief. Humanitarian needs on this scale have not been seen in the Horn of Africa since the 1985 famine in Ethiopia.

Over half the ICRC’s current activity focuses on Africa. Are you afraid that donors might now turn their attention to Eastern Europe instead?

The fact that a large part of our resources are earmarked for Africa is nothing new. In some years up to 85% of our aid went to that continent. It is interesting to note, speaking of increased donor interest in Eastern Europe, that until the 1960s the bulk of ICRC relief activities focused on the northern hemisphere, the last cases being Hungary and Czechoslovakia. From the time of the conflict in Biafra, attention shifted to Africa and Asia for about two decades. Soon we shall have to cope with the needs of both the North and the South. How are we going to manage? Will aid be diverted to Eastern Europe? Although any substantial decrease in aid for Africa would certainly be a cause for concern, our experience in fund-raising indicates that this is not yet an insurmountable problem. Despite the greater emphasis now being placed on Europe, Africa will continue to be a major priority. It remains to be seen whether the continent’s humanitarian needs will increase or diminish in the future. What is certain, however, is that raising funds for Asia, Latin America and the Middle East will be much more difficult.

What type of relief is the ICRC sending to Yugoslavia, where there are now more than 600,000 displaced people?

Emergency needs in Yugoslavia or, for that matter, in Eastern Europe as a whole, are very difficult to define. The same criteria obviously cannot be applied there as in the Horn of Africa, nor can differences between the pre-conflict situation and present circumstances be considered as giving rise to emergency needs. The ICRC’s non-medical programme for Yugoslavia is therefore relatively modest, consisting mainly in distributing family parcels and blankets to displaced people. There are of course enormous needs in terms of infrastructure, some of which predate the conflict, and there is a wide gap between the standard of living in most of Eastern Europe and that of the Western countries, but these problems are beyond the scope of what the ICRC can and is ready to take on. For example, the type of aid currently needed in the CIS (the former USSR) does not fall within our mandate. However, conflicts may break out in certain regions and we stand ready to help, provided that our criteria for action are met.

Andreas Lendorff (left) visiting a refugee camp in Iran in 1990.
As peace took hold in Angola, the ICRC completed its last major assistance operation on the Planalto in December. Delegates are now checking that all detainees are released in accordance with the peace agreement signed in Portugal. Vincent Nicod, head of the ICRC delegation in Luanda, sums up the past 12 years of ICRC activity in Angola.

For 16 years the rich and fertile soil of the Angolan Planalto lay fallow as the conflict raged between UNITA and the Luanda government, bringing poverty, violence and destruction in its wake.

The Planalto, Angola’s granary and also its most densely populated area, has suffered greater hardship from the war than any other part of the country. Not a road, village or bridge was spared by the fighting, and vast tracts of agricultural land are still strewn with mines.

Nevertheless, for 12 years ICRC teams gave the people living in this remote area a glimmer of hope by regularly bringing in food, medicines, blankets and seed. They evacuated thousands of wounded and seriously ill people to the provincial hospitals, forwarded thousands of family messages to families split up by the fighting, repaired hundreds of wells, and trained staff for the first-aid posts in Huambo, Bié and Benguela.

This was not an easy task. The roads were impracticable because of the fighting and relief supplies had to be brought in by air. Large Hercules transport planes carried the goods from the coastal towns to the besieged provincial capitals. From there, the supplies were ferried to remote villages in the countryside by smaller Twin Otter aircraft. At the height of the conflict as many as seven of these were being used in the effort to keep the starving population alive.

Peace returned to Angola following the agreement signed in Bicesse, Portugal, on 31 May 1991, and the ICRC has been able to phase out its large-scale relief operations as other agencies (UN and NGOs) step in to organize reconstruction and development programmes.

To ensure a smooth transition, the ICRC has handed over most of its remaining food stocks and many of its logistic facilities to these agencies and, more important, has shared its knowledge of the area with them so that they can reach the most needy groups without delay.

Before its departure the ICRC nevertheless organized, this time by road, a major distribution of seed, tools, food, soap, clothing and blankets to over 660,000 people. This operation, together with the abundant rains that poured down on it, should ensure that the Planalto remains self-sufficient in terms of food until development programmes are set up to heal the wounds of war.

Most of the ICRC delegates are leaving the country, their mission accomplished. However, some will stay on: the orthopaedists, in Kuito, Huambo and Luanda will continue to fit thousands of amputees with prostheses, enabling them to return to the land and regain their lost autonomy and dignity. Although the war is over, the mines scattered everywhere are still taking their toll of innocent victims.

Then there are the prisoners. Most of them have now returned home, but some remain in captivity and still need ICRC protection. Delegates will therefore continue to visit prisons to make sure that no one eligible for release under the peace agreement is overlooked. They will also listen to what the released prisoners have to say, compare lists of names and bring what comfort they can to families still searching for their relatives.

The ICRC’s most recent contribution to the consolidation of peace in Angola has been to organize courses in international humanitarian law for the Angolan army, which is now being unified. That is a true sign of the times.

Vincent Nicod
MEDICAL ACTIVITIES

Mapping Medical Facilities in Cambodia

With the signing of the Paris peace agreement on 23 October 1991 by the four Cambodian factions, the repatriation of the 350,000 Cambodians camped on the Thai border has at last become a realistic prospect in the short or medium term.

The ICRC has been working to set medical priorities for the repatriation programme in cooperation with the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the United Nations Border Relief Operation (UNBRO).

"Returnees will have considerable medical needs once they are back home," said Dr. Bruce Eshaya-Chauvin, medical coordinator at ICRC headquarters in Geneva.

"We have agreed to map existing medical facilities inside Cambodia and will compare our data with UNHCR information on where candidates for repatriation wish to settle."

In January ICRC nurses began a survey in the border districts and provinces of existing medical facilities and the treatment available for various diseases, such as malaria and diarrhoea, and for injuries caused by the many mines scattered throughout the region.

This survey will pinpoint areas where lack of medical services may cause serious problems in the event of large-scale repatriation, and will thus enable NGOs to concentrate their efforts on these vulnerable zones. It will also provide WHO with epidemiological data for use in monitoring the health situation in the region.

The ICRC will not take part in the repatriation operation itself, which is to be coordinated by UNHCR, but considers that it has to give UN agencies all possible support in this humanitarian endeavour.

"If the ICRC had not initiated the mapping process," said Dr. Eshaya-Chauvin, "no one else would have had time for it. We were the only organization firmly established inside Cambodia."

Although the humanitarian agencies are already preparing for the repatriation, its starting date will depend on the major mine-clearing operation along the border, which is only just beginning under the auspices of the United Nations Advance Mission in Cambodia (UNAMIC).

AFGHANISTAN

Peaceful Coexistence is Possible

For many months Fawaz had his rifle trained on positions held by the Afghan government army.

Although the Soviet army withdrew its troops from Afghanistan more than two years ago, the conflict between the Mujaheddin and the Kabul authorities has continued unabated.

One day Fawaz stepped on a mine. He was taken to the ICRC first-aid post in Mir Bachakot, 30 km north of the capital, where the nursing staff gave him emergency treatment and called for the ICRC ambulance in Kabul.

The ICRC informed the authorities and the ambulance set off to collect Fawaz and some members of his family. For over a year ICRC ambulances have been crossing the front lines between Kabul and Mir Bachakot whenever necessary.

 Barely two hours after the first radio call, Fawaz was admitted to the hospital in Kabul, where teams of doctors and nurses from various National Red Cross Societies worked around the clock under the responsibility of the ICRC.

The lower part of Fawaz’ left leg had to be amputated immediately. When he awoke, he was surprised to see that there was a combatant from the government side in the bed next to his. After a while the ice was broken and the two patients were chatting to each other.

This situation is not unusual in the ICRC hospital in Kabul. All combat victims, whatever side they are on, are treated under the same roof, and so far this has never caused any trouble.

Fawaz will be treated and fitted with an artificial limb at the ICRC orthopaedic centre in Kabul before being taken back home. He is permanently disabled, but at least he is alive and will be able to resume his place in the community.

Roland Sidler

TRACING AGENCY

Over 20,000 Family Messages Handled in Somalia in 1991

For over a year anarchy has reigned in Somalia, where war has disrupted all means of communication and cut the population off from the rest of the world. There is no telephone or postal service to enable the hundreds of thousands of displaced people and their families to keep in touch. As early as April 1991 the ICRC Central Tracing Agency (CTA) set up ten offices around Somalia, another in Djibouti and several in camps for Somali refugees in Kenya. Their work is coordinated by the CTA office in Nairobi, Kenya.

To avoid being swamped by tracing requests from family members living abroad, particularly in Italy and the Scandinavian countries where there are large Somali communities, the CTA has focused on forwarding family messages from Somalis still in their country. Over 20,000 such messages were exchanged in 1991. "Somalia now rivals Liberia as our biggest operation in Africa", said Christine Béguelin, CTA deputy head for Africa.

In setting up its tracing network the CTA relied on the infrastructure put in place by the ICRC for its assistance activities and on the help of local Somali Red Crescent staff. "Many National Red Cross and Red Crescent Societies are cooperating with us on this programme", said Ms. Béguelin, "in particular those of Bulgaria, China, Finland, Qatar, Saudi Arabia and the United States".

The CTA's work has already borne fruit: of the 5,117 people for whom tracing requests have been filed, 865 have already been found.

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EDITORIAL

FACT-FINDING COMMISSION ESTABLISHED

To apply the law, the facts must be established. This appears self-evident. It is also far from easy. Law reflects, or at least should reflect, a consensus within society; it is supposed to be the manifestation of justice. However, fact-finding is an indispensable part of the rule of law and there can be no justice without it. Great court battles consequently often hinge more on the facts of a case than on analysis of the law itself.

International humanitarian law enjoys universal acceptance, reflecting a world-wide consensus as to the humanitarian standards which should be maintained during armed conflict. Unfortunately, the reality is sometimes grim, and the truth does not always go down well with those who violate the law.

The constitution of the Fact-Finding Commission marks an important advance in the development of international humanitarian law for it demonstrates a desire, a very welcome desire, on the part of a significant proportion of the international community to find out the truth.

It now rests with the States as a whole to show, by accepting the mandatory competence of the Commission and using it to investigate alleged violations of humanitarian law, that they have no fear of the truth. The Commission’s rules of procedure should moreover reassure them, for it is not there to pass judgment on them but rather to help them ensure that the law is better applied.

To be sure, the Commission’s path will be full of pitfalls: it will have to find credible ways of conducting investigations in situations which are both very difficult and fraught with repercussions; it will have to overcome linguistic barriers and the resistance both of those with something to hide and of those afraid to speak out; finally, it will probably also suffer the slings and arrows of those whose only hope of deflecting the investigation is to discredit the investigators.

The people serving on the Commission have thus accepted an onerous burden and the international community owes them a debt of gratitude, for they will be doing it a great service; by establishing the facts of incidents during armed conflict it should prove possible to prevent the terrible spiral of recrimination and retaliation. It will also give the belligerents an opportunity to demonstrate their good faith.

For this reason, it can well be said that the Fact-Finding Commission will serve not only the cause of justice but that of peace as well.

Yves Sandoz
Director, Department of Principles, Law and Relations with the Movement

The ICRC Arrives in Nagorno-Karabakh

In mid-March ICRC Deputy Delegate General for Europe Francis Amar travelled as far as the border of Nagorno-Karabakh with two other delegates — Roland Sidler and François Bellon — who then crossed the lines for the first time to set up a base in Stepanakert. He told Christophe Leyvraz of the Bulletin about their experience.

The Agdam hospital train in Karabakh, which has received ICRC medical assistance.

“When we got to the last checkpoint, the Azeri fighters there couldn’t believe their eyes. There we were, with three land cruisers carrying radios and emergency medical supplies, and when they heard that the relief supplies were for Armenian victims in Stepanakert, they were against it. The concept of impartial humanitarian aid seemed totally incomprehensible to them.”

(Continued on page 3)
New Challenges in Eastern Europe

Interview with Thierry Germond, Delegate General for Europe

Mr. Germond, what are the new challenges currently facing the ICRC in Central and Eastern Europe?

First of all the fact that a number of conflicts have broken out at the same time, due partly to the considerable build-up of tension in the past. Secondly, there is widespread ignorance of both the work of the Red Cross, its Fundamental Principles and international humanitarian law in the ex-Soviet Union which does, after all, cover one fifth of the earth’s land mass. That presents an enormous challenge which is further complicated by a complete reshuffling of the cards in the former Soviet defence establishment: new armies are appearing, new national guards and militias. Promoting knowledge of humanitarian law in this situation is a task of unprecedented proportions.

How have you been received by these newly created States in the grip of internal tensions yet not party to the Geneva Conventions?

We have had to start dealing very closely with people whom we didn’t know and who didn’t know us, and we have been very pleasantly surprised by the warmth of their welcome, their keen interest and their open-mindedness. All the new States that we have so far approached have declared their willingness to become party to the Geneva Conventions and their Additional Protocols in the near future. However, I have to say that these new governments often have excessively high expectations of what the ICRC can do, and this we find disquieting.

Have you had any difficulty in making clear the nature of the humanitarian assistance that you can bring to the countries of Central and Eastern Europe?

The greatest difficulty is making people understand that the ICRC can take action only in the event of an emergency, that is, we provide assistance to meet needs arising from tensions or open conflict. We can’t satisfy more general needs resulting from circumstances such as a catastrophic economic situation. In terms of material assistance, I think that the simultaneous outbreak of several conflicts presents extra difficulties.

Do you think that there is anything the ICRC can do in Central and Eastern Europe to prevent new conflicts?

It is very important to anticipate and try to avert conflict. What can the ICRC do to this end? In retrospect one might ask whether, if the ICRC had had a greater presence in Yugoslavia before last summer, something could have been done to prevent that conflict. Unfortunately, it’s impossible to know the answer to this question. It’s difficult to see how the ICRC could undertake activities that do not come within its mandate. But what is possible is a programme to promote knowledge of humanitarian law and the Fundamental Principles of the Red Cross. And in the process of carrying out this dissemination work you make contact with a wide range of people and you’re able to nudge the National Society into becoming an effective partner by encouraging its development. Of course all that costs a lot of money.

What direction will ICRC activities now take in Yugoslavia?

We’re continuing our protection and assistance activities in the field where, despite the cease-fire, incidents unfortunately continue to occur and prisoners continue to be taken. Since November we have also been engaging in a kind of ‘humanitarian diplomacy’ by convening meetings in Geneva of plenipotentiaries assigned by the highest authorities of Croatia, Serbia, the armed forces and the federal government. We have already held four such meetings during which very frank discussions took place on a series of matters of humanitarian concern — sometimes extremely sensitive matters — with a view to finding solutions. And we have obtained a number of tangible results, for example the signing of a memorandum of understanding, an agreement to set up protected zones in Ostojek and Dubrovnik, and the creation of a commission to trace missing persons and identify mortal remains. The advantage of meetings such as these is that they make it possible to separate issues of humanitarian concern from those of political concern which do not directly involve the ICRC.

The Committee of Senior Officials of the Conference on Security and Cooperation in Europe recently adopted a resolution supporting the ICRC’s activities in Karabakh. Do you see in this a recognition of the ICRC’s contribution?

I see more than that. It confirms the mandate entrusted to the ICRC by the community of States. It is important that such support should be expressed in very clear terms.
Agdam is a small Azeri town 8 km from Nagorno-Karabakh. Victims of the fighting in the enclave are taken there. We spent several days in Agdam distributing medical supplies and assessing needs before receiving permission from the local commander to cross the Azeri lines and proceed to Stepanakert, the Armenian town whose population is still under shellfire.

An Azeri Checkpoint
We left at once with Roland and François leading the way, each in one vehicle, and us bringing up the rear. After a few kilometres, we came to an Azeri checkpoint. The combatants guarding it were heavily armed and very jumpy. They had not been warned of our arrival. So we got down to explain the situation and they wanted to see what we had with us: our vehicles, the parcels, our equipment, everything. It really took them aback. They had never seen anything like it and the idea that these supplies were being taken for Armenian victims in Khodjali massacre is still very fresh in the Azeris’ memory. According to them, hundreds of their compatriots were killed when the Armenians retook the village whereas we were once again stopped by heavily armed and very jumpy Azeris. This time, no Russian or Turkish speakers were with us. Our interpreter had stayed behind and so we had to contact him by walkie-talkie. Deliberations resumed. We seemed headed for another stalemate when suddenly an Azeri combatant appeared out of nowhere, approached the group and spoke to the others. They immediately withdrew and let us pass. Our interpreter had heard the exchange over the walkie-talkie: ‘He told them they knew perfectly well that you had authorization to pass and said they must let you go through’.

The Road to Stepanakert
The next day we set off again. An armed forces vehicle from Agdam drove on ahead of us and we passed the first checkpoint without incident. We drove along a dirt road through magnificent boulder-strewn terrain. Spring had indisputably sprung. We came upon the second checkpoint and the military car ahead of us drove through and disappeared ... whereas we were once again stopped by jumpy Azeris. This time, no Russian or Turkish speakers were with us. Our interpreter had stayed behind and so we had to contact him by walkie-talkie. Deliberations resumed. We seemed headed for another stalemate when suddenly an Azeri combatant appeared out of nowhere, approached the group and spoke to the others. They immediately withdrew and let us pass. Our interpreter had heard the exchange over the walkie-talkie: ‘He told them they knew perfectly well that you had authorization to pass and said they must let you go through’.

The Delegations Meet
A few kilometres further on we came upon the military vehicle that had been left by the Armenians (which are set at Yerevan time) and of how the ICRC vehicles would cross the lines. Eventually they agreed on a plan mandating the ICRC to convene the 26th International Conference in conjunction with the next statutory meetings of the Movement, scheduled for October 1993.

The Standing Commission, at its next meeting in June 1992, will review the prospects of taking an early decision to convene the 26th International Conference.

In the meantime the Standing Commission, in consultation with all concerned, will redouble its efforts to settle issues likely to threaten the successful holding of the International Conference.

* The Standing Commission is composed of nine persons, namely two representatives from the ICRC, two from the Federation and five from the National Red Cross and Red Crescent Societies. Its primary role is to prepare the International Conference and to promote harmony in the work of the Red Cross and Red Crescent bodies.

STATEMENT OF THE STANDING COMMISSION OF THE RED CROSS AND RED CRESCENT

The Standing Commission at its extraordinary meeting held in Geneva on 9 and 10 March 1992, as trustee of the International Conference of the Red Cross and Red Crescent, 

☐ reaffirmed its intention to convene the 26th International Conference as soon as possible;

☐ recalled Resolution 2, adopted by the Council of Delegates in Budapest in November 1991, which appealed to governments and other political entities to ensure that their future relations with Red Cross and Red Crescent bodies would respect the latter’s obligations to comply with the principles of impartiality and neutrality, enabling the 26th International Conference to meet as soon as possible in order to advance and develop international humanitarian law and to attend to other important issues;

☐ agreed to actively pursue the possibility of holding the 26th International Conference in conjunction with the next statutory meetings of the Movement, scheduled for October 1993.

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TRACING AGENCY

Cambodia: Tracing Requests Soar in Anticipation of Repatriation

The ICRC tracing office in Phnom Penh used to receive about 80 enquiries per month from Cambodians camped on the Thai border who had lost touch with their relatives. By late 1991 that number had risen to 125, and it has since soared to 200. The repatriation due to begin in early April under the auspices of the Office of the United Nations High Commissioner for Refugees (UNHCR) has undoubtedly prompted this flood of enquiries.

As early as 1979, when the first wave of Cambodians arrived at the border, the ICRC tracing office in Bangkok began receiving and redistributing numerous family enquiries and messages. In 1988 the ICRC obtained permission from the Cambodian authorities to carry out tracing activities inside the country together with the Red Cross in Phnom Penh. Ten local employees were sent to the provinces, where they began to search for the families of displaced people. Since then over 3,500 enquiries have been received and information has been found in 70 per cent of the cases.

The ICRC tracing office in Cambodia is currently staffed by two delegates, a secretary and about twenty local Red Cross employees.

HUMANITARIAN LAW

The International Fact-Finding Commission

The International Fact-Finding Commission, which is provided for by Protocol I, Article 90, has now been established. Its fifteen members, elected by the first twenty States which had declared their acceptance of its competence, met for the first time in Bern on 12 and 13 March 1992 to adopt the Commission’s rules.

Though independent of the ICRC, the Commission will be assisted by it within the limits of the ICRC’s mandate.

The Commission represents an important new means of promoting respect for international humanitarian law. It is a standing body competent to enquire into any alleged serious violation of the Conventions or Protocol I. At its first meeting, it declared itself willing, provided that all the Parties to a conflict agree, also to enquire into other alleged violations of international humanitarian law, including those occurring during civil wars.

Any Party that has accepted the Commission’s competence may request it to institute an enquiry concerning any other Party that has likewise accepted its competence. Such an enquiry may also be requested by a Party which declares its competence on an ad hoc basis, but in that case the enquiry is subject to the other Party’s consent.

The Commission will present the Parties concerned with a report on its investigation, including recommendations where necessary. Its conclusions will not be published unless all Parties to the conflict in question so request.

The members of the Commission are as follows:

Dr. André Andries, Belgium; Prof. Luigi Condorelli, Italy; Dr. Marcel Dubouloz, Switzerland; Prof. Frits Kalshoven, Netherlands; Dr. Valeri Kniazev, Russian Federation; Prof. Torkel Opsahl, Norway; Prof. Allan Rosas, Finland; Dr. James M. Simpson, Canada; Dr. Carl-Ivar Skarstedt, Sweden; Dr. Santiago Torres Bernardz, Spain; Prof. Daniel H. Martins, Uruguay; Prof. Francis Zachariae, Denmark.

The members elected Dr. Erich Kussbach of Austria to be the Commission’s President and Prof. Ghalib Djilali of Algeria and Sir Kenneth J. Keith of New Zealand to be Vice-Presidents.

List of States (in chronological order) having made the declaration provided for under Article 90 of Protocol I

Sweden, Finland, Norway, Switzerland, Denmark, Austria, Italy, Belgium, Iceland, Netherlands, New Zealand, Malta, Spain, Liechtenstein, Algeria, Russian Federation, Belarus, Ukraine, Uruguay, Canada, Germany, Chile, Hungary, Qatar, Togo, United Arab Emirates.

MEDICAL ACTIVITIES

Naopares: ICRC Hospital for Kurds in Iraq

Naopares, one of many villages near Pen­jwin, Iraq, where fleeing Kurds sought refuge after the Gulf War in April 1991, is situated in a remote area surrounded by snow-capped mountains. The ICRC opened a surgical hospital there in October 1991.

Tens of thousands of Kurds were living in the town of Penjwin, in north-eastern Iraq, before measures taken by the Iraqi authorities in 1988 forced them to move south to designated areas. "I came here in the spring of 1991, shortly after 80,000 Kurds had arrived in the aftermath of the Gulf War", said ICRC doctor Gérard Bise. "The area was littered with mines left over from the war between Iran and Iraq. They caused numerous injuries, especially among children playing and people collecting firewood. There were Kurdish doctors and nurses among the refugees, so we set up dispensaries where they could work and gave them a helping hand".

More than a million Kurds were living across the border as well, in camps run by the authorities with the assistance of the Iranian Red Crescent, the ICRC and the UN. When these people crossed the border back into Penjwin, there were even more untold injuries. At the same time, fierce clashes between Kurdish combatants and Iraqi soldiers were claiming increasing numbers of victims. In July 1991 the ICRC therefore decided, with the Finnish Red Cross as its main partner, to open a hospital in November. In view of the escalating violence near Suleimaniyah, however, the three expatriates already there started working a month ahead of schedule and performed operations on 100 patients during the first week alone. The ICRC plans to train Kurdish staff, currently consisting of about 30 people, including two surgeons, to take over the hospital in the long term.

By January 1992 a total of 245 patients, including 117 war casualties, had been admitted to the hospital and 467 operations had been performed there.

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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 1 - Account No. 129.986.0, or Post Office Account No. 12-5527-6.
SOMALIA: A Major Challenge

All ICRC action is based on a simple principle of humanity: we are Red Cross people first, and doctors, nurses or delegates second. A simple act may not always save a life, but it can lend dignity to death. Many of the displaced people I have seen, that my colleagues see every day, will die because the food they need will arrive too late. But as long as we are here and they can see us, there is room for hope.

Béatrice Mégevand of the ICRC's Africa desk recently travelled to Somalia to assess the whole range of activities conducted by the ICRC in the difficult circumstances prevailing there.

South Mogadishu: I returned to Somalia for the third time on 1 April. The fragile truce, which is still holding, has made it possible for many of the capital's inhabitants to return to what is left of their homes. Streets which were deserted in November and December are now thronged with people. But conditions are increasingly wretched. Malnutrition has become widespread and more visible. Except for the usual piles of munitions, there are only a few watermelons and oranges for sale on the market. Waiting for food has become such an obsession that the people scan the horizon day and night, and talk hopefully in the mornings of ships' lights they have seen out at sea.

In the midst of the chaos that is Somalia, some people are still trying to understand what led to the present situation. Listening to them, you discover the roots of the conflict ravaging a country caught between the Arab and African worlds, the Middle Ages and the late 20th century, Italian culture and Islamic fundamentalism, blind savagery and a nomadic (Continued on page 3)

MALI

Protection for Victims of Unrest

The agreement to end the fighting in northern Mali signed in Tamanrasset on 6 January 1991 was shortlived. Distrust between the parties led to a resurgence of violence in April of that year and created a climate of insecurity that had dire effects on the civilian population, disrupting the rural economy and hampering trade. Many farmers were robbed of their livestock or had their crops plundered. Some were too frightened to work in their fields and others were afraid to enter the towns, where several people had been killed in acts of vengeance. “The international and nongovernmental organizations which were providing vital assistance to this area threatened by desertification were forced to leave because of the dangerous conditions”, says Patrick Zahnd, desk officer for Mali at ICRC headquarters. “It was up to us to step in and help.”

The ICRC enjoys the trust of all the parties involved in the conflict, thanks to the role it played before, during and after the bloodshed that led to the overthrow of General Traoré, and to the support it provided for the Mali Red Cross at that time. As soon as the disturbances broke out, the ICRC regional delegate in Dakar made the necessary contacts, assessed the situation and took steps to protect the civilian population. As a result, the ICRC came to be accepted by all as a neutral intermediary. Immediately after the downfall of the Traoré regime, the ICRC was given access to former senior government officials in their places of detention. It was later able to visit people held by the new government in civilian and military prisons in the north, and those held by the rebels. In addition, both parties agreed that the ICRC should act as a neutral intermediary when they released prisoners prior to the signing of a second peace agreement on 19 April of this year. (Continued on page 2)
“Since the Gulf conflict, we are better known in the region.”

Interview with Andreas Kuhn, Deputy Delegate General for the Middle East

The Gulf War ended just over a year ago. What issues remain to be resolved from the humanitarian viewpoint?

We are acting as a neutral intermediary between the coalition forces and Iraq in the matter of missing Kuwaitis. Kuwait has now drawn up a list of 850 missing people, and is preparing a detailed file on each of them. As soon as those files are ready we will submit them to the Iraqi authorities, who will have to tell us whether they have any information on the whereabouts of the people concerned.

We are still keeping a close watch on the situation in northern Iraq, which according to our delegates is very tense, with sporadic outbursts of fighting between the Iraqi army and the Kurdish peshmerga. The Iraqi authorities also seem to be imposing a de facto embargo on areas mainly populated by Kurds and this is creating a shortage of supplies in the region.

Another issue of importance to us, although not directly related to the Gulf War, is the repatriation of prisoners of war taken during the Iran-Iraq conflict. An estimated 20,000 Iraqi prisoners of war are still being held in Iran, and a few hundred Iranian POWs are reportedly still in Iraq. Their repatriation has been discussed by the parties at several meetings held under ICRC auspices in Geneva since February, and should resume sometime around 1 May.

The ICRC was very active during the Gulf War. Did this have any repercussions on its activities elsewhere in the Middle East?

We are better known in the Arab countries at present, especially those of the Gulf. We should now go a step further and plan more systematic programmes to disseminate knowledge of international humanitarian law, in particular among the armed forces.

The ICRC has been present in Israel and the occupied territories for 25 years. How has the intifada affected your work?

Because of the intifada, because we needed to observe what was happening on the spot, our delegates have spent much more time out in the field. We are now at a turning point in the occupied territories. After 25 years of applying the provisions of the Fourth Geneva Convention, we have come to the conclusion that we must find other means of solving the problems we encounter in working with the Israeli authorities. We have consequently adopted another approach, one based on representations of a diplomatic nature.

What is the ICRC’s role in the process to restore peace to Lebanon?

The ICRC is closely observing the situation in the “security zone” in southern Lebanon. The armed clashes which periodically occur there often have very adverse effects, from the humanitarian point of view, on the area’s small village communities. Our aim is to afford a measure of protection to those people and to assist them as necessary. We have a programme of medical activities which includes running two orthopaedic centres, in Sidon and Beït Chebab, and two mobile clinics in southern Lebanon and the western Bekaa valley. We also visit detainees held by the Lebanese authorities.

The UN’s 1991 plan for the Western Sahara mentioned that the ICRC would repatriate prisoners of war. What were you in fact able to do?

Nothing. In spite of our repeated efforts, we have not been given access to prisoners held by either side. We have therefore decided to make bilateral representations so that we can at least visit the prisoners and arrange for the exchange of messages between them and their families, and repatriate them later.

In Algeria you have been visiting detainees for some time now. How is the ICRC regarded there?

Our delegates who have returned from Algeria tell me that the red cross emblem poses no problems. They are well received by the authorities, who recognize the need for an institution like the ICRC that can visit detained opponents. From the few talks we have had with members of the Islamic Salvation Front (FIS), we gather that they share that point of view. Our visits to places of detention go relatively well, in spite of some bureaucratic delays.

In the Middle East and North Africa, the ICRC works in an Islamic environment which is subject to both extremism. Can the humanitarian message be spread in its universal form or must it be tailored to the circumstances?

That’s a very difficult question to answer. In my view, applying international humanitarian law in the Islamic context will be one of the ICRC’s major concerns in the years to come. The institution will have to make a thorough study of the universality of international humanitarian law.
people's pride. The most striking contrast in Mogadishu at present is between people from the bush and town-dwellers. The former overran the city and, in a fury of destruction, systematically demolished it. They are the true masters now: no one can stop them.

In the southern sector of Mogadishu the ICRC's activities centre on delivering medical supplies to hospitals and camps for the displaced. Joint ICRC/Somali Red Crescent medical activities have won the confidence of the displaced people who, despite the disaster that has befallen them, have never shown any signs of hostility towards our expatriates. The new Tracing Agency offices, in the national Red Crescent building just a short walk from our delegation, are a wonder to behold. They are the scene of bustling activity, with crowds of people scanning the lists posted in the corridor for the names of family members. Every week the Agency distributes several hundred of the over 1,000 messages received from people separated from their relatives by the fighting.

North Mogadishu: I was very pleased and quite moved to return to Keysaney hospital, which I had first seen in December when the outer walls still enclosed only the remnants of a prison. Today those same walls, dazzling white in the desert sun, surround a functioning hospital and the ICRC sub-delegation, with its offices and residence. The amount of work accomplished in three months is astounding. The hospital's four sections each hold about 40 beds. The wards were crowded during my visit, partly because the private house in Karan which had been turned into a hospital in November had since been closed. In Karan, I saw no signs of the nightmarish conditions of December. In the main street, which had been closed. In Karan, I saw no signs of hostility towards our expatriates. The new Tracing Agency offices, in the national Red Crescent building just a short walk from our delegation, are a wonder to behold. They are the scene of bustling activity, with crowds of people scanning the lists posted in the corridor for the names of family members. Every week the Agency distributes several hundred of the over 1,000 messages received from people separated from their relatives by the fighting.

Field hospital

The ICRC has set up a 40-bed field hospital here, a real gem that is run jointly by the Somali Red Crescent and the ICRC. We have also installed a new pump which should help the nomad population in its desperate search for water for its herds, which are dying at the rate of 50 head a day.

Belet Huen (9-10 April): Belet Huen, not far from the Ethiopian border, was the last stop on my visit to Somalia. Since 23 March two Hercules cargo aircraft have been making two round trips a day from Mombasa, bringing in relief supplies which should amount to about 2,000 tonnes per month. The first 1,000 tonnes have arrived safely, and over 500 tonnes have already been distributed outside Belet Huen to prevent an influx of hungry people from surrounding areas. In the town, 13 “community kitchens” have been opened to feed the most needy. The local community is concerned that the same problems might arise in Belet Huen as in Merca and Brava, where armed men arrived en masse from Mogadishu, so it has set up an impressive security force of about 1,000 men to guard the airport and the warehouses and to check the arrival and departure of all convoys. A 100-bed hospital, miraculously left uncathed by the fighting of January 1991, is treating the wounded from the Galcaio front, people injured by mines and patients from the entire region. The ICRC has provided medical supplies and an ICRC nurse regularly visits nearby dispensaries.

During this mission I could see that while clan strife is tearing the country apart, the Somali Red Crescent is the only institution still recognized nationwide. Its work, so vital to the smooth running of ICRC operations, sets an admirable example and gives hope for the future.
WORLD
RED CROSS AND
RED CRESCENT DAY

United Against Disasters

The theme adopted by the International Red Cross and Red Crescent Movement for World Red Cross and Red Crescent Day 1992 is “Humanity — United Against Disasters”. Special events are organized each year on 8 May to commemorate the birthday of the Movement’s founder, Henry Dunant.

Famine, floods, drought, hurricanes and other disasters regularly strike entire populations, driving them into exile and leaving a trail of destitution, sickness and death. Over two billion people have been affected by disasters in the past five years, according to the Centre for Research on the Epidemiology of Disasters (CRED). The majority were victims of famine and of floods in Asia.

Every day millions of Red Cross and Red Crescent volunteers, delegates and staff in 150 countries strive to assist and protect, without discrimination, the victims of these disasters. They also contribute to disaster prevention by helping local communities and families prepare and equip for disasters and by training first-aid volunteers, setting up early warning systems and building shelters. In addition they promote the adoption of national emergency plans and the coordination of international aid, and urge compliance with international humanitarian law, since violations have been responsible for countless disasters.

However, still more can and should be done to remove the causes of disasters, especially by combating poverty, forced displacements and environmental damage. Millions of lives could be saved if appropriate and timely measures were taken, sufficient resources allocated and the basic humanitarian principles and rules complied with. This is why the International Red Cross and Red Crescent Movement has decided to appeal on 8 May to people and governments everywhere to unite against disasters.

MEDICAL ACTIVITIES

Help for War Amputees in Viet Nam

“Viet Nam is believed to be the country with the most war amputees, the result of decades of conflict. Present estimates put their number at 60,000”, says Alain Garachon, ICRC orthopaedic coordinator.

The ICRC gained entry to Viet Nam, a country closed to most foreign enterprises, in 1988, and early the following year signed a cooperation agreement with the government concerning the setting up of an ICRC workshop at the orthopaedic centre in Ho Chi Minh City. The ICRC undertook to mass-produce artificial knee joints and feet for the many amputees in the south whose needs the government factory in Hanoi was unable to meet. As always, the ICRC philosophy was to use means and materials available locally rather than costly imports. The artificial knee joints are therefore manufactured with relatively simple machine tools developed by Ho Chi Minh City University, while the aluminium knee-calf connectors are produced by a local factory according to ICRC specifications. Similarly, artificial feet recently went into production thanks to cooperation with an army factory.

Since arriving in Viet Nam, the ICRC has renovated the rehabilitation centre in Ho Chi Minh City, adding to its machinery and constructing two new buildings. Now that its initial objective — mass-production of orthopaedic components — has been met, its current aim is to increase output so as to meet the demand and to assist needy amputees for whom the government can do no more. This is the subject of a cooperation agreement signed in February 1992 with the Ministry of Labour, War Invalids and Social Welfare. In three years the rehabilitation centre, with the help of three ICRC prosthetists, has manufactured over 2,000 prostheses.

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ON MISSION IN BOSNIA-HERZEGOVINA

Judith Hushagen is an ICRC delegate in Belgrade. She sent us this account of a trip she made across Bosnia-Herzegovina in a convoy bringing urgently required medical supplies to Sarajevo and Zenica.

The ICRC Land Cruiser being loaded in front of the Belgrade delegation was attracting the curiosity of local residents. It was riddled with bullet holes and two of its windows had had to be replaced by plexiglass. The vehicle was a survivor of the battle that took place on 2 May in Sarajevo, and we were now preparing it and a large truck for another trip. The team this time consisted of Liselotte Bosma and myself, both ICRC delegates, and five local employees, and we were going to deliver medicines and other emergency medical supplies to Sarajevo and Zenica via Tuzla. These materials were part of the ICRC’s effort to provide the surgical services of 19 hospitals in Bosnia-Herzegovina with enough supplies to keep them open and treating people wounded in the fighting.

First check-point

It was a sunny morning when we crossed the Serbian border into Bosnia and, a short time later, reached the first check-point. There the bullet holes were studied with great interest. We took the opportunity to explain more fully who we were, what we were doing and the principles on which our organization’s work was based.

(Continued on page 3)

Kabul: ICRC Hospital Works Round the Clock through Worst of Fighting

“While all the fighting was going on in the streets of Kabul, I saw two wounded combatants from rival guerrilla groups lying side by side in our hospital, talking and laughing together”, reports Dr. Aulikki Korpinen, a Finnish anaesthetist just back from the Afghan capital.

The year started quietly for the ICRC’s surgical hospital, which was opened in 1988. Fighting flared in late February, however, and the number of admissions started to rise. Then, although peace negotiations were pursued under UN auspices, ICRC expatriates witnessed a rush of events. Mazar-i-Sharif, the largest town in northern Afghanistan, fell to the guerrillas in late March, and President Najibullah resigned. Other towns fell in the weeks that followed.

On 22 April, in the midst of the political and military upheaval, Jon Karlsson, an Icelandic nurse working for the ICRC, was killed Maydan Shar while picking up two wounded people to take them to the Kabul hospital. Mr. Karlsson, 39, had just arrived in Afghanistan on his second mission there with the ICRC. He had also worked for the institution in Thailand, Pakistan and southern Sudan.

The mujaheddin entered Kabul on 25 April and fierce fighting soon broke out in the streets between different factions. The ICRC’s four surgical teams and 17 nurses treated over 400 casualties in two weeks. The hospital’s 250 beds were soon all occupied, so additional patients were cared for in a ward set up for the purpose in the ICRC’s orthopaedic centre.

“It was exhausting. We divided our time between the operating room and the bunker where we had to stay when on call”, Dr. Korpinnen remembers. “Even when there was no shellign the streets were

(Continued on page 4)
“The ICRC has an essential role in preserving the credibility of humanitarian aid and the principles on which it rests.”

Interview with Mr. Peter Fuchs, ICRC Director General

You have held a number of positions at the ICRC: medical delegate on many field missions, Deputy Director of Operations, head of special crisis teams during the Gulf war and in the early stages of the Yugoslav conflict. How do you see your new role as ICRC Director General?

As Director General I have several functions. Firstly, I share responsibility for ICRC affairs with the Directors of Operations and of Principles, Law and Relations with the Movement, and I oversee coordination of their activities. I also have direct responsibility for communication with the outside world, personnel policy, financial management and fund-raising, internal organization and general administration. Finally, the fact that I sit on the Executive Board puts me in a key position to influence the general policy of the ICRC and to supervise its activities as a whole.

Will your experience as head of special crisis teams have an impact on your work as Director General?

It certainly will. For me, those teams were excellent examples of situations in which different units had to work closely together in support of a single operation. They made me see that the best way to ensure that decisions are taken without delay and implemented in an effective manner is to gather a group of people around a table in a proportion of two parts professional skill and know-how to one part decision-making power. In the past this has proved a successful recipe both at headquarters and in the field. Why should we not use it now throughout the ICRC?

What are your plans for the ICRC?

I am going to try to build on our strengths while reducing the weaknesses that I have observed both here at headquarters and abroad. With the States tending more and more to turn humanitarian aid into an instrument of foreign policy, an organization such as ours will in future play an essential role in maintaining the credibility of such aid and preserving the principles on which it is based. And in a world where armed conflict is on the increase and where the number of potential conflicts is also growing, the ICRC’s humanitarian message strikes an ever more resonant chord on the international scene. We’re more in demand today than ever before and people are listening to us.

Non-governmental organizations are proliferating in the field and there is a movement towards greater coordination of humanitarian assistance. Is there an urgent need for change within the ICRC, and if so, in what way?

Consultation with other humanitarian organizations will doubtless have to become even more regular and extensive. Great strides forward have been made in recent years with the International Federation of Red Cross and Red Crescent Societies, the National Societies themselves and international organizations. We mustn’t forget, however, that the ICRC’s mandate requires it to act where others cannot, particularly in the early stages of a conflict when its role of neutral intermediary is all-important. We often start out working all alone in an area, and this is obviously not conducive to consultation with others. But the situation is changing: other organizations now appear on the scene much more quickly after conflicts break out and so consultation could become a more regular occurrence.

International, political and military upheaval have caused the ICRC to expand its activities to such an extent that it now faces a large budget deficit. Are you going to seek other sources of funding?

This is one of my main concerns. The solution will require an imaginative approach. Our activities vary with the speed characteristic of an organization that works in emergencies, and funding always lags behind. Nevertheless, I’m certain that our donors will adapt their contributions to reflect the growing range of activities that is both called for and supported by the international community.

You recently brought about the merger of the Communication Department and the External Resources Division. Should this be viewed as a mere internal reshuffle, or does it reflect a desire to change the ICRC’s communication policy and thus its relations with the outside world?

Both interpretations are correct. To begin with, we are faced with a major challenge: how to cope with the expansion of our activities in the field without increasing our staff at headquarters. One way of doing this is to merge the various sources of information so that we speak with one voice through an appropriate number of channels. But we also have to adapt our information policy to current realities and open up to the outside world while, of course, ensuring that our priority remains the interests of the victims of conflict.

What is the image of the ICRC that you would like to project to the public?

For me the ICRC is an institution to which the international community has given a mandate to take quick and effective action in armed conflict. It doesn’t hesitate to take risks in difficult and even dangerous situations in order to come to the aid of the victims. Once an emergency is over, the ICRC withdraws and, where possible, hands over its activities to other organizations. And let’s remember that the ICRC is often alone in reminding the world of the forgotten victims of conflicts fought out of the glare of the media spotlight.
On Mission in Bosnia-Herzegovina

(Continued from page 1)

Allowed to go on our way, we arrived without incident in Tuzla where we delivered supplies to the hospital. We asked the hospital manager whether she was disappointed to receive so little of the contents of such a large truck. She replied, "No, we're happy to get whatever we can. The situation is so critical that all the money is now going for weapons." Tuzla by now had 15,000 refugees who had to be fed and given medical assistance. Some of them had been taken in by local families, others were staying at the sports centre. The local Red Cross was meeting the cost of medical care and other assistance.

A minor delay...

Early the next morning we left for Sarajevo. In Olovo, we met up with Bernard Oberson, our Sarajevo contact. He had informed the guards at all the checkpoints he had passed that he would be returning with us, but unfortunately when we drew up at Vogosca, about 10 km from Sarajevo, we discovered that another shift had come on duty in the meantime. It was one of the first check-points where the men looked like real guards: all were armed, wore complete uniforms and seemed less relaxed than others we had seen. We remained calm and cooperated with them, showing our identity cards, opening boxes and answering all their questions — for two whole hours.

One of the guards spoke a little English. He apologized, saying they were not a real army (he himself was an engineer) but that we had to understand that there was a war on.

... becomes a major setback

Very suddenly, the tension mounted. We were abruptly ordered to line up our vehicles on the side of the road and leave, all in one Land Cruiser. We tried to reason with the guards but the sound of rifles being loaded sent us on our way.

The head of the Sarajevo delegation, who had come to meet us, tried to have the vehicles returned. All she got was our personal belongings — minus cigarettes and money. We left for Sarajevo. As we approached the city, we could hear the endless pounding of artillery fire.

No food to be had

I spent the afternoon with a local family. As I watched the children play in the sun, I was struck by the fact that they seemed oblivious to the never-ending din of impacting shells. Their mother was visibly tense. She offered me a little rice and some other scraps they had left. She told me that there was no food to be had; they had money but there was nothing to buy. In the market today there had been not a thing. She was very frightened. I asked her what she thought would happen and she said, "There is no hope for us. They will come into the houses and steal everything; it has already begun".

ICRC Delegate Killed in Sarajevo

On 18 May, shortly after the mission described above, an ICRC convoy carrying food and medical relief was attacked as it entered Sarajevo, despite the security guarantees obtained from the parties concerned. Three ICRC staff members were wounded and one of them, Frédéric Maurice, died the next day in Sarajevo hospital. Mr. Maurice was 39 and the father of two children.

He joined the ICRC in 1980 and served as head of delegation in Ethiopia, Iran and Israel. He also held various posts at ICRC headquarters in Geneva, most recently as assistant to the Director of Operations, and had volunteered to replace the outgoing head of delegation in Sarajevo.

Frédéric Maurice speaking with detainees at Ramallah prison, in the Israeli-occupied territories, in 1981.
ICRC Hospital in Kabul

(Continued from page 1)

dangerous. I saw children come in who had been hit by bullets fired in celebration by the combatants."

As the fighting that led up to the change of government raged on, an ICRC aircraft flew in medical supplies for the hospital almost every day. It was damaged at one point by a rocket that hit Kabul airport, but was replaced by another aircraft within 48 hours. In early May, a number of convoys brought supplies by land to the ICRC hospital and other medical establishments in the capital and in Jalalabad and Sarobi.

Jon Karlsson was killed in Afghanistan in April 1992. Here, in southern Sudan, he gives first aid to a war casualty.

The Movement Takes Its Message to the Public

The pavilion of the International Red Cross and Red Crescent Movement at the Seville world fair is attracting hundreds of visitors every day. The first thing they notice is the building's off-centre design, which makes it look as if it has been convulsed by an earthquake. The sound of a heartbeat which can be heard throughout symbolizes the help the Movement brings to the victims — all the victims — of natural and man-made disasters.

Volunteers from over 80 National Societies will take turns performing at the pavilion until the fair ends in October. Using tamtams, flutes and other instruments, they will sing, dance and act out scenes to show how the Movement preserves life and human dignity.

Video displays and wall-size images show what happens to the victims of war and natural disaster, bringing home the continuing need for humanitarian endeavour. Young volunteers accompany visitors as they tour the displays and tell them of their own experiences in the Red Cross and the Red Crescent. The pavilion has already received well-known guests such as Marilyn Quayle, wife of the US Vice-President, Prince Albert of Monaco and Diana, Princess of Wales.

The 8th of May was a special day at the pavilion. An official delegation including Mr. Cornelio Sommaruga, the ICRC President, Mr. Mario Villaroel, President of the International Federation of Red Cross and Red Crescent Societies, Mr. Ahmed Abu-Goura, Chairman of the Movement's Standing Commission, and Ms. Carmen Mestre, President of the Spanish Red Cross, toured the premises and was received by the Spanish authorities at the royal pavilion.

"With the support of the governments and the media", said Mr. Sommaruga in his address, "yet retaining all our independence and neutrality, we must promote respect for the basic rules of humanity that will give those millions of people (the victims) a chance".

And in Italy

The Italian Red Cross has set up an exhibit on naval medicine and its activities in that connection. It also organized a number of public events on its hospital ship the San Marco, which was anchored in the port of Genoa from 26 to 30 May.

The Movement is also present at Genoa's international fair to mark the 500th anniversary of Christopher Columbus's first voyage to the Americas.

The ICRC has a stand illustrating the purpose of the Second Geneva Convention (for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of the Armed Forces at Sea). Visitors can also watch a 10-minute film entitled International humanitarian law and naval warfare. The ICRC stand was officially presented to the press by President Sommaruga on 26 May.

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Protecting the Environment During Armed Conflict Is Part of International Humanitarian Law

There is nothing incompatible about protecting the environment during armed conflict and complying with international humanitarian law — on the contrary. Environmental protection in wartime ranks high among problems of concern today, as evidenced in numerous documents, and was also discussed at the recent Earth Summit in Rio. Ms. Francesca Pometta, a member of the International Committee of the Red Cross, led the ICRC delegation to the Summit where she presented the institution's point of view.

Ms. Pometta began by recalling that the Rio Declaration contains rules for the protection of the environment during armed conflict. Thus, principle 24 states that "warfare is inherently destructive of sustainable development. States shall therefore respect international law providing protection for the environment in times of armed conflict and cooperate in its further development".

The ICRC has seen the systematic destruction of the environment become an ever more murderous weapon directly affecting countless victims of armed conflict whom the institution's mandate requires it to assist and protect.

Customary and Treaty-based Law

Ms. Pometta pointed out that humanitarian law, both that derived from custom and that based on treaties, restricts the use of certain means and methods of warfare and requires that precautions to limit environmental damage be taken in order to protect the civilian population. Though the word "environment" is not used in any of the four Geneva Conventions, it is expressly mentioned in 1977 Additional Protocol I protecting the victims of international armed conflict, which sets out precise rules in this area. Article 55, for example, stipulates that "care shall be taken in warfare to protect the natural environment against widespread, long-term and severe damage. This protection includes a prohibition of the use of methods or means of warfare which... may be expected to cause such damage... and thereby to prejudice the health or survival of the population".

Under Article 54, it is prohibited in certain circumstances to destroy agricultural areas, irrigation works and other specified objects. Article 56 seeks to obviate the danger of environmental damage resulting from the destruction of dams, dykes and nuclear power plants.

Respect for the Rules in Force

Rules therefore already exist and the ICRC would like to see them better implemented and respected by the international community. And a number of mechanisms are available to the States for the protection of the environment in war.

For example, there is the International Fact-Finding Commission whose task it is to enquire into alleged violations of humanitarian law.

There is also the principle of individual criminal responsibility according to which the States party to the Geneva Conventions of 1949 have the right, and indeed the obligation, to prosecute those who violate humanitarian law.

Finally, the States have an obligation to promote knowledge of humanitarian law, particularly within the armed forces, for many breaches are due to ignorance of the rules in force.

The ICRC is convinced that respect for existing law would already reduce some of the damage being done to the environment during armed conflict. But it is also necessary to further develop the rules in force and clarify their interpretation.

The ICRC is willing to contribute to the United Nations' efforts in this area and is continuing its own work to this end. In response to a request from the UN General Assembly, it will soon submit a report to the Secretary-General on its recent initiatives.

The ICRC's report will draw attention to a number of shortcomings in existing law. Prominent among these are differences in interpretation of the existing rules, problems as regards the simultaneous implementation of international environmental and international humanitarian law, determining which law is applicable between belligerent States and States which are not party to the conflict but are nonetheless affected by methods of warfare harmful to their natural environment, and, finally, the need to define more clearly the content of the rules applicable to non-international armed conflicts.

Protecting Human Life and Dignity

For the ICRC all these endeavours, like all its work, have one and the same ultimate purpose, namely to protect human life and dignity during armed conflict.

In Rio, the ICRC reminded the States party to the Geneva Conventions and to Protocol I of their collective responsibility to respect and ensure respect for those treaties in all circumstances.

Respect for the environment is inseparable from protection for the victims of armed conflict. It is therefore one of the foremost obligations of the international community, which cannot and must not sit by and idly witness the destruction — all too often deliberate — of the collective heritage of mankind.
RESPECT FOR INTERNATIONAL HUMANITARIAN LAW:

An Ongoing Challenge for the ICRC

On 19 June, ICRC President Cornelio Sommaruga received an honorary doctorate from the University of Nice-Sophia Antipolis in southern France. In his address, Mr. Sommaruga said that ensuring sufficient respect for international humanitarian law was a never-ending challenge for the ICRC. He suggested that diplomatic conferences of a new kind should be convened periodically to demand rigorous compliance with the rules of that law. The following are a number of excerpts from his speech.

It is a true privilege for me to receive this honorary degree from the University of Nice-Sophia Antipolis, and a source of profound satisfaction, too, for through me tribute is being paid to the International Committee of the Red Cross itself, to the continuing humanitarian work carried out under the red cross emblem by men and women — often at considerable risk to their lives — in a wide range of murderous conflicts. This distinction conferred upon me also reflects the importance that the Institute of Peace and Development Law at this university attaches to teaching and research in the field of international humanitarian law.

The Heat of Battle

To stem the tide of suffering caused by war, humanitarian law reminds the belligerents of the humane principles it is their common duty to observe; in the heat of battle, it puts up one last barrier to man’s violence against man.

The first ever Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field was adopted on 24 August 1864. It laid the foundation for the vast structure of international humanitarian law that today is composed of the four 1949 Geneva Conventions and their two Additional Protocols, adopted in 1977.

Is this body of law today better able to limit the horrors of war than it was with yesterday’s conflicts? And what of tomorrow?

Well, one look at the tragedy today befalling large sections of the civilian population in southern Sudan, Somalia, Liberia, Mozambique, Kuwait, Afghanistan, Bosnia, Croatia and the Armenian and Azeri areas of the Caucasus, one look at the captivity that has now lasted more than a decade for prisoners of war in Iran and Iraq, or at the clashes that go on and on in southern Lebanon and the Arab territories under Israeli occupation, one look shows us the gulf that separates the humanitarian obligations of the belligerents from what they actually do. War is everywhere... Five hundred children are dying each day in starving Somalia. In besieged Sarajevo, where an ICRC delegate was killed last month in a deliberate attack on a Red Cross convoy, the emblem is no longer respected and the ICRC has temporarily had to suspend its activities.

Compliance with the existing rules of humanitarian law would, in all these situations, have saved thousands of lives and avoided the forced exile of entire populations seeking the assistance and protection they so desperately need.

A New Kind of Diplomatic Conference?

How can we halt this erosion of humanitarian law? How can we reverse the situation?

In four diplomatic conferences held over the space of a century, humanitarian law as we know it today gradually took shape. Is it not now time to make a collective, determined and continuous effort to organize new conferences — not to make new law or extend its codification, but to demand scrupulous respect for existing rules?

A conference of the States party to the Geneva Conventions, meeting every two years for example, would enable the ICRC to go beyond the representations it already makes to the belligerents and the repeated public expressions of its concern, and to demand of the governments — who are ultimately responsible before the world — that the provisions of international humanitarian law be made a moral code of conduct, both for individuals and for States, as universally recognized and obvious as that set by the Universal Declaration of Human Rights. Is this utopian? A diplomatic conference every two years, an exceptional, solemn forum which would focus the attention of the international community on humanitarian law and impress upon it its responsibilities in that area? Is this utopian?

It would no doubt have been a utopian dream during the Cold War but, given the scale of the disaster now engulfing our global village and the growing uncertainty about the future, is it not imperative today?

Grave Threat

The flouting of the protective red cross emblem in the conflicts ravaging Somalia, Afghanistan and the former Yugoslavia serves to warn of a grave threat that the international community must ward off without delay. These violations show very clearly that modern war is sliding beyond horror into the depths of chaos and blind fanaticism. Restoration of respect for the red cross emblem should be high on the agenda — symbolically so — at this new type of diplomatic conference, the first of which must be organized in the near future.

The point is that solidarity is a duty: the kind of solidarity which inspired Henry Dunant to improvise arrangements to help the wounded at Solferino. Solidarity which he elevated to the status of law itself and which today, for the States party to the Geneva Conventions, must quite simply become a moral duty which, for the sake of the victims of so many conflicts, they henceforth no longer have the right to shirk.

The International Committee of the Red Cross — the guardian of the Geneva Conventions — calls upon the States to act accordingly and fulfil that moral duty.

Cornelio Sommaruga
President of the ICRC

(N.B. Subtitles inserted by the Editor)
Nakhichevan: The Displaced of Sadarak

From eastern Turkey you enter Nakhichevan through an undulating strip of land barely wider than the road built on it. It constitutes the several kilometres of common border between Turkey and Nakhichevan. The gentle little river Araks — the actual border — is spanned by a brand-new but nevertheless rickety-looking bridge, these days called the “bridge of hope”. The whole area is unquestionably dominated by Mount Ararat (or Ararshech, the Armenian and Azeris call it); smooth, round and noble, it puts the fervid agitation of man into proper perspective.

The “Bridge of Hope”

Once across the “bridge of hope”, we entered the autonomous republic of Nakhichevan, administered by Azerbaijan but cut off from it by Armenia. The soldiers manning the first check-point were not the ones we expected: big, husky and blond, these were the remnants of the Red Army. Far from their homes in the north, they now found themselves in a really hot spot: posted right between the Armenian and Azeri positions, within hearing of both the Turkish and Iranian borders. Since early May when fighting flared in northern Nakhichevan, they have been following the military engagements like spectators at a tennis match. According to the Azeris, they are giving military support to the Armenians; according to the Armenians, it is the other way around.

Waiting at this Red Army check-point on the border, we had ample time to study our surroundings. About five kilometres away, we could make out the village of Sadarak on a small hill, deserted by its inhabitants when the front drew near overnight and now the last Azeri outpost before Armenia to the north. The hilltop above the village marked the line between Armenia and Nakhichevan. Everything seemed so close, and only the obvious calm of the soldiers and delegates — people who knew the situation — fully reassured us: since the first shots were fired, the area of fighting had been so clearly defined that the features of the terrain showed almost to within a metre where they were.

The Impending Storm

For the moment things were quiet, the only source of imminent violence being a burgeoning thundercloud. The mosquitoes, on the other hand, were out in force. A Russian officer who had come here straight from Siberia offered us some of his insect repellent before reflecting on the question: “Sometimes things are calm, sometimes it’s all hell let loose. Today things are calm ...”. You almost feel like adding “as fate would have it”.

Fate, once again, has been hardest on civilians. On both sides of the line — Sadarak in Nakhichevan and Eraskh and Sevakavan in Armenia — it is always the civilians who bear the brunt, paying with their lives or with exile from their homes. When war comes to civilians, all the abstraction of political, military and strategic analysis is transformed into grim reality, into flesh, colours and odours branded indelibly on the onlooker’s mind.

Railway Refuge

Half a dozen kilometres down the road we came to Veliloudagh where part of Sadarak’s population had found temporary refuge: a 3-4 metre high railway embankment ran across a plain turned marshy by the rain and there, perched somewhat absurdly on the tracks, were 41 railcars in which they now lived.

Over cups of hot tea, interpreters helped the displaced people of Sadarak describe to us the circumstances in which they had fled. Gesturing with their hands and imitating the noise of the shells that rained down on them, they described their sudden flight, with panicked drivers colliding on the road. They told of how they moved into the railcars, of their ardent desire to return, of risky expeditions to the village to recover a vehicle, a blanket, a mattress or a cooking pot. Finally, they told of their confidence in the future, of a solution to the conflict being just around the corner, of their imminent and permanent return to the village. They did not complain. They did not ask for anything. Some smiled at the visitors. They were dignified, superbly so in the circumstances.

Improvised Camp

When night fell, it was streaked with lightning. But the thunderstorm did not disturb the displaced residents of Sadarak. We left the railcars and went 400 metres down the road. There, on the other side, stood the first tents of an improvised camp for 200 more Sadarak refugees. The tents had been provided in a quick and efficient operation by the Iranian Red Crescent. The camp had no visible structure and seemed to run in all directions, a haphazard mingling of accommodation for humans, cattle and other livestock. Here too, the people’s dignity transcended the tragedy of the situation.

Ten kilometres further south, in Sharour, the local authorities took us on a tour of the secondary school, the nursery school, the paediatric hospital and three public premises where further displaced people from Sadarak were living. Those people too showed firm confidence that they would soon return to the village; they too had the same unfailing dignity.

A Toast for Peace

Later, on the way to the city of Nakhichevan, we stopped for something to eat. We learned that the local authorities accompanying us were fond of toasts: “To our friends from the Red Cross!”, “To the delegates’ health!” “To Nakhichevan!”, etc. Noisily flowed the vodka. Then suddenly we had an unexpected visit — the Siberian officer from the front post. His eyes sparkling with mischief, he lifted his glass and marshalled what little English he had: “To peace everywhere in the world!”. In one go he drained his glass then promptly disappeared, leaving us speechless.

In Nakhichevan, in a modest room which serves as ICRC office there, Gérard, the team leader, and his colleagues Ursula, Maryse and Gabriel met to assess the day’s events. It was late, eyelids were drooping and minds numbed by an emotionally taxing day. Yet the four delegates faced the task of gathering all known information and deciding the type and amount of assistance that the ICRC should give to the victims of this conflict. The action taken by the ICRC during its first days in the area — recovering the bodies of Azeri soldiers along the front line and distributing medicines in the hospitals where the wounded were taken — had made a strong impression in the autonomous republic. The choices to be made at that meeting would have an influence not only on the immediate future of several thousand displaced people but would dictate the form and substance, in the medium term, of the ICRC’s presence in Nakhichevan. The words “To peace everywhere in the world...” ran through my mind.

Claude Voillat
Mozambique: Chicumbane Hospital Reopens its Doors

Chicumbane hospital reopened its doors on 20 May. The hospital, seven kilometres from Xai-Xai in the province of Gaza, had suffered considerable damage in a fire following an armed attack last January. Its reconstruction was entirely financed through a grant of 150,000 Swiss francs from the Swiss Disaster Relief Unit, which also financed the ICRC engineer who was responsible for supervising construction. The ICRC assessed the damage and provided both local employees and vehicles to assist him in his task.

The rebuilding of the hospital is yet another example of excellent cooperation between the Swiss Disaster Relief Unit and the ICRC.

In addition, this same Relief Unit has financed a sizeable number of ICRC projects in recent years, notably the new orthopaedic centre in Kabul.

A Tribute to Workers in the Humanitarian Cause

Frédéric Maurice is dead. He was my age, married, two children. He was on his way to Sarajevo to take my place, I who am not married and have no children. I am still alive; the whim of fate. We mourn Frédéric Maurice as an individual. We also mourn him as a symbol of commitment to the humanitarian cause, his commitment, our commitment. The commitment of the expatriates, local employees, members of National Societies and of medical and paramedical teams in countries at war. All of us, sooner or later, put our lives on the line, whether in a calculated, conscious way or not.

I feel that, among all these people, the expatriates can claim the least credit. After all, they have freely chosen their exceptional profession, for reasons of their own. One day they will go home to their countries, but the conflict they saw will probably remain. The others, those caught in the throes of war within their own countries, usually do not have a choice; they perform their humanitarian work day in day out, risking their lives while witnessing the destruction of their country and often the death of loved ones. They are the ones who really deserve our respect.

We also mourn the attack on the red cross itself, symbolizing as it does a neutral and impartial institution. Wilful incomprehension and contempt for that institution’s humanitarian message led to the deliberate attack on the ICRC’s convoy to Sarajevo on 18 May. Frédéric Maurice is dead because he believed in the need for that message. We have a duty to continue down the path he followed. It is the right one.

Heidy Huber

Declaration of the Standing Commission

The Standing Commission, meeting in ordinary session on 25 June 1992,

1. reaffirms its commitment to preparing for the 26th International Conference of the Red Cross and Red Crescent, and
2. considers that, in view of the necessary preparations, the next International Conference could not be convened before 1995,
3. decides to create a Working Group chaired by Botho Prince of Sayn-Wittgenstein-Hohenstein and including one representative from the ICRC and one representative from the Federation, in order:
— to make an in-depth study of all issues related to the International Conference (form, agenda, name, preparation, funding, frequency, preparatory bodies, duration, and so on),
— to conduct the necessary consultations within the Movement and among States party to the Geneva Conventions, and
— to report to the Standing Commission at its next meeting.
4. The Standing Commission itself will submit a report on this matter to the Council of Delegates in 1993.
5. The Standing Commission furthermore encourages the ICRC to consult with governments and to examine with them what measures might be quickly taken to increase the States’ awareness of their responsibilities in order to ensure their respect for international humanitarian law.
6. The Standing Commission also encourages the Federation to consult with National Societies and governments in order to address humanitarian problems within its mandate.
7. The Standing Commission requests the ICRC and the Federation to inform it regularly about the results of their consultations.

The International Committee of the Red Cross (ICRC), together with the International Federation 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 disturbances and tensions, thereby contributing to peace in the world.

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CONFLICT AND DROUGHT

Mozambique Faces Disaster

“Mozambique is going through the drought of the century”, said Marcus Dolder, deputy head of the ICRC’s Relief Division, on his return from a mission to the country. The barren skies are aggravating an already critical situation caused by the conflict that has been raging for fifteen years between the government and the armed resistance movement RENAMO. Faced with the prospect of disaster, the ICRC has drawn up an emergency plan.

The primary aim is to prevent famine, and thus population movements and countless deaths, among the most vulnerable groups affected by both war and drought. In the coming nine months, the ICRC intends to distribute 30,000 tonnes of food (mostly cereals, lentils, cooking oil and salt) to over 200,000 people in six operational zones in Gaza, Sofala and Nampula provinces.

Surviving on Roots

In some regions crops have been completely wiped out, and there are areas so parched that the seeds never germinated. “People living in these remote rural areas have traditional ways of surviving when food is scarce”, says Jean-Daniel Tauxe, Delegate General for Africa. “They gather roots, leaves, and wild fruit. But such a makeshift diet is not enough in the long term. They have now reached the point where there is absolutely nothing left to eat and they are faced with the choice between leaving the country — at least those of them in a position to do so — or making their way to urban centres. But the towns are already overcrowded and their infrastructure quite inadequate.”

Opening the Roads

Tens, even hundreds of thousands of people are in danger of starving to death if they do not receive help very soon. An estimated 30,000 tonnes of food will have to be brought in between now and next March when, it is hoped, the next crop will be ready for harvesting. But how? The most efficient way of transporting such huge consignments of humanitarian aid is by road. An airlift would be too costly and, in any case, airstrips up-country are unable to accommodate transport aircraft.

In mid-July, representatives of the Maputo government and of RENAMO met for negotiations in Rome to which both the UN and the ICRC sent observers.

In the resulting statement of principle, both parties undertook to allow humanitarian aid to be dispatched under UN and ICRC auspices by any means of transport throughout Mozambican territory to those most seriously affected by the drought and the conflict. They also pledged not to seek any military advantage from such operations.

Seed Distribution

Working in conjunction with the Mozambique Red Cross, the ICRC has had access in recent years to both government and RENAMO-controlled areas where it has come to the aid of over 300,000 people. In addition to providing food, the ICRC will continue developing water resources in the country, in particular by sinking new wells and repairing pumping stations.

Seed will also be distributed. “The purpose of these distributions is twofold”, explains Jean-Daniel Tauxe. “For one thing, they make it possible to get a basic agricultural economy moving again. For another — and this is an important effect that we have observed in other agricultural programmes in Africa — they enable the recipient to regain a sense of dignity. He is not getting a hand-out from the international community or anyone else; he is simply being given the means of providing for himself.”

The ICRC also furnishes medical assistance to Mozambican civilians, for example by distributing basic medicines to dispensaries in remote areas and organizing vaccination campaigns like the one currently under way in Sofala province.

Among the ICRC’s other activities in Mozambique are visits to security detainees throughout the country and arranging for the exchange of thousands of family messages between Mozambican refugees abroad and their families in Mozambique.
Latin America: “We still have to be on the alert”

Interview with Jean-Marc Bornet, ICRC Delegate General for Latin America.

Jean-Marc Bornet, ICRC Delegate General for Latin America, recently went on a tour of the region. Here he tells us of his impressions and analyses the situation on the continent from the viewpoint of the International Committee of the Red Cross.

By the very nature of its mandate, the ICRC tends to observe the development of a situation in a region or country essentially in terms of the crises, upheavals, conflicts, violence, coups d’état, etc. which take place there. Now, the ICRC is gradually having to turn its attention more to the elements that precipitate such crises. Indeed, there are a number of warning lights, of factors that herald crisis, for which we must be constantly on the alert.

As far as Latin America is concerned, the general impression at the ICRC right now — given that it is an institution that operates mainly in emergencies — is that, with few exceptions (such as Peru, Haiti and in certain respects also Colombia and Cuba) the situation seems to have settled down, with major difficulties overcome and the breeding grounds of conflict eradicated. But it is a mistaken impression; and this is where the ICRC’s regional delegations come into their own. These delegations, which usually function in a calmer context than those that work in the midst of conflict, play a major role in detecting alarm signals.

What are the alarm signals?

There may be a tendency to consider the democratic process installed by governments elected by popular franchise to be a panacea for all the problems besetting a given country. It is true that most of the governments currently in place in Latin America are the result of this type of process. But we should not be deceived: democracy is part of the answer but, as long as other problems remain unsolved, the danger of renewed violence is always there.

Among the signals that need to be watched very closely, the economic situation in each country is probably one of the key indicators of stability or, conversely, instability. In Latin America today, there are countries that seem to be falling into line with the North in that their economies seem sound and exhibit most of the characteristics of those of the developed countries. These, however, are the exceptions. Other countries appear to have been left behind in economic terms and to have joined the ranks of a Third World that is slowly sinking into oblivion. In this respect, considerable responsibility lies with States, especially the wealthy States, in that these increasingly intolerable economic situations give rise to social problems which, in their turn, will generate unrest and violence.

In some countries, the middle class is disappearing. This phenomenon creates a deep rift between rich and poor, another precursor of violence. Indeed, future disturbances will not necessarily — and this is something new — be caused by guerrilla movements defending some ideology as has been the case in the past. This social discontent may take a different form, such as spontaneous outbursts of violence like those witnessed in Caracas a couple of years ago, or in Brazil. The consequences of these explosions are a constant source of concern for the ICRC as they can result in deaths, injuries, arrests, displacement of people and so on; in short, a reversal of the progress made with respect to human rights.

Another indicator that needs to be monitored closely is the attitude of the veritable counter-power constituted by the armed forces on the Latin American continent. Nowadays they tend to work in the wings rather than on centre stage. The fact nonetheless remains that the military as an institution is not at all ready to relinquish the often excessive privileges it enjoys, sometimes to the detriment of the rest of the population. There can always be a slide back to old ways and developments in this regard need very careful watching.

Could it be said that the ICRC is torn between two options — on the one hand partial withdrawal because conflicts have died down, and on the other a feeling that it ought to stand its ground because of all the factors you have mentioned?

Precisely. We are scaling down certain operational activities. This, however, must not be accompanied by a phase-out of our prevention work. All the facilities set up through our regional delegations are to remain in place. Indeed, their primary purpose is to prepare, during periods of peace and tranquillity — albeit only relative or apparent — for taking action should the situation deteriorate.

What image does the ICRC project in Latin America?

Some countries have seen the ICRC at work in war situations and have been able to appreciate its activities under difficult and even dramatic conditions. There are certain regions of the world where the presence of the ICRC is not always welcome because the leaders reason that if the ICRC is there, things are not going as well as they would like the outside world to believe.

Fortunately, this feeling is not very widespread in Latin America. In cooperation, I would mention a meeting we had recently with Mrs. Violeta Chamorro, President of Nicaragua. She insisted that the ICRC remain in her country despite the fact that the situation had returned to normal — usually the signal for an organization such as ours to withdraw. She told us: “Your duty, your obligation — not just moral but under your mandate — extends beyond a state of open warfare such as we have had. You are also responsible for dealing with the aftermath of a conflict, even when the fighting is over”. She referred in particular to the many war disabled who had had limbs amputated and were still awaiting prostheses. It was her wish that the ICRC continue running the orthopaedic centre in Managua and we agreed to do so for a limited period. We found exactly the same attitude in El Salvador.

What role does the International Committee of the Red Cross play in the dissemination of international humanitarian law in Latin America?

It plays a decisive role in this respect. When we say we have to be on the alert, to look out for the alarm signals that we referred to and which could presage new forms of violence, the only way to put our message across is by dissemination. We naturally disseminate the principles of international humanitarian law among our traditional target groups such as the armed forces and governments. But we also have to try to reach a wider audience by explaining the principles of the Red Cross to the general public through the natural partners of the ICRC — the National Societies.

Interview by Jean-Pierre Abel
Aboard a Humanitarian Convoy Bound for Bihać, Bosnia-Herzegovina

An ICRC team left Zagreb on 10 July with 15 tonnes of food and five tonnes of medical supplies for the Muslim area around Bihać in north-western Herzegovina. Judith Hushagen, a delegate based in Belgrade, travelled with the convoy and sent us this report.

Our three-truck convoy left Zagreb at 8 a.m. and headed towards the village of Turnaj, where a checkpoint marks the line between Serbian and Croatian zones. Turnaj was eerily silent — it had been completely destroyed during clashes between the two communities. Blackened houses, huge holes gouged out of the road, broken power lines swaying in the wind and, above all, the fact that the village was totally devoid of any human presence brought home to us how devastating the conflict has been, both here and elsewhere in what was formerly Yugoslavia.

We passed the checkpoint without difficulty, the guards merely verifying the content of our trucks. As we drove down the road towards the second checkpoint, in the middle of the Serbian zone, we passed the ruins of houses, inns and marketplaces. Only one house was still inhabited. Scrawled on the wall, in English, were the words “You are now in Serbia”.

Signs of Life

As we approached the second checkpoint, life around us seemed more normal: children played in front of farmhouses, hens pecked at the ground and men and women worked in the fields. We had to wait three long hours to get through this second checkpoint.

The third was in Izazić on the fringe of the area controlled by the Muslims. There the drivers had to inch their way between barricades and mines. After the first truck had passed, the guards moved the mines to the side of the road to make way for the others.

We finally arrived in Bihać at five in the evening, and went directly to the hospital to hand over 10 tonnes of food and part of the medical supplies we were carrying.

There we met the hospital administrator, a surgeon and a doctor, who all told us that the most urgent need was for surgical equipment. Since 20 June, the hospital had treated 450 casualties. One hundred patients — three-quarters of them civilians — had undergone major surgery. In a grave voice, the doctor added: “Last week, five little girls were playing in the street. A grenade went off near them and all five were killed”.

The hospital itself had not been hit but all the windows were boarded over and two operating theatres had been set up in the basement. The staff has had to adjust to these makeshift working conditions.

Community Kitchens

Bihać has been under blockade for the past six months and many large-scale attacks have been launched against it. Apart from the inhabitants, the town counts an additional 12,000 people displaced by the fighting. The local Red Cross and other humanitarian organizations have set up community kitchens rather like those run by the ICRC in Somalia. They serve over 7,000 meals per day, seven days a week.

Another ICRC convoy went to Bihać with family parcels containing basic necessities. Half of the parcels were distributed directly to displaced persons there and the other half were stocked at the community kitchens. We wanted to visit the kitchens and also see what was to be had in the market and shops in the town, but shelling forced us to change our plans.

Intermittent Shelling

The next day our convoy turned northwards towards Cazin, where we delivered the remaining medical supplies and five tonnes of food to the hospital. Cazin, which was coming under intermittent shelling, is also a town with a majority Moslem population. We talked for an hour with hospital staff, to a constant accompaniment of explosions. The tiny hospital, with only 25 beds, had treated over 200 wounded people — most of them civilians — since 21 May.

Cazin and the surrounding area, where there were an estimated 20,000 displaced people, had been cut off from the outside world for months. The market had fruit, vegetables, honey, cheese and meat on offer but they are all very expensive. “The situation in Cazin is very difficult but not desperate”, said an ICRC relief delegate. “That is because it’s summer. If the blockade continues, from the end of October all these people will be dependent on emergency aid.”

Electricity Cuts

Our next stop was Kladuša where the ICRC has opened an office. It is a pleasant town but we could sense right away that we were in the midst of a combat zone. As in Bihać, water was in short supply. Electricity was turned on for a short while in the morning and the evening, but you never knew exactly when. There was no food in the cafés and the hotel served meals only at certain fixed times. A curfew came into force every day at 10 p.m.

The evening we arrived, we learned that a UN officer had been wounded by a mine. One of our team immediately went to the hospital and arranged for him to be evacuated to Karlovac in Croatia. The next day we returned to Zagreb to wait for our next assignment in the combat zone.

Judith Hushagen
Russian Federation Signs Headquarters Agreement with ICRC

The government of the Russian Federation and the ICRC signed a headquarters agreement in Moscow at the end of June.

Following this agreement the ICRC will soon open a delegation in the Russian capital. "One of the new delegation's primary aims will be to spread knowledge, among as wide an audience as possible, of the fundamental principles which guide Red Cross work", said Thierry Germond, ICRC Delegate General for Europe.

There are already several ICRC delegations in what was formerly the Soviet Union, mainly in the Caucasian region, in the towns of Baku (Azerbaijan), Yerevan (Armenia), and Tbilisi (Georgia). Another team of delegates was recently posted to Kishinev (Moldova).

Validity of Recognition of Russian Red Cross

In another development, in early July the ICRC confirmed the validity of the recognition of the Russian Red Cross, which was founded in 1867. The Russian Red Cross was part of the Alliance of Red Cross and Red Crescent Societies of the USSR between 1924 and 1991. The Alliance was dissolved following the break-up of the Soviet Union last December.

Conditions for Recognition of a National Society

The ICRC recently recognized the Seychelles Red Cross, bringing to 151 the number of National Societies that are members of the International Red Cross and Red Crescent Movement. What are the conditions for recognition of a National Society?

Article 4 of the Movement's Statutes lists ten conditions for recognition of a National Society by the ICRC. These are virtually the same as the conditions for admission to the Federation. All requests are therefore examined by a Joint ICRC/Federation Commission, which determines whether or not the conditions have been fulfilled and, if so, recommends the Society for recognition by the ICRC and admission to the Federation. To be recognized, a National Society must:

1. Be constituted on the territory of an independent State which is party to the First Geneva Convention (for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field).
2. Be the only National Red Cross or Red Crescent Society of the said State.
3. Be duly recognized by the government of its country as a voluntary aid society auxiliary to the public authorities in the humanitarian field.
4. Have an autonomous status allowing it to operate in conformity with the Movement's fundamental principles.
5. Use the name and emblem of the Red Cross or Red Crescent in conformity with the Geneva Conventions.
6. Be so organized as to be able to fulfil the tasks defined in its own statutes.
7. Extend its activities to the entire territory of the State.
8. Recruit its voluntary members and staff without consideration of race, sex, class, religion or political opinions.
9. Comply with the Movement's Statutes and share in the fellowship of its components.
10. Respect the Movement's fundamental principles and be guided in its work by the principles of international humanitarian law.

The conditions for becoming a member of the Movement may seem stringent, but accepting them individually at the end of her visit, "their presence gives public recognition to the Movement's activities to protect human life and dignity everywhere".

EXPO'92 IN SEVILLE

Royal Visit to Red Cross and Red Crescent Pavilion

Queen Sophia of Spain paid tribute to the worldwide humanitarian work of the International Red Cross and Red Crescent Movement during a visit to the Movement's pavilion at the Universal Exposition in Seville in July.

In a talk she gave to young National Society volunteers from over 30 countries, the Queen emphasized that the Movement brings hope to millions of victims of war and disaster throughout the world.

The volunteers sang and waved flags as the Queen approached the pavilion, where a large crowd had gathered in anticipation of her arrival.

The President of the Spanish Red Cross, Carmen Mestre, welcomed the Queen and introduced her young guides: Paloma Rubio Galan, from Toledo, and Juan Manuel Cal Varela, from Vigo.

After the tour Paloma, still flushed with excitement, declared: "Her Majesty is very knowledgeable about the Movement's activities to protect and assist people caught up in conflict and victims of natural disaster". And Juan added: "All the volunteers were delighted that the Queen took the time to meet and speak with each one of them individually at the end of her visit".

Many eminent figures have visited the pavilion on their countries' respective national days. For Javier Alfaro, Director of the pavilion, "their presence gives public recognition to the Movement's activities to protect human life and dignity everywhere".
On 13 August, the International Commit­
tee of the Red Cross appealed to the
belligerents — Serbs, Croats and Muslims
alike — urgently calling on them to
respect international humanitarian law.
The text of the appeal is given below.

Following the visits its delegates have con­
ducted during the last few days to places
of detention in Bosnia-Herzegovina, it is
evident to the International Committee
of the Red Cross (ICRC) that innocent
civilians are being arrested and subjected
to inhumane treatment. Moreover, the
detention of such persons is part of a
policy of forced population transfers car­
rried out on a massive scale and marked
by the systematic use of brutality. Among
the long list of methods used are harass­
ment, murder, confiscation of property,
deportation and the taking of hostages
— which reduces individuals to the level
of bargaining counters — all in violation
of international humanitarian law.

With regard to living conditions in these
places of detention, it is imperative that
urgent measures be taken to guarantee the
physical and moral integrity of the de­
tainees in accordance with the provisions of
the Third and Fourth Geneva Conventions,
which must be observed in their entirety.

ICRC delegates have had only limited ac­
cess to the republic's various regions and,
despite repeated approaches made in this
respect, they have still not received com­
prehensive lists of places of detention con­
trolled by the various parties to the
conflict or been notified of persons cap­
tured, and are thus unable to bring help
to all the victims. The ICRC has had ac­
cess to only a very limited number of
prisoners of war, while the places of
detention are crowded with innocent and
terrified civilians.

The ICRC wishes to draw attention once
again to the fact that the parties to the
conflict in Bosnia-Herzegovina bear full
responsibility for all acts committed by
their respective combatants.

After several weeks of intense activity in
the field and in places of detention in an
attempt to protect and come to the aid
of the victims of this conflict, the ICRC
notes that the parties to the conflict are
not complying with the provisions of the
Geneva Conventions, despite their com­
mitment in this respect.

In these circumstances, and especially in
view of the pressing need to clarify the
situation in all places of detention in
Bosnia-Herzegovina, the ICRC hereby
solemnly appeals to all parties concerned to:

(a) put into effect their commitment to
comply with international humanitarian
law, in particular the Third and Fourth
Geneva Conventions;

(b) instruct all combatants in the field to
respect captured persons, civilians,
medical establishments, private and public
places, and the Red Cross emblem;

(c) refrain from carrying out forced
transfers and taking other illegal measures
against the civilian population;

(d) take immediate steps to improve liv­
ing conditions in all places of detention
in Bosnia-Herzegovina, in accordance
with the recommendations made in
respect of places already visited by the
ICRC;

(e) notify the ICRC immediately of all
places of detention in Bosnia-
Herzegovina, and supply accurate lists of
all persons held in such places;

(f) take the action necessary to ensure that
ICRC delegates can work effectively and
rapidly in adequate conditions of security.

The ICRC earnestly hopes that implemen­
tation of the above measures by all par­
ties to the conflict in Bosnia-Herzegovina
will at last enable it to bring protection
and assistance to all victims of the con­
flict, in line with its humanitarian man­
date. The entire community of States
party to the Geneva Conventions bears
a collective responsibility in this regard,
having undertaken not only to respect but
also to ensure respect for those Conven­
tions in all circumstances.
INTERVIEW WITH CHRISTIAN KORNEVALL

Rethinking the ICRC’s communication policy

On 1 June Christian Kornevall became head of the new Department of Communications and External Resources (COMREX). We asked him what prompted the ICRC to merge the former Communications Department and External Resources Division.

First and foremost, we wanted to combine our efforts in two areas which are closely related, since both look towards the outside. We thought we should rationalize the resources of the two departments in order to produce a more coherent and effective message.

The media have become incredibly important in the last few years. The ICRC's contacts, those who give it moral, financial or political support, receive much of their information on what we do through the media. If we want to bring our message home to these people we have to strengthen our relations with the media and not rely solely on our own information resources.

When it comes to funding, we have good relations with the governments and National Red Cross and Red Crescent Societies. But to increase their contributions to the ICRC they need broad public support. This is why we have to strengthen our relations with the media and not rely solely on our own information resources.

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What are your priorities?

I think we have to change the image that the man in the street has of the ICRC. Too many people think that the ICRC is a medical organization that provides first aid in emergencies. Very few are aware of the fundamental role it plays in protecting the victims of conflict. We have to change that.

I would like to see the ICRC communicate more openly with the outside world. We should also make greater use of the National Societies’ communication resources.

The ICRC’s communication policy is indeed changing. Why?

It is very hard to remain reserved at a time when media influence on humanitarian matters is growing. It is also becoming clear that the ICRC’s goals are not furthered by an inward-looking attitude.

We have to be careful whenever too much openness might be detrimental to our field operations, but in every other case we absolutely have to promote our activities and spread knowledge of international humanitarian law.

By coordinating our efforts and using more diversified means of communication, we hope to turn the tables on the media and influence them. In July, for example, we made world public opinion aware of the tragedy unfolding in Somalia.

Is this policy of openness compatible with the ICRC’s traditional discretion?

There will be no fundamental changes in our policy of discretion. We are not going to talk about what we see in the prisons we visit. We will say nothing that could harm the victims we seek to protect.

Our goal is simply to consider the media as allies in our endeavours to promote respect for international humanitarian law, and not as a source of potential problems.

Interview by Jean-Pierre Abel

Mali: ICRC active in north of country

The ICRC has been conducting humanitarian activities in Mali since July 1991, when armed clashes between government troops and Tuareg rebels in the north of the country were escalating into fully-fledged ethnic violence.

Despite the signing of a nationwide peace agreement between the government and the various Tuareg movements last April, security conditions remain unstable in the Timbuktu and Gao regions, and this is holding up the return of the development organizations that usually work in northern Mali.

The ICRC enjoys the confidence of all parties to the conflict and is able to carry out its humanitarian activities where needed.

In July, when markets were empty because of the security situation, food was distributed to over 15,000 persons belonging to all ethnic groups. Most medical and food aid goes to the Timbuktu area, where tensions are running highest.

Messages are delivered from prisoners to their families, casualties are taken to hospital and remote health centres are supplied with medicines in conditions that are often made very difficult by the immensity of this desert area, which is as big as France.

The ICRC was recently allowed to visit more than 20 people held in four places of detention, both government prisons and Tuareg bases.

Five delegates and nurses working from sub-delegations in Gao and Timbuktu are carrying out this assistance operation and hoping that implementation of the April peace agreement will bring an end to the suffering of both the nomadic and the sedentary inhabitants of this part of the Sahara.
The ICRC and famine

Many parts of Africa are currently ravaged by one of the worst droughts of the century. Millions of people face hunger and outright starvation. In countries such as Mozambique and Somalia, their suffering is compounded by the dramatic consequences of war. What can the ICRC do in these circumstances?

What is famine? Broadly speaking, famine is defined by the increasingly abnormal and desperate behaviour of people in search of food. It is not necessarily associated with an armed conflict or a natural disaster. It is a complex phenomenon that can have multiple causes. When the ICRC is working in a conflict situation, possibly aggravated by a natural disaster, one of its essential tasks is to check whether there is any risk of famine and, if so, to determine the stage already reached. A crucial aspect of this initial assessment is to establish to what extent the population concerned has access to food.

The critical indicator: access to food

The following questions have to be answered. Is the population able to meet its own needs in terms of food? If so, is the amount of available food limited and what does it cost? If not, why not? How serious is the food shortage, when did it start and for how much longer can it be expected to last? To answer these questions we have to weigh the resources and the economic and social alternatives open to the population against its food supply system (defined by the production, distribution, exchange and use of food), taking into account the disruption caused by the armed conflict and/or natural disaster. The survey has to determine the risks affecting access to food, pinpoint the source of those risks, assess how serious and permanent they are, and define the vulnerable sectors of the population. On the basis of that information, the ICRC decides what to do, how to do it, for whom and for how long. No plan of action or budget can be drawn up otherwise.

It must be emphasized that the major factor in any ICRC decision is not malnutrition itself, but the dynamics of access to food. It has become an automatic reflex to associate famine with malnutrition: humanitarian organizations, donors, the general public, the media, all make this mistake. They overlook the fact that malnutrition is merely a symptom whose causes may vary; social, political, economic, ecological and physiological factors may all play a part. They also forget that when malnutrition is essentially the result of lack of food, the damage will already have been done.

A new way of thinking

We have to develop another automatic reflex: to associate famine with a breakdown in access to food, and forget about malnutrition as such. This does not mean we should overlook the tragic aspect of malnutrition or the suffering it entails. But if we want to take effective action to prevent such suffering, malnutrition is a poor criterion: we have to act earlier.

Besides the climatic and economic events which generally lead to famine, loss of access to food is as a rule the result of one of two types of intentional acts:

- deliberately or indirectly depriving the population of its own food resources and means of adaptation, by displacing the population, restricting its productive activities, disrupting means of communication and plundering or destroying its supplies;
- impeding efforts to restore access to food, such as food relief operations, the transfer of resources, or the creation of jobs.

This is where the ICRC’s special mandate comes into its own. The ICRC has a specific humanitarian task, which is to avert or alleviate suffering, to protect life and prevent death, where possible. But it has another specific role, conferred on it by its mandate: the ICRC protects the victims of armed conflict against abuse, within the framework defined by international humanitarian law.

Protection for civilians

What legal provision has been made to protect people from the consequences of acts affecting their resources?
International humanitarian law is extremely clear on the matter:
- starvation as a method of warfare against civilians is prohibited (Additional Protocol I, Art. 54, para. 1);
- it is prohibited to attack, destroy, remove or render useless objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works, for the specific purpose of denying them for their sustenance value to the civilian population or to the adverse party, whatever the motive, whether in order to starve out civilians, to cause them to move away, or for any other motive (paragraph 2 of the same article).

Protocol II contains similar provisions. In addition,
- the displacement of the civilian population shall not be ordered for reasons related to the conflict unless the security of the civilians involved or imperative military reasons so demand. Should such displacements have to be carried out, all possible measures shall be taken in order that the civilian population may be received under satisfactory conditions of shelter, hygiene, health, safety and nutrition (Protocol II, Art. 17, para. 1);
- it is recommended that relief operations of an exclusively humanitarian and impartial nature be allowed for the civilian population when it lacks the items essential for its survival (Protocol I, Art. 70, and Protocol II, Art. 18).

These rules express the principle that belligerents cannot do whatever they want without regard for the direct or indirect consequences of their acts. They provide the ICRC with a whole range of possibilities for preventing famine and the risk of famine arising from armed conflict, ranging from preventive action (attacking the problem at the root by promoting respect for the principles of international humanitarian law) to curative measures such as setting up agricultural rehabilitation programmes, distributing food and dispensing medical and nutritional care. What it decides to do will depend in each case on actual needs, the degree of urgency, political and logistic constraints and the means available.

**Found at last!**

When she fled Phnom Penh, Cambodia, to escape the fighting in early 1979, Phiron was only 13 years old. The whole family — her parents, their six sons and three daughters — took refuge on the Thai border.

There, living conditions were appalling and Phiron's parents felt they had no choice but to give their daughter into the care of a Thai family. Four years later, Phiron left her Thai family and went to Bangkok where she went through even more terrible experiences. During all those painful years, Phiron tried in vain to find a trace of her family, of whom she had had no news since she left. At last, in September 1991, she heard about the ICRC's Central Tracing Agency through her fiance, an American she had met in Bangkok.

A few weeks later the two of them went to the Agency's office in the Thai capital and filled out a tracing request for the various members of her family.

The ICRC phases out relief programme in Iraq

From March to December 1991, the ICRC distributed 10,610 tonnes of food aid to 350,000 displaced civilians suffering particular hardship on account of the conflict in northern Iraq. Other items such as tarpaulins, tents and blankets were distributed from October to December to displaced persons or people returning to the northern province of Sulaimaniya.

From January to March of this year, food was distributed in three stages to 60,000 people returning to the Penjwin area, so as to enable them to survive the harsh winter. The general food situation gradually improved throughout the country in the first few months of the year and the ICRC therefore phased out its assistance programme for civilians in late March.

Large stocks of food were handed over to other humanitarian organizations working in Iraq such as the World Food Programme, which received 7,400 tonnes, and the Iraqi Red Crescent (580 tonnes). Three hundred and sixty tonnes were donated to the programme run jointly by the Austrian and German Red Cross Societies.

In April, the Baghdad delegation began dispatching non-food items and logistic equipment to other areas of the world such as Somalia, Mozambique and the Caucasus, where the ICRC is conducting emergency operations.

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The International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies, together with the National Red Cross and Red Crescent Societies, form the International Red Cross and Red Crescent Movement.

The ICRC, which gave rise to the Movement, is an independent humanitarian institution. As a neutral intermediary in the event of armed conflict or unrest it endeavours, on its own initiative or on the basis of the Geneva Conventions, to bring protection and assistance to the victims of international and non-international armed conflict and internal disturbances and tension.

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, I2H Geneva 11 - Account No. 129.986.0, or Post Office Account No. 12-5527-6.
EDITORIAL

Sarajevo, Kismayo, Kabul, Liberia...

These names conjure up tragic images: war, death, innocent victims. But for us they are also the most recent symbols of failure to respect humanitarian work, blatant disregard of the protective emblem and the deaths of friends and colleagues. And it is not over yet. Outrage follows outrage, situations escalate — where will it all end?

*Viva la muerte:* blind violence, purification by fire and catharsis are making a big comeback. In moments like these, everyone agrees to fire first on the peacemaker so as to give free rein to destruction.

What can the Movement, with its message of solidarity and peace, do to stop this? Is there any room left for international humanitarian law, for principles such as humanity, impartiality and neutrality? There is an emblem, the red cross or red crescent, that provides protection for individuals in distress and those who bring them help. It means that people not taking part or no longer taking part in the fighting are considered neutral. This emblem must remain unassailable and inviolate.

Respect for the emblem signifies that not everything is permitted, even in a conflict. It means, at least, lowering one's weapon when faced with someone who is unarmed, wounded or sick or with a first-aid worker. It also means giving the future a chance, leaving the way open to reconstruction, peace, dialogue and hope, by proving that even at the worst times one was able to show moderation and compassion and follow the dictates of one's conscience.

The red cross emblem must remain inviolate.

It is inadmissible to attack the emblem: the whole structure of humanitarian work is undermined, as the duty to provide relief can no longer be guaranteed. Even the slightest breach of the emblem cannot be treated as an isolated incident or of no consequence. First of all, such incidents demonstrate the inability of the legitimate or de facto authorities to ensure respect for the basic humanitarian rules. This in turn shows that a party to the conflict is incapable of exercising discipline or imposing order and thus casts doubt on the legitimacy of its cause. Any affront to the emblem is the concern not only of the ICRC but of the entire Movement and the States, both morally and legally, and of all armed groups who claim that their cause is just.

So what can we do but start all over again, explaining the real meaning of the emblem and the rules governing its use and urging everyone to respect them? This effort may seem derisory in the face of the murderous resolve of the violators. Do we have a choice? Respect for neutral, impartial and unarmed humanitarian work is the last barrier holding back those who are advocating armed intervention on humanitarian grounds. If we continue to come under attack, how can we expect people to believe that an unarmed humanitarian mission suffices to meet the needs of the victims, and that armed interference in the affairs of a country is not the only means of guaranteeing some measure of humanity?

Jean-Claude Risse
ICRC Legal Division

SAINT KITTS AND NEVIS

National Society recognized

At its meeting of 27 August 1992, the ICRC Assembly announced the official recognition of the Saint Kitts and Nevis Red Cross Society (West Indies). This recognition, which took effect on the same day, brings to 152 the number of National Societies which are members of the International Red Cross and Red Crescent Movement.
Letter from the Caucasus

Tbilisi, September 1992

When I first began to carry out missions for the ICRC in 1979, I never imagined that one day I would travel to this area. The entire USSR had been off limits to ICRC delegates since the eve of the Second World War. Until recently, the only Eastern European countries in which the ICRC had really been able to work during periods of internal unrest were Hungary, in 1956, and Poland, in 1981. All other doors were closed; the ICRC had no access to prisoners of war held by the Soviet authorities, inmates of the gulags or victims of repression in the USSR and its satellite States, for example during the events in Czechoslovakia in 1968. It was unable to do anything to protect and assist thousands of people in distress. As a result, the ICRC and the Red Cross and Red Crescent principles are practically unknown in this vast region of the world. For many years the local Red Cross and Red Crescent Societies themselves were seen as instruments of the regime in power.

When I landed in Baku, I was astounded to see a developed area virtually unknown to the West. The Azeris seemed proud of their heritage, which far predates the events of the last few decades. The journey overland to Nagorno-Karabakh, via Armenia, gave me a new insight into the situation: a conflict between two peoples that share the same citizenship but not the same ethnic origin. The result: a border dispute; hatred that has deepened over the years because of the preferential treatment received by one group from the former protector; and an attempt to exclude people of other ethnic origins.

I witnessed a similar situation in South Ossetia and was told about yet another one by people in Abkhazia, where a new conflict has just broken out. The peoples of the Caucasus appear to be torn between their ancestral values, the desire to forget the recent past and hope for a brighter future. I am particularly struck by the silent yearning for a new form of society which underlies these "limited-intensity" conflicts. What is the way out for these people? Which path will lead them towards greater democracy and free them from the clutches of the nomenklatura and rack­etiers? If they are to succeed in their quest for a new set of values, they must have outside help. Not just material aid, but moral support as well. The international community must show a true willingness to welcome these new republics into its ranks.

Whenever I meet an old man in the streets of Baku, Yerevan, Tbilisi, Tskhinvali or Stepanakert, I wonder what he thinks of all this: the system he was forced to build ever since the 1920s, repression, war, reconstruction, structural paralysis, the collapse of the system, freedom but even greater poverty. What despair he must feel!

This despair can be seen in the faces of all the people here, who can only cling to the hope that better days lie ahead. Hope of a stronger economy, public works to replace the crumbling infrastruct­ure, plentiful food and opportunities for their children. Hopes which the Red Cross and Red Crescent Movement as a whole should help fulfill.

If the Movement is to succeed in this endeavour, its delegates must be highly motivated and familiar with the area's tragic history. They must also be committed to spreading knowledge of the principles of international humanitarian law, which have been suppressed for seventy years.

Belligerents must show more consideration for civilians living in areas affected by conflict. Prisoners must be treated humanely, the wounded cared for and the red cross and red crescent emblems respected. So many changes have to be made! But, above all, the spiral of violence and hatred in which this area is caught up must be broken lest the situation escalate into slaughter on the scale of what is now taking place in the former Yugoslavia.

Everything possible must be done to avoid this. The first step is for local and regional political authorities to renounce any ambitions of hegemony, strive to ease inter-ethnic tension and appease the thirst for vengeance. They must also preach tolerance in a situation where everyone, in one way or another, is a victim of the past. Last but not least, they must help set up a legislative system which guarantees respect for all groups and all nationalities without discrimination based on racial, religious or any other grounds. I am convinced that a united Red Cross and Red Crescent Movement can help achieve these aims by stepping up its work in the Caucasus.

This is necessary not only to assist the victims of the current conflicts in the area, but also to bring about a better distribution of wealth — or surpluses — between Eastern and Western Europe. Solutions can be found, but only if there is the will to build a more equitable world. The unacceptable disparities between these two regions must be reduced, so as to give some hope to the old men of the Caucasus and their families. I feel this is the only way to prevent a general conflagration that would be catastrophic not only for Europe but for the entire world.

André Collomb
Deputy Delegate General for Europe
Tragedy knows no bounds at the hospital in Kabul

A nurse just back from the Afghan capital reports

Far from ending the 14-year civil war, the fall of the government of President Najibullah at the end of April and the takeover of Kabul by different Mujaheddin groups has plunged Afghanistan into even greater turmoil. Rival factions jockeying for power in the capital have clashed violently several times over the past few months, leaving thousands dead or wounded. With each new outbreak of fighting, the ICRC's hospital in Kabul received ever larger numbers of admissions and its staff worked gruelling hours in extremely tough conditions to cope with the needs. Julie McPhail, a nurse seconded to the ICRC by the Australian Red Cross Society, worked in the hospital during these difficult months. Her account illustrates some of the problems and rewards of her work.

In early August a rocket hit Kabul airport just 10 metres from a Red Cross plane. It marked the beginning of a month of constant bombardment of the capital. Around this time we were looking after a ten-year-old boy in the intensive care ward at the ICRC hospital. He had been injured in an explosion and was recovering from abdominal surgery. The rocket that wounded him had killed his parents and older brother and destroyed their home. I remember him because he asked us if he could stay at the hospital after he got better. He offered to help us in the ward without payment. He said he could just follow us around and empty the rubbish bins. All he asked in return was to be able to find a place to sleep at night in the hospital compound, and perhaps we could give him something to eat now and then because he had nowhere to go. The plight of this boy was just one example of the tragedies that we were witnessing every day.

The hospital has treated an unprecedented number of casualties since the events of April. In the last ten weeks, before it was handed over to the Ministry of Health, we saw three major influxes of patients. On one occasion we counted as many as 700 admissions in one week. We ran short of beds despite using every available space for mattresses. The courtyard of the hospital was already full of wounded on stretchers. After the cases requiring immediate surgery were dealt with, the less urgent operations were performed. These patients were sometimes left to recover from the anaesthetic in the “garden” with their intravenous drips hanging on trees. It was totally chaotic, but we managed. During our last week at the hospital we were woken at 4.30 each morning by the insistent din of outgoing rockets: the explosions as they were launched and then the whistling noise as they passed overhead. We also got to know the sound of incoming rockets. The one that hit the sterilization unit made a deafening blast as it went through the iron roof. It was 15 metres away from the courtyard where a new wave of casualties was being treated. Incredibly, no one was hurt, though the staff who were inside at the time emerged covered in dust. Also around this time, two rockets hit the ICRC pharmacy beside the orthopaedic centre. The building was completely burned out and the Red Cross flag was singed — but still flying.

The hospital’s Afghan staff did a splendid job, often having to cross battle lines to come to work. A nurse told me one morning that he had opened his home to 40 people whose houses had been destroyed in the shelling. There were many similar stories among the local staff.

My time in Kabul was relatively short. Many medical and non-medical people spent a great deal of time setting up and running this surgical hospital. Now it has been handed over to the Ministry of Health and is no longer an ICRC hospital.

Yet this does not mean the end of ICRC support. We continue to supply the hospital, as well as other medical facilities in Kabul, with medicines and medical materials. Work in the hospital goes on, but it is exclusively Afghan nurses who care for the patients and Afghan surgeons who perform all the operations. This has been made possible by the training provided and the standards set by the ICRC over the last four years.

Julie McPhail
The ICRC has almost completed a large-scale programme to restore supplies of safe water to the Iraqi population, which suffered serious shortages as a result of the Gulf conflict. At the height of the crisis, the most vulnerable groups were kept supplied by means of tanker trucks, storage tanks and mobile purification units that produced sachets of drinking water. At a later stage the ICRC began to help the various water authorities to repair distribution networks in some of the country’s major urban areas. Giorgio Nembrini and Philippe Rey of the ICRC’s Medical Division describe this rehabilitation programme.

Following the emergency water supply operation launched by the ICRC in Iraq in early 1991, we found that many water treatment plants had broken down and that there was an acute shortage of spare parts. In some cases rather complicated equipment was needed which could not be obtained or repaired locally. Lack of specialized staff was also affecting the operation of some plants, especially in terms of routine maintenance, and chlorination procedures in particular. On completion of this survey, which was carried out in close cooperation with local engineers, we determined the types of assistance that had to be provided as a matter of priority to improve the operation of these plants and, where possible, to restore their prewar production capacity.

What did the programme entail?
The survey showed that assistance had to be directed towards specific targets. For instance, in some areas work was necessary on the electrical power systems; elsewhere parts were needed for the pumps, compressors, or other equipment. As for the results achieved, one example is the Dora station in Baghdad where, thanks to our engineers and the help of Iraqi technicians, daily water output was increased from 35,000 to 170,000 cubic metres.

However, in most stations we concentrated on one very specific aspect of water distribution, that is, everything concerning treatment and purification. Once supplies of chlorine (a total of 181 tonnes) and aluminium sulphate (115 tonnes) had been delivered we began improving the systems which regulate the addition of these chemicals. We brought in aluminium sulphate dosing pumps (raw water treatment) and supplied and installed chlorinators (47 units in all). Where possible, we trained local technicians to maintain this equipment. We also provided enough spare parts to keep it going for a year. This programme covered about twenty major stations, which produce between 20,000 and 100,000 cubic metres per day, apart from those in Baghdad which are much larger.

How long did the programme last?
Initial assessments for the rehabilitation programme began at the end of last year. At the moment the project supervisor — a sanitary engineer seconded to the ICRC by the German Red Cross — is handing over the last consignment of spare parts to the relevant Iraqi services and the programme may be regarded as completed. In most cases we managed to supply just what was needed to get a pump or some other essential equipment running again, thus ensuring a regular supply of drinking water for a large proportion of the Iraqi population.

Interview by
Jean-Pierre Abel

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The ICRC, which gave rise to the Movement, is an independent humanitarian institution. As a neutral intermediary in the event of armed conflict or unrest it endeavours, on its own initiative or on the basis of the Geneva Conventions, to bring protection and assistance to the victims of international and non-international armed conflict and internal disturbances and tension.

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Those who look after people injured by anti-personnel mines and who, day after day, witness the suffering caused by these pernicious weapons, those who produce artificial limbs to help maimed children as they try to cope with their disability all ask themselves what can be done to put an end to this terrible scourge.

Out of a total of 14,221 war-wounded treated in ICRC hospitals in Asia between January 1991 and June 1992, 23% were injured by anti-personnel mines. Out of 3,262 mine-blast victims, 21% were women and children, plus a number of men who never took part in the fighting.

Last year, 7,876 amputees - 26% of them women and children - were fitted with artificial limbs in the ICRC's rehabilitation centres. These statistics are grim evidence that the extensive efforts made over the years to regulate the indiscriminate use of anti-personnel mines, and to ensure that people not taking part in the fighting are protected from them, have been to no avail.

Moreover, in many instances mines are no longer used to protect military objectives or to block access routes, but are laid with the perverse intent of terrorizing the civilian population.

Rather than discourage us, this should motivate us even more in our efforts to make those with authority over users and manufacturers face up to their responsibility. And the way to do this is to show them just how devastating these weapons are.

The ICRC has decided to organize a symposium next spring on victims of anti-personnel mines. The issue will be discussed from a variety of angles — political, military, legal and medical; the meeting will also focus on the problems of mine-clearing and rehabilitation. The primary objective will be to work out complementary means of action and to propose a strategy to protect the civilian population from the indiscriminate use of anti-personnel mines.

Dr. Rémy Russbach

Dr. Rémy Russbach is the ICRC's Chief Medical Officer.

CAMBODIA: MINEFIELDS CONTINUE TO TAKE THEIR DEADLY TOLL

In Cambodia, thousands of people are injured every year by anti-personnel mines. "This is human perversity at its very worst", said Dominique Gyger, an ICRC surgeon working at the hospital in Mongkol Borei, a small town between Battambang and Sisophon. In this country scarred by years of conflict, vast areas of land are still infested with mines.

Some anti-personnel mines cost only about 20 dollars and weigh between 20 and 60 grammes. They are extremely difficult to detect, as the small metal device is completely hidden inside a plastic casing. With 80% of Cambodia's population living in the countryside, mines are a deadly threat: they lie scattered all over the former front lines, particularly in the northwestern provinces, which used to separate the Vietnamese armed forces from the Cambodian factions based in Thailand. Mines have been strewn over large expanses of territory, on the edge of forests, in rice paddies, or near bridges and roads.

A mine explosion can completely shatter a person's leg. The blast pushes plastic debris far up into the leg and causes extensive bleeding. Most mine victims have to have limbs amputated. Some mines — known as bounding mines — are triggered off by trip wires. When a passer-by stumbles over one of these invisible wires, the mine explodes about one metre above the ground, at the height of the victim's abdomen. It takes at least four people to transport a mine victim to a hospital with proper surgical facilities. Wounds often get infected and then gangrene rapidly sets in.

As Dominique Gyger explains, the explosion has a twofold effect: pieces of debris become embedded in the injured limbs and have to be removed one by one; the blast itself causes swelling of the tissues, shatters bones and mangles blood vessels.

Most mine victims are mutilated for life.
who are fortunate enough to make it to hospital have a reasonable chance of pulling through. If not, chances of survival are slim. Few statistics are available, so it is very difficult to establish how many people have in fact fallen victim to mines.

In Cambodia, anti-personnel mines have killed or maimed more people than any other conventional weapon. There are tens of thousands of amputees in the country. Nearly 5,000 more are waiting to be repatriated from camps in Thailand.

Assisting mine victims: a gigantic task

Cambodia's medical infrastructure is quite inadequate to cope with the terrible havoc wrought by mines. In some hospitals patients have to be left lying on the floor. Food is brought to them by relatives. Most hospitals charge for medical treatment, so the equation is simple: no cash, no care.

For amputees who are not fortunate enough to be cared for in an orthopaedic centre, trying to resume a normal existence is a daunting task. They are a burden on their families - yet another mouth to feed. All too often amputees gravitate to the slums around large cities and become beggars or engage in petty crime to survive. It would take five whole years to clear the mines infesting Cambodian territory. But in the jungle it will be impossible to eliminate them all, and they will continue to kill or maim people going in search of wood. Mine-clearing is a long, slow process, rendered all the more difficult by the fact that anyone can purchase mines on the black market and lay them around his home to protect his family against thieves or bandits. Moreover, mines are still being planted by the different factions in Cambodia.

And yet the necessary legislation does exist - if only on paper. A treaty adopted by the United Nations in 1980 has a protocol restricting the use of mines. It requires the parties to a conflict to warn the population of the existence of minefields, to map mined areas and to remove all mines when hostilities are over. Only 31 States have signed the protocol. Poorer nations do not want to give up a cheap and highly effective weapon capable of gradually destroying the civilian population's morale and ruining the entire health system of a country torn apart by civil war.


damien personnaz

Damien Personnaz is a field information officer at the International Federation of Red Cross and Red Crescent Societies

A treaty adopted by the United Nations in 1980 codifies specific rules on the use of mines:

- It is prohibited in all circumstances to direct mines against the civilian population.
- The indiscriminate use of mines is prohibited.
- All feasible precautions shall be taken to protect civilians from the effects of mines.
During the Afghan war, innumerable land mines were laid all over the country. Tens of thousands of people have been maimed by mines since the conflict broke out 14 years ago. The ICRC has treated thousands of mine-blast victims since the opening of its surgical hospitals in Peshawar (1981) and Quetta (1983) in Pakistan, and in the Afghan capital, Kabul (1988); 9,000 amputees have been fitted with artificial limbs in its two orthopaedic centres in Peshawar and Kabul.

Since the change of government last April, there has been an alarming rise in the number of mine victims admitted to the ICRC's hospitals in Peshawar and Quetta and to its former hospital in Kabul, which is now run by local medical authorities. Hundreds of thousands of Afghan refugees have meanwhile been returning to their homeland. After long years in exile, the returnees are no longer familiar with local conditions. This renders them particularly vulnerable to the dangers of land mines, which lie hidden along footpaths or in the fields around their villages. Between last April and September alone, 1,400 victims of mine explosions were admitted for treatment at the ICRC's three hospitals — an increase of 130% over figures registered during the same six-month period in 1989, 1990 and 1991. As only a small fraction of all mine-blast victims actually make it to hospital, it must be assumed that the total number of people injured is far higher and that many die of their wounds.

The ICRC is increasingly concerned about these grim facts and figures and is stepping up its information campaign to heighten awareness of the devastating effects of the indiscriminate use of land mines, and particularly the ravages they cause among the civilian population. The tragedy and suffering endured by the returnees can be averted only through strong support from the international community. Mine-removal operations are costly. Clearing a mine-infested area is a Herculean task and a highly dangerous one, too. In Afghanistan, UNOCA1 launched a mine-clearance programme as soon as possible, in late 1989. So far, only 68 square kilometres of land have been cleared, while 16 mine-removal staff have been killed and 20 others wounded.

To speed up the mine-clearing process, many more teams are needed: UNOCA would like to have 50 of them at its disposal. To achieve this aim the mine-clearance programme, as yet desperately underfunded, will need much more financial support. On 9 November, a conference was held in Geneva under the auspices of the Humanitarian Liaison Working Group (HLWG). This informal group regularly brings together representatives of Permanent Missions in Geneva, United Nations specialized agencies and non-governmental organizations. Several topics relating to land mines were discussed. Four ICRC speakers emphasized the various difficulties the ICRC has encountered in both Afghanistan and Cambodia in connection with mines and the treatment of mine injuries. Two experts from the Halo Trust, a British non-governmental organization that specializes in mine removal and has been working in Afghanistan, described the tremendous problems facing their teams involved in mine-clearing activities worldwide.

1 United Nations Office for the Coordination of Humanitarian and Economic Assistance Programmes relating to Afghanistan.

2 Yves Giovannoni of the ICRC's Asia Desk is in charge of matters relating to Afghanistan, Pakistan, India, Sri Lanka and Myanmar.
Moslems, Croats and Serbs - signed an agreement at the ICRC providing for the release of all prisoners, whether civilians or combatants, on condition they are not accused of, or sentenced for, grave violations of international humanitarian law. The release operation began on 30 October and covers 11 places of detention, where 5,000 people - 3,700 Moslems, 300 Croats and 1,000 Serbs - are being held.

Dissemination in Colombia: a joint success

From 7 to 24 October, the ICRC and the Colombian Red Cross held a training course for dissemination officers from Latin American National Societies. About 40 participants from 10 countries of the region took part. The course was a twofold innovation: it was the first of such duration to be organized on the dissemination of international humanitarian law, and it was also the first time a National Society was so closely associated in preparing and managing this type of training session. The organizers had set high standards for the course, which included subjects such as human rights and the law of war and modern teaching techniques. All the participants undertook to set up similar sessions within their own National Societies in order to spread the message and ensure maximum impact. The ICRC hopes to be able to repeat this successful experiment on other continents.

ICRC VETERINARY PROGRAMME UNDER WAY IN SOMALIA

More than half of Somalia's population are nomads who depend on their livestock for survival. "If our animals are healthy, our children will be too" is their firm belief. The ICRC is well aware of the crucial importance of safeguarding the nomads' way of life in this war-torn country of the Horn of Africa. About seven months ago, it launched its largest veterinary programme ever. Two and a half million sheep and goats, 500,000 camels and as many cows have already been treated for parasitic infections. "Everywhere we go, people are enthusiastic about our work. And we don't have the slightest security problem", said Sangeeta König, who heads the programme.

In recent years the country's livestock has been hard hit by the drought and lack of proper veterinary care. The animals have worms and ticks, and suffer from all the diseases carried by such parasites. Today, the conflict has forced the nomads to drive their herds into areas they previously avoided because of diseases such as trypanosomiasis (transmitted by the tsetse fly) and rinderpest. ICRC veterinarian Hans-Peter Giess recalls that when he surveyed nomad regions last November he realized that something had to be done, immediately. One month later, the ICRC's veterinary programme was under way.

This unusual operation is helping thousands of nomadic families. Most of them own about 100 sheep and goats, four camels to provide milk and two pack camels. They are constantly on the move and pitch their tents, or "aqal", wherever they can find food and water for their livestock, for if their animals thrive, so will they. Or, as an old proverb in the Horn of Africa says, "if the herds die, then the people will die too". Camel and goat milk is the staple food for young children. The livestock not only provides the adults with meat, but also represents their only wealth. Despite the chaos caused by the conflict, Somalia's nomads have recently managed to resume trade with Saudi Arabia, Yemen and Djibouti. According to Hans-Peter Giess, the animals are now in better condition and can sell for double the price they fetched when the ICRC began its programme.

To succeed, the programme obviously had to be accepted by the nomads. They are all familiar with the medicines provided by the ICRC, and initial difficulties were therefore quickly overcome. "These people are real experts and have no problem using the remedies we give them", said Sangeeta König. They also make sure that 30% of their livestock is regularly renewed by keeping the best animals for breeding. Polluted water is still a problem in many places, but there too efforts are being made to improve the situation.

The ICRC's veterinary programme is therefore a promising development, bringing hope for the future.

Tony Burgener has been the ICRC's press attache for Africa since June 1992.

Tony Burgener

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The International Committee of the Red Cross (ICRC), and the International Federation of Red Cross and Red Crescent Societies, together with the National Red Cross and Red Crescent Societies, form the International Red Cross and Red Crescent Movement.

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Today everyone agrees that all children should learn to read and write, in other words that they should receive at least an elementary education.

Likewise, all soldiers should be taught a basic knowledge of international humanitarian law (IHL). Respect for certain fundamental principles and rules of behaviour is essential to avoid anarchy and unrestrained violence in time of armed conflict.

It would seem at first glance that the States have long understood this necessity, since they included the obligation to disseminate IHL in the 1949 Geneva Conventions. That obligation implies that adequate instruction must be provided to all those who, in time of armed conflict, have a specific responsibility to implement humanitarian law (the authorities, soldiers, etc.). It also implies that all people should be taught basic humanitarian values.

Although these obligations are strong and clearly set forth, reality is another matter. In fact, there are very few countries where the authorities or those who lobby for and promote IHL (such as the National Red Cross and Red Crescent Societies) carry out their duty to the full. The overall results therefore leave much to be desired.

Very often the obligation to disseminate IHL is treated merely as a recommendation or suggestion, whereas it is in fact the main peacetime obligation set forth in the humanitarian treaties.

For the promotion, instruction and dissemination of IHL to become a permanent reality, we must all firmly believe, and help to convince others, that dissemination is a fundamental obligation and that failure to fulfil that obligation constitutes a serious offence.

Only thus shall we be able to prevent and limit the suffering caused by war.

René Kosirnik

René Kosirnik is head of the ICRC Legal and Cooperation-Dissemination Divisions.

As 1992 draws to a close, it marks yet another year in the Liberian conflict, yet another year of Red Cross activities to bring assistance and protection to the thousands caught in the conflict. Yet another year in which it has been difficult to gain access!

The operations of the ICRC on all sides are still curbed by a lack of understanding of the nature of its mandate, a deplorable security situation for Red Cross personnel and frequent very serious misuse of the Red Cross emblem.

At the same time the Liberian Red Cross Society is struggling hard to get back on its feet after a very difficult period at the beginning of the conflict.

A dissemination campaign was launched in 1992 to support the operations of both the ICRC and the National Society, in a rapid attempt to convince the combatants and the public of the need to comply with international humanitarian law and the fundamental principles of the Red Cross, concepts which were felt to originate from another planet.

A number of different tools taking into account the high illiteracy rate among the very young fighters had to be employed, such as flip-charts, posters and local-style comics. The team
in Liberia quickly set out to develop this range of materials, which would get the message through by using images recognizable in the local setting. A group of 27 volunteers from the National Society were trained as dissemination officers and provided with material, and a schedule of monthly sessions covering the whole country was organized. The ICRC initiated a well-planned, systematic and targeted approach towards all combatants of the different armed factions and towards the authorities.

A campaign was also launched to stop misuse of the emblem. The necessary information was widely publicized through the media and internationally recognized symbols for hospitals, pharmacies, etc, were provided in exchange for wrongly used Red Cross emblems.

But the work is not over. It is a long-term effort to support the National Society and the ICRC in their continuous endeavour to bring assistance and protection to a country still prey to political and military turmoil. In Liberia the dissemination of international humanitarian law and the fundamental principles of the Red Cross cannot stand alone. It is nonetheless essential to give Red Cross operations a human face and help ensure the safety and efficiency of Red Cross work in today’s increasingly difficult conditions.

You know you are almost there when you see the face of a young fighter at the check-point light up and he lowers his Kalashnikov and waves you through.

Finn Ruda

Finn Ruda, a dissemination delegate seconded by the Danish Red Cross, is on mission in Liberia.

The Red Cross thus has to carry out its neutral and impartial work in an increasingly extremist and irrational environment, with the ever greater risk of encountering incomprehension and instinctive hostility and being rejected as a suspect foreign object.

This is why the Red Cross must do its utmost to adapt its language to the new circumstances. Since it is very often through the media that intolerance, segregationist ideas and uncontrollable extremism are spread, it stands to reason that the Red Cross should use the same vehicle to make itself heard, counter these attitudes and build its own image, which is often so difficult for people to understand in the places where it works — the image of a truly neutral institution unfeathered by ideology and whose activities are, in actual fact, simply impartial.

This is the new challenge to which the ICRC must rise daily in the former Yugoslavia, in Somalia, in Liberia, in the Caucasus: to win a place for itself, to establish its identity, to put across a clear message amid the barrage of symbols, ideas and information that we all face and to ensure that its message is simple and compelling enough to dispel the confusion that threatens to distort its image if it remains silent and fails to make itself understood by all.

ICRC dissemination delegates in the former Yugoslavia therefore strive to enlist the support and cooperation of the country’s many local radio stations and newspapers, to understand the spirit of the population and genuinely communicate with them. The only way to have a real impact on civilians and combatants in Bosnia-Herzegovina is through TV spots, eyewitness accounts and reports on ICRC activities in the villages. The ICRC’s humanitarian message must be interwoven with this information, since it will not be absorbed unless it is pared down to the bare essentials and taken up by the local media and influential members of the community. Then, and only then, can this inherently apolitical message serve to ensure that the Red Cross is accepted by all wherever it works, can carry out its activities unhindered and can provide potential victims with the advance protection to which they are entitled.

Gilbert Holleufer

Gilbert Holleufer is head of the Europe section within the ICRC Cooperation-Dissemination Division.
The customs officer on duty at Darwin airport eyed me suspiciously when I told him that I had come to Australia to visit prisoners of war, but a relieved smile spread over his face when I explained that his country's army had invited members of the Australian Red Cross to play the role of ICRC delegates during a large-scale military exercise near Darwin, dubbed "Exercise Kangaroo '92".

Few armies in the world let civilians take part in military exercises. However, Australia's highest-ranking military authorities welcomed and listened attentively to our "delegation", which comprised 11 volunteers from the Australian Red Cross and myself. We were granted free and rapid access to all the "victims" and our comments were given serious consideration and followed up with satisfactory measures or explanations.

This is why, instead of citing the customary statistics on the number of "prisoners" captured or visited and the target groups addressed during our three-week mission, I should like instead to emphasize the extremely effective dissemination work which the Australian Red Cross has carried out for many years.

The easy access we had to the "victims" and military authorities, the unconditional (and neutral!) support given by the National Society and the competence, efficiency and meticulous attention to detail of the army-appointed liaison officer all seemed, in the eyes of an ICRC delegate, too good to be true.

I was almost ashamed of the ease with which the exercise took place in comparison with the nightmare conditions my colleagues constantly have to face in the midst of real conflicts.

At the same time I felt greatly encouraged, because "Exercise Kangaroo '92" showed that dissemination can bear fruit provided that it is not neglected in time of peace, that each National Society plays its role in raising awareness among members of the armed forces and that the military authorities of each country make the necessary effort to understand and accept that role.

In time of peace, National Red Cross and Red Crescent Societies are so absorbed by their daily activities that they tend to forget their original purpose, which is to assist war victims. In addition the military authorities are often the only ones who dare talk about the law of war and the need to prepare for wartime activities when a country is at peace.

Yet it is essential for the National Societies to know exactly what is expected of them in situations of armed conflict, and it might even be possible for them to play their own role during military exercises.

Why not during "Exercise Kangaroo '95"?

Paul Früh

Paul Früh, ICRC dissemination delegate, is currently working in Jakarta.

MIDDLE EAST

THE IMPORTANCE OF LANGUAGE

To disseminate means above all to communicate, and to communicate implies the use of a common language. Without a common language there can be no mutual understanding, and therefore no successful dissemination. In Arab countries, for example, one cannot promote the instruction of international humanitarian law among the armed forces without appropriate teaching materials in Arabic and the means to communicate in that language.

It is therefore essential not only to encourage delegates to improve their language skills, but also to find "interpreters" in the broad sense, that is, creative thinkers, artists, communication experts and cultural consultants, who are capable of putting across a message in the local language, using local cultural references — in particular in Arabic, which is one of the world's major languages.

Since it is extremely difficult to master a foreign language, with all its connotations and shades of meaning, we must rely on others to put across our message accurately.

That is what we are trying to do in cooperation with the ICRC delegation in Cairo, which is producing various audiovisual materials and publications. Some original ideas have emerged, such as the use of historical examples to illustrate contemporary humanitarian principles. One such example is provided by accounts given by historians of Saladin's attitude on seizing Jerusalem1. Descriptions and illustrations of similar events can be used for dissemination purposes in many ways.

Much still remains to be done in the area of dissemination and the time is now ripe. With the possible exception of Kurdistan, there are at present no conflict situations in the Middle East that require emergency dissemination (dissemination in the heat of battle). This leaves plenty of room for peacetime dissemination, that is, prevention. We should therefore make a special effort in this direction with the hope that the international community will support us.

As for the contents, it is clearly impossible to cover every subject for all the target groups. Dissemination for experts should focus mainly on the legal aspects of IHL. Among the public at large, an awareness of humanitarian values should first be developed before going any further. Since the Movement's principles are both inviolable and truly fundamental, concepts such as neutrality and impartiality must be explained in carefully selected terms. The point is not to raise the level of the discussion, but to bring it around to a level understandable to each target group.

Alexandre Schaad

Alexandre Schaad is head of the Middle East section within the ICRC Cooperation-Dissemination Division.

1 Saladin instructed his troops to warn the besieged inhabitants of Jerusalem of the impending attack so that they could evacuate women, children and the elderly. He also forbade his troops to sack the city.
SOMALIA

MOBILE SURGICAL TEAM

War surgeon Chris Giannou from the Canadian Red Cross has headed a mobile surgical team in Somalia for the past nine months. The other team members at present are Bernadette Peterhans, a Swiss post-operative nurse, Lisbeth Nestler, a Danish operating theatre nurse and Randi Jensen, also a Danish nurse, who is an anaesthetist.

After the hostilities began in Somalia, the medical staff of most of the regional hospitals fled. The first priority for Chris Giannou's mobile team was therefore to get the deserted hospitals working again by training local personnel to provide post-operative care and teaching war surgery techniques to doctors and surgeons. As Chris Giannou quite rightly put it: "We don't want to be Rambo-style war surgeons, rescuing casualties here and there. We must be able to turn up at a hospital and find everything ready and waiting. Only then can we handle an emergency and move from one place to another virtually overnight, knowing that as soon as we arrive we can go ahead and operate".

If fighting flares in the north, for instance, just when the team are about to start visiting patients in the south recovering from surgery, they will set off at a moment's notice by air or any other means of transport to get to where they are most urgently needed.

The members of this exceptional team have proved their moral and physical strength time and again. As long as there are wounded to be tended they will operate from dawn to dusk and longer still, day after day, without a word of complaint however tired they may be. Their unity of purpose and courage are a reflection of their high professional standards, strong sense of solidarity and deep understanding of the needs they are helping to meet.

Chantal Jacot

ANTIGUA AND BARBUDA

RED CROSS SOCIETY RECOGNIZED

At its meeting on 4 November 1992, the ICRC Assembly announced the official recognition of the Antigua and Barbuda Red Cross Society (West Indies). This recognition, which took effect the same day, brings to 153 the number of National Societies which are members of the International Red Cross and Red Crescent Movement.