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**TWENTY-THIRD YEAR — No. 233**

# **international review of the red cross**



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The **International Committee of the Red Cross (ICRC)**, together with the League of the Red Cross Societies and the 130 recognized National Red Cross and Red Crescent Societies, is one of the three components of the International Red Cross.

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

# INTERNATIONAL REVIEW OF THE RED CROSS

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# The ICRC and some of its present tasks <sup>1</sup>

by **Alexandre Hay**

You have once again kindly invited the International Committee of the Red Cross to take part in your annual conference. We greatly appreciate the honour shown to our institution and the expression of confidence which your invitation represents, and I wish to thank you most sincerely.

The past year was a very difficult one. The conflicts ravaging the Middle East were again a source of deep concern for the International Committee of the Red Cross and the numerous Red Cross and Red Crescent Societies which, by generously giving every possible assistance, expressed in tangible form their solidarity with the victims. We wish to voice our particular gratitude today to those Societies which provided us with the means to act, both by their moral support and by sending qualified personnel, relief supplies or funds. We have unfortunately to note that the implementation of the international humanitarian law by States which are involved in armed conflicts is far from satisfactory. For example very grave violations of the rule of humanity as well as of the Geneva Conventions have been perpetrated during the recent conflict in Lebanon . . .

At present, the International Committee is also very much concerned by the conflict still going on between Iraq and Iran. The task of our delegates in visiting the 50,000 prisoners of war detained in both countries is extremely difficult, since some among the most important rules of the Third Geneva Convention are not respected.

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<sup>1</sup> Speech by the President of the ICRC at the Fourteenth Conference of Arab Red Cross and Red Crescent Societies, Manama (Bahrein), 23-25 January 1983.

Furthermore this activity which we are bound to fulfill in conformity with the Geneva Convention costs us a lot of money. Unfortunately, the governments are not supporting our action in Iraq and in Iran in a sufficient way, so that we have already a deficit of over several million Swiss francs which we have to finance ourselves. We shall therefore not be able to pursue this assistance any longer if an adequate financial coverage of our expenses is not secured rapidly. We have made a special and urgent appeal to most of the governments in December last, including the governments of your countries. Although encouraging, the response received so far is still short from our present needs. I would be very thankful to you if you could urge your respective governments to give us as quickly as possible the financial support we absolutely need to pursue our help to prisoners of war in both countries.

\* \* \*

I should also like to take the opportunity of this Conference of Arab National Societies, which will be devoting particular attention to development problems, to stress the contribution which the International Committee of the Red Cross intends to make to this joint endeavour.

The growing number of conflicts throughout the world has made us more clearly aware than in the past of a statutory obligation incumbent upon each and every one of us, namely our duty to prepare in time of peace for any emergency situation which might arise, including armed conflicts.

This duty renders an increase in International Committee of the Red Cross personnel essential, and likewise calls for efforts by National Societies to strengthen their operational capacity so that they are able of helping victims quickly and efficiently.

In view of the fact that the need to reinforce the operational capacity of our movement was reaffirmed at the Manila Conference, the International Committee of the Red Cross contribution becomes an integral part of the strategy for National Society development prepared and conducted by the League. Close collaboration is of course necessary between these two institutions and the societies which you are representing here.

As a practical response to this need, a new post was created last year at the International Committee of the Red Cross. It has been

assigned to Mrs. Jeanne Egger, here with us today, whose task as “Delegate for National Society development” is to coordinate, on one hand, the contributions made by the various services concerned within the International Committee of the Red Cross, and, on the other hand, those of the International Committee of the Red Cross with the national development programmes drawn up by the National Societies and the League.

Mrs. Egger has a vast experience of the work of our movement. She has spent fifteen years in Africa as an International Committee of the Red Cross delegate. She has long shown a keen interest in development problems, and has worked in this capacity as a League delegate in several African countries. I am sure that her contacts with you will prove most useful.

In addition, a “Guide” is currently being prepared for the National Societies on their activities in the event of conflict. It will explain their competences and duties.

The International Committee of the Red Cross is well aware that this approach will require a constant adaptation on its part to the diverse mentalities and cultures in the world, and to purely national contingencies which may influence developments. Evidently this adaptation cannot be made at the expense of the fundamental principles, which constitute the essence, the unity and the strength of our movement.

\* \* \*

May I finally draw your attention to another point of great importance to use, namely the Protocols additional to the Geneva Conventions, which were adopted in Geneva on 8 June 1977, and their ratification.

There is no need to remind you of the scope and contents of these two texts, for they have already been widely publicized. But I do want to express my profound conviction that these two Protocols are a big step forward in the protection of human beings against the horrors of war. At the same time they provide an even stronger basis for the activities of our movement.

To date, 27 states have become parties to Protocole I and 23 to Protocole II, including Libya, Jordan, Tunisia and Mauritania. I should like to congratulate these four Arab countries, which are represented by their National Societies here today. At the same time I address an urgent appeal to those of you who represent the National Societies

of the other Arab countries to approach your respective authorities and press them to speed up the ratification procedure. In making this appeal I refer to recommendation No. 2 adopted by the Amman Conference in April 1981, which had already launched an appeal for ratification of the Protocols.

I cannot conclude my speech without wishing you every success in your work both during and after the Conference, and without thanking the Bahrein Red Crescent once again for its warm and traditional hospitality.

**Alexandre Hay**  
*Président of ICRC*

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# The Red Cross and Refugees<sup>1</sup>

by Jean-Pierre Hocké

Mr. Chairman,

I should like to thank you most sincerely for giving the International Committee of the Red Cross an opportunity to speak at the important debate which marks the beginning of the annual session of the Executive Committee of the High Commissioner's programme and to express our satisfaction at the harmonious collaboration which has been established with the UNHCR, where we are always sure of finding understanding, support and determination to reach a solution for the problems confronting our two institutions.

In accord with the League of Red Cross and Red Crescent Societies, I should first like to draw your attention to the fact that this session of your Committee is the first since the adoption, by the 24th International Red Cross Conference in Manila in November 1981, of an important resolution, namely Resolution 21 on International Red Cross Aid to refugees, which makes a statement of policy concerning the respective duties and responsibilities of the UN High Commissioner's Office for Refugees (UNHCR) and the Red Cross. The High Commissioner moreover refers to this document in the introduction to his report on "Assistance activities in 1981-1982 and proposed voluntary funds, programmes and budget for 1983" (document A/AC.96/606, paragraph cv) and the complete text of these directives is at the disposal of the Executive Committee members.

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<sup>1</sup> Speech at the 33rd Session of the Executive Committee of the High Commissioner's Programme, Geneva, October 1982.

This document, which was adopted by the Manila Conference, was drawn up to define the general policy of International Red Cross aid to refugees, and to specify the tasks which the institutions constituting the Red Cross movement (the ICRC, the League and the National Societies) can perform in collaboration with the UNHCR, whose "primary function in the field of international protection and material assistance to refugees" is acknowledged in that policy statement. It should therefore be considered first and foremost as an effort *to ensure that co-ordination is as effective and efficient as possible between the International Red Cross and the UNHCR*, which "will have regular consultations on matters of common interest and, whenever considered useful, will co-ordinate their humanitarian assistance in favour of refugees and displaced persons in order to ensure complementarity between their actions".

For this reason the ICRC will shortly be following up the Manila Resolution by sending a questionnaire, in conjunction with the League, to the National Red Cross and Red Crescent Societies in order to clarify and define with them each institution's respective duties and responsibilities for assistance to refugees.

The ICRC attaches the utmost importance to the practical application of these directives, and hopes that as our institutions progress in the implementation of certain current programmes or the elaboration of those which future circumstances might unfortunately yet demand of us, the efforts thus begun will play an increasingly effective part in the co-ordination of our respective activities. We are particularly aware that good co-ordination and a wise allocation of the respective tasks are indispensable, both for the donor countries giving our programmes their financial support and for all those who benefit by them, and on whose behalf we are duty bound to watch without fail that the actions undertaken to help them are conducted on a sound basis and that maximum effectiveness is achieved.

Under the four Geneva Conventions of 1949 the ICRC, as you know, has been entrusted with the special task of providing *protection and assistance for victims of armed conflicts*; allow me to stress its willingness to continue giving its humanitarian aid to displaced persons and refugees whose plight is due to armed conflict.

I should like to remind of the services which the *Central Tracing Agency* is providing to help refugees, namely by inquiring into the where-

abouts of missing persons, forwarding family messages, arranging for the reuniting of families or issuing travel documents. In the period from 1981 to 1982, for example, the ICRC had the opportunity of co-ordinating the activities of the Central Tracing Agency with those of the UNHCR in several situations. In this connection I should like to cite the Agency's work among Ugandan refugees in Sudan and Zaire to trace missing persons and reunite dispersed families; the continuing activities, in conjunction with the National Red Cross Societies in south-east Asia, of a system of tracing and mailing services on behalf of Vietnamese refugees; and the endeavours to trace the parents of unaccompanied refugee children in camps in Thailand and reunite them with their families in Kampuchea. Unfortunately these latter efforts have so far been without avail, to our very deep regret.

I should also like to mention a particular problem which the ICRC and the UNHCR have jointly endeavoured to solve, namely the unscrupulous *attacks on refugees at sea in the Gulf of Siam*. These acts of piracy, which have made a profound impact on public opinion and numerous governments, were the subject in June this year of an agreement between the UNHCR and the Thai authorities, made possible by the financial support of a number of governments. The ICRC is glad that thanks to the Royal Thai Government, new impetus has been given to efforts to find a solution for this cruel problem. But there is still a lot to be done and further sustained efforts will certainly still be demanded from us all before a final remedy for this intolerable situation is found.

Another problem we are striving to solve, together with the UNHCR, is that of certain *refugees from Vietnam who have arrived overland at the Thai border*. Thanks to the collaboration of the Thai authorities and of several governments, we hope to give those refugees who have relatives elsewhere the possibility of rejoining their families, and enable the others to find refuge in a final country of asylum. Unfortunately this problem is only one of many, far too many, which still persist along the border between Thailand and Kampuchea, where the fate of some 250,000 people is still in the balance.

Your Executive Committee will examine *other questions relating to protection*, as it does at each of its sessions, and in particular that of military attacks on refugee camps, a phenomenon which, alas, has occurred in various parts of the world. The Sub-Committee on Protection has been presented with a preliminary report on this subject, and the ICRC is prepared, if so requested, to examine how it could help still

further within the limits of its competence and its resources to set up the appropriate measures to ensure such protection.

It is in this spirit of collaboration for the utmost benefit of those whom we wish to protect and help that we are here today, following the work of this session of the Executive Committee. We are at your entire disposal, Mr. Chairman, for the examination of any questions in which the ICRC and the League might be of assistance.

*Member of ICRC Directorate,  
Director of ICRC Operational Activities.*

**Jean-Pierre Hocké**

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# Some logistical aspects of the assistance activities of the ICRC<sup>1</sup>

by A. Lendorff

## INTRODUCTION

I am very honoured and pleased to be given the opportunity to explain to you the role of the International Committee of the Red Cross (ICRC) and some of the logistical aspects of its assistance activities. No doubt many of you know about the Red Cross in general but it might be of interest to you to hear about the special position and role of the ICRC in the Red Cross movement and among all the many other humanitarian organizations. I shall afterwards explain what are the logistical difficulties the ICRC must overcome in its assistance activities.

## I. THE ROLE OF THE ICRC

The ICRC is a private Swiss organisation, founded 119 years ago in Geneva, where it still has its head office. Though subject to Swiss laws and made up of Swiss citizens, the ICRC is independent of the Swiss or of any other government. Intervening mainly in times of war (whether it be an international armed conflict or a civil war), internal disturbances and unrest, its activities are based on a mandate defined in the four Geneva Conventions of 1949. The seven Red Cross principles—Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality—constitute the guidelines for its intervention. The ICRC's main mission consists in giving protection and assistance to the victims of armed conflicts, the wounded, the prisoners of war, the

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<sup>1</sup> Paper read at the Third European Logistics Congress in Amsterdam, 23 November 1982.

civilian internees, the people living in occupied territories, the displaced people, etc. Moreover, the ICRC visits political detainees, but this last activity is not regulated by the Geneva Conventions.

The ICRC is not the only member of the Red Cross family: there are the National Red Cross and Red Crescent Societies—a vast family whose members now number about 230 million people. These societies work within their own countries, as auxiliaries of the public authorities. They assist their own population and their services include health and nursing care, relief programmes, youth activities, spreading the knowledge of the Red Cross principles, blood donations, etc.

The League of Red Cross Societies is the World Federation of the National Societies and acts as their co-ordinating body for peacetime activities. In particular, the League organizes, at the international level, the dispatch of Red Cross relief following natural disasters, such as floods, earthquakes, etc. It also helps in the development of new National Societies.

Briefly, the League is primarily supplying aid in peacetime after natural disasters, while the ICRC is mainly concerned with man-made disasters and gives protection and assistance during and after the wars.

The ICRC main activities are in the fields of protection and assistance.

### **Protection**

Concerned with the plight of prisoners of war, political detainees and civilian internees, the ICRC tries to improve the conditions of detention. To do so, it sends delegates to visit places of detention or internment; if necessary it intervenes with the detaining power to carry out improvements and assure humane treatment.

The work of the ICRC Central Tracing Agency is also a part of the ICRC protection activities. It consists in tracing, centralizing and communicating all information on civilian and military victims of war, living or dead. The information collected in the course of this activity fills about 50 million cards of the Agency index card system in Geneva. The Agency moreover forwards family messages between separated relatives, transmits documents, traces missing persons, reunites dispersed families, repatriates prisoners, issues certificates of captivity, sickness and death.

### **Assistance**

Protection work is in many cases accompanied by relief operations, the scale of which is frequently beyond the possibilities of the ICRC. In

such a case, it appeals for international help, in particular to the National Red Cross and Red Crescent Societies and to the governments for the necessary resources in personnel, material aid and funds.

In 1981, the ICRC had up to 400 delegates and medical personnel, in 43 delegations and subdelegations, in Africa, Latin America, Asia, Europe and the Middle East. During missions of protection in 1981, ICRC delegates made some 5,000 visits to close to 500 places of detention, where they saw about 44,000 persons deprived of their freedom. In the same period, 2,3 million names were received and registered at the Central Tracing Agency. Over 800,000 family messages were transmitted and nearly 35,000 investigations were carried out to trace missing persons. With regard to assistance, people in about forty countries benefitted from material and medical aid by the ICRC, amounting to about 18,000 tons of relief goods worth 60 million Swiss Francs.

## II. LOGISTICAL ASPECTS

I am fully aware that I am addressing an audience of logistical experts—which I do not pretend to be. I can only give you a glimpse of some problems with which you, fortunately, do not usually have to cope, and which may also show you some of the logistical difficulties which can be encountered by the ICRC. I have listed ten of them, there may be more.

1. The ICRC operates mainly in Third World countries, that is in countries situated far away from the ICRC head office, with difficult climatic, living and working conditions, with a great variety of languages, customs, religions and where great physical efforts are required from foreign personnel.

2. In most cases, these countries are, in one way or another, affected by a conflictual situation, which means

- ill or non-functioning of the governmental and administrative authorities,
- disruption or interruption of the economy, the social and the logistical infrastructure,
- security risks for both beneficiaries of the Red Cross assistance programmes and for ICRC delegates,
- most of the relief goods have to be sent from abroad to the final destination as the local market cannot be exploited, because, in

such situations, it is normally too weak and too vulnerable and risks being destabilized by purchases of medium to large quantities of food and other supplies.

3. Conflictual situations can very rarely be anticipated. Any previous long-term planning is therefore virtually impossible.

4. The ICRC is certainly benefitting from past experience, but we may say that each intervention differs nonetheless considerably in size, nature and political context from previous operations. In other words, application of standard procedures can only be utilized in a very limited scope.

5. The information flow is extremely restricted, as in most operations all means of communication are disrupted. This implies the setting-up of our own communication network. Just for your information, the ICRC radio network comprised, at the end of 1982, 19 stations linked to Geneva; 36 other stations are providing internal or regional links in the field. Let us add that the setting-up of such an independent communication system is very often subject to difficult negotiations with the authorities concerned, and not always possible.

6. The ICRC has to act rapidly. In many cases it may be a question of life or death that our medical and food supplies arrive in time. This means concretely that in such cases we may have to fall back on more expensive, but immediately available products, and to use more costly and reliable means of transport such as aircraft.

7. Most of the countries in which we operate have climatic conditions which do not favour the medium or long-term conservation of medical and food supplies.

8. Because of the general situation in the area, in very few cases can we benefit from local technical equipment to facilitate the flow of material; neither can we fall back on sufficiently trained local personnel.

9. The ICRC disposes only of limited emergency stocks, which means that, most of the time, rapid purchases must be undertaken, which again may put priority more on delivery time than on the most economic product. Let me explain. The financing of most of our operations is the result of an *ad hoc* appeal to donors for a specific intervention in a newly-created conflictual area. These donors—about ninety per cent governments and ten per cent National Red Cross and Red Crescent Societies—provide the ICRC with the necessary funds

or donations in kind for any particular operation, limited in time and geographical scope. It is thus very difficult to raise funds in a similar way for the creation of emergency stocks consisting of goods which are not yet earmarked for a specific relief operation.

10. Success or even viability of our operations can hardly or not at all be assessed. We may provide statistics—I mentioned some of them in my introduction—but who can really tell or measure what impact our protection and tracing work has had, or who can statistically prove how many people have been preserved from severe malnutrition, illness or even death thanks to our medical and food assistance ?

I mention these general and specific difficulties to give you some idea of the scope and complexity of the problems we are facing. There are unfortunately many more, in particular of a political nature: refusal to grant us access to prisoners or detainees, refusal by States contiguous to conflict areas of transit facilities or over-flying and landing rights for urgently needed supplies, and so on.

### III. EXECUTION OF RELIEF OPERATIONS

Practically, we distinguish three main phases in our operations: preparation, implementation, and disengagement, which is very often the most difficult part.

#### **Preparation**

We may assume that the ICRC is fairly well informed about the current political scene, latent tensions and potential conflict areas. This is achieved by being linked, by telex, to the main news agencies, having regular contacts with all Permanent Missions which represent their Governments in Geneva, keeping an ICRC office at the United Nations in New York and receiving continual reports from our delegations throughout the world.

The humanitarian consequences of any new conflictual situation have first to be surveyed by our own delegates. This is extremely important as we do not simply accept reports or requests from outside sources, since experience has shown time and again that such demands are often exaggerated, unrealistic and not suitable for the particular situation. The result of these surveys, carried out by medical and relief specialists, is a precise assessment of the prevailing conditions, the existing needs and a proposal for ICRC action.

An assessment of the needs always comprises:

- Geographical situation,
- Number and categories of beneficiaries,
- Nature and quantities of relief items required,
- Length of intervention,
- Priorities,
- Local market situation,
- Logistics, i.e. detailed assessment of the existing infrastructure and needs for additional transport means, technical equipment and personnel,
- Justification of programme.

The last item, the justification, is of the utmost importance for the decision-making process at the headquarters.

The following criteria have to be fulfilled:

- Urgency, which can be defined as follows: there is an urgency as long as the vital needs of the victims are not satisfied.
- The people to assist must be the victims of a conflictual situation.
- Unicity, which means: no other reliable and impartial source exists to provide assistance.
- Control, which means: the ICRC does not intervene if control of distributions is not possible.

This proposed action programme is transmitted to Geneva, discussed, modified, calculated and put for decision in the form of a budget to the ICRC Executive Board. Its acceptance simultaneously releases on the one hand the official appeal for funds to all donors and on the other the second phase, its implementation.

### **Implementation**

The obvious aim is to become operational within the shortest possible time. We can distinguish two basically different situations: conflictual areas with existing ICRC delegations and areas in which the ICRC has no representatives. In the first instance, we only have to reinforce the existing infrastructure, while in the latter case everything has to be set up entirely from scratch. In both cases, we strongly rely, however, on the support of the local National Red Cross or Red Crescent Society.

Most important are, as you can imagine, matters related to personnel. In June 1982 the ICRC increased its expatriate staff in and around the Lebanon, within one month, from seven delegates to close to a hundred. How did we go about this? We dispose of about 10-15 specialists in various fields at our headquarters who can be freed practically within twenty-four hours. They are experienced delegates, specialized in the rapid setting-up of a new operation. Some other delegates have to be withdrawn temporarily from the delegations and this unfortunately results in a certain weakening of these delegations. Last but not least, we can fall back on the human resources of various National Red Cross and Red Crescent Societies, which provide us, at very short notice, with technical personnel such as medical teams and relief specialists.

Second most important are of course all the logistical matters related to the nature and origin of the relief goods, external and internal transport, warehousing, distribution and reporting.

The range of the relief goods has been limited on purpose. Given our mandate which is just to cover the most vital needs of the victims, the ICRC concentrates on a few carefully selected medical, food and non-food relief items. Experience has shown that programmes are more effective if the implementation can be done in the form of prepacked standardised "units". I explain: distribution in bulk is very often unpractical, slow and less controllable. We have therefore worked for many years—in particular in the medical field—with "units", such as dressing, front, pediatric, hospital or dispensary units, containing medicaments and equipment covering the most essential medical needs for a limited period of time. As regards food relief likewise, we work more and more with "family units" containing basic food items covering the requirements of an average family of five persons for one month. Other units consist of kitchen utensils, blankets, tents, etc.

\*

The origin of these relief goods varies widely.

An initial period can be covered with our emergency stocks in Geneva. This essentially concerns the medical supplies.

Other relief items should ideally be purchased in the affected region itself so that the economy of the country concerned can also benefit from such an operation. In addition, locally procured food is often better adapted to the food habits of the beneficiaries. We may be confronted, however, with the fact that such purchases destabilize the local market, which obliges us to procure goods either in neighbouring countries or abroad. Some of our donors wish that their funds should be

used for purchases in their own countries, an obligation which is certainly understandable, but which does not necessarily facilitate our task.

The ICRC also frequently utilizes the resources of National Red Cross and Red Crescent Societies which have emergency stocks. These supplies are either received as donations in kind or replenished later out of ICRC funds; in other words we use these societies as a kind of supplier.

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With regard to external transport, that is transport up to the country where the relief action is conducted, the ICRC has to utilize to a large extent air transport. Various formulas are chosen.

Donor governments may put at our disposal aircraft for shorter or longer periods of time. This is obviously the solution in which the ICRC is most interested, as it is the most economical one.

Smaller consignments are sent by normal commercial air freight. In some cases, we benefit from the IATA Resolution No. 200, which allows free transport or reduced rates for emergency relief consignments.

The third, often unavoidable option is the chartering of cargo aircraft. Detailed studies have been made in the past as to whether the ICRC, perhaps together with other humanitarian organizations, should purchase its own aircraft. The result of these studies has been discouraging, as the utilization would be too irregular and the various demands as to the type of aircraft would be too diversified.

The bulk of our supplies is however transported by ship to its final destination. It is during the initial stages of an operation that we may have either to fall back on the local market or fly in urgently needed supplies. Shipping by vessel, especially towards Africa, however, is still today an often hazardous matter. In addition, very long forwarding inland transport by truck or railway from the port to the place of distribution or utilization means that we frequently have to reckon with up to four months from the placing of an order until arrival of the goods to the affected area, delays which are hardly compatible with an urgent intervention.

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The problems of internal transport from ports or ICRC central warehouses to the actual places of distribution usually have to be solved in the initial stages of the operation with the available local means of transport. It may be necessary, however, to bring in trucks either from neighbouring countries or from abroad. As our intervention periods are relatively short, we face the same dilemma in each operation: rental

or purchase of vehicles? This question can only be answered case by case, as the situations generally differ considerably from each other.

\*

Warehouses are difficult to find everywhere, but especially in our intervention areas. Several attempts though have been undertaken in the past to use large-size tents or even prefabricated lightweight structures, consisting of steel frames and plastic-sheet covering. Our experience has been, however, rather negative as they are not secure enough. One may think that this security problem could be solved with the hiring of guards. There again our experience has been disillusionment. The result is that we require solidly built, burglar-proof warehouses, which are thus also acceptable to our insurance companies.

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This leads us to the distribution of goods, often a very delicate process, which therefore needs to be prepared well in advance. The first phase is the registration, done in the form of listing the recipients, or "clients" as we sometimes call them. On these occasions we distribute vouchers enabling them to collect their share at a given date, hour and place. We have elaborated various forms of vouchers, such as distribution cards, coupons, bracelets as used in hospitals for identification of newly born babies, indelible marking ink, and so on. It is further essential that the beneficiaries are beforehand clearly informed about distribution dates, hours, places and content. This was our main problem in 1980 at the Thai-Kampuchean border where we had to feed a hundred thousand people at a time, coming to our distribution points from as far away as 80 km. Any delays in dates resulted in our being confronted with large groups of people waiting for days or weeks in an insecure war zone without any shelter, food or water. The last phase of the distribution procedure is what we call monitoring. This means the verification that firstly the most vulnerable groups (children, pregnant women and older persons) have really received their share and secondly that our rations have not been received twice or several times by the same recipients. To control this we usually apply the same systems as for the registration, supplemented by random checking by our delegates.

\*

The last phase of the operation is reporting. In order to co-ordinate a relief programme we require continual and up-to-date information from the field. In the present operation in the Lebanon, for example,

the headquarters were in the initial stage daily, later weekly, provided with all data concerning arrivals, distributions and stock position of medical and relief goods. This information is immediately fed into our computers, enabling us to have thus at any given moment a complete image of the supply situation. Monthly, more detailed statistical reports allow us to follow each relief item from its departure until its final distribution. We are therefore capable of furnishing precise reports to all donors concerned, how, where and in favour of whom their funds or donations in kind have been utilized.

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I hope these few words have given you at least some glimpses of our activities, logistical problems and limits. Having to deal with man's inhumanity to man, with wars and conflicts, factors which, regrettably, do not favour the smooth functioning of logistics, we nonetheless do our best to improve the living conditions of our fellow men in difficult situations.

**Andreas Lendorff**  
*Head of ICRC Relief Division*

## **Technical note on the colours of the Red Cross and Red Crescent emblem**

### **Introduction**

Should the colours of the Red Cross emblem be standardized?

This seems to give concern to some members of the Red Cross movement and the ICRC has been asked the same question on several occasions.<sup>1</sup> One proposal was that the colours of the emblem be defined scientifically and that only those shades which comply with the standards thus adopted be used for our movement's armbands, flags, distinctive signs, for the writing paper and the publications.

A similar question concerning the dimensions and proportions of the red cross in the emblem could be examined: should these be subject to specific rules and standardized? The same problem would arise for the Red Crescent: should its tips be pointing right or left, and should they be more or less closed?

### **The Red Cross emblem**

In order to situate the problem, certain facts should be kept in mind.

In its first session on 17 February 1863, the International Standing Committee for Aid to Wounded Soldiers recognized that it would be meet and right for a sign, a distinctive mark, to be universally adopted.

At the International Conference in October 1863 this idea was taken up again. A distinctive, internationally recognized sign which commands the respect of combatants, should be adopted. After several discussions the proposal was adopted: the sign would be a white armband bearing a red cross.

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<sup>1</sup> The question raised here is also applicable to the colours of the Red Crescent emblem. In this note, the words "Red Cross emblem" will always mean "Red Cross and Red Crescent emblem".

The First Geneva Convention of 22 August 1864 says in Article 7 that “a distinctive and uniform flag shall be adopted for hospitals, ambulances and evacuation parties... An armlet may also be worn by personnel enjoying neutrality... Both flag and armlet shall bear a red cross on a white ground”.

The Geneva Conventions of 12 August 1949 express the same concerns: “The emblem of the red cross on a white ground and the words ‘red cross’... may not be employed... except to indicate or to protect the medical units and establishments, the personnel and material protected by the present Convention...” (First Convention, Art. 44).

These texts therefore clearly define the meaning and value of the sign chosen: it is a distinctive sign, which makes it possible to single out those wearing it in a crowd; and it is a protective sign which confers special status and protection.

It is by considering these two characteristics that we shall be able to reply to the question posed at the start. <sup>2</sup>

### **The definition of the colours**

In physics, the study of colours is related to the study of light, the latter being essential for perception of colour.

To determine a colour, colour science or colorimetry uses a chromaticity diagram (triangle of colours) where all colours may be defined by systems of co-ordinates. The International Commission on Illumination has standardized a trichromatic system of co-ordinates, x, y, z, to which various international organizations, including the International Standardization Organization (ISO), refer.

The trichromatic co-ordinates of a colour sample are measured with a spectrophotometer, a device fitted with a standardized source of white light.

The colours are defined by the system of trichromatic co-ordinates marking the boundaries of a monochromatic zone of the colour spectrum obtained by the diffraction of white light.

### **Red and white colours of the emblem**

No attempts were ever made to define or to standardize the red and white colours of the sign for the following imperative reason.

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<sup>2</sup> We shall not, in this brief technical note, consider the use of the sign by the National Societies for purposes other than protection.

The emblem of the Red Cross or of the Red Crescent is not only a distinctive sign but also a protective sign and it should be possible to improvise the protective sign of the Red Cross or the Red Crescent on the battle-field with the materials available.

It is clear that there may not be sufficient time or the right materials on the battle-field, or even elsewhere, to obtain colours defined with scientific precision.

In addition, all colouring matter undergoes change with time and coloured stuffs change and become soiled with use, but any such alterations should not modify the protection conferred by the sign, for example in a combat zone.

Consequently, the Geneva Conventions of 12 August 1949 do not lay down any norm for the red and white colours of the distinctive sign, so that it retains its entire protective value whatever the shade of the red and the white colours.<sup>3</sup>

For the same imperative reason, the Geneva Conventions do not lay down any rule concerning the dimensions and proportions of the Red Cross, so that these two emblems retain their protective value in all circumstances.

\*

Article 43 of the Second Geneva Convention states that hospital ships and protected craft shall be distinctively marked with several easily visible *dark* red crosses which should be as large as possible. This provision is particularly important, as will be seen below, for infra-red observation.

In the Regulations concerning Identification, annexed to Protocol I of 8 June 1977, the red of the visual distinctive sign is not specified, for the same reasons as those given above.

Article 3 of these Regulations says that the distinctive emblem may be made of materials rendering it recognizable by technical means of detection.

Such technical means of detection include the use of infrared light devices. In infra-red, red is not visible if it is on a light background, and no contrast of white with red may be observed on the screens of the infra-red optical observation devices. It should, however, be mentioned that several methods exist for restoring the necessary contrast, such as the incorporation of black pigment in the red, the addition of a coating of black under the red, or the utilization of reflecting materials, etc.

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<sup>3</sup> It must be stressed that whilst the sign is a means of identifying protected persons or property, they are protected regardless of whether they are wearing or displaying it or not.

It should be borne in mind that this dark red would become of a lighter hue after the armlet, helmet, flag, aircraft, or ambulance, etc., on which the emblem is painted, had been utilized for some time and exposed to all kinds of weather and dirt; nothing can be done to prevent any alteration of the colour.

### **Conclusion**

The shades of red and white in the Red Cross or Red Crescent emblem should not be prescribed or standardized, since it must in certain circumstances be possible to make the emblem rapidly with improvised means.

However, as it is essential for the emblem to be as visible as possible in all circumstances, a dark red should be used whenever available for the cross, since it will provide a sharper contrast with the white background; if the dark red contains black pigment, it will moreover be identifiable in infra-red light.

But besides the colour, the shape and size of the emblem are of paramount importance for identification at a distance. Here experience has shown that the cross, the geometric sign which provides the largest red surface, and the very simply shaped crescent are distinctive signs well suited to their purpose. And as Annex I (Art. 3) of Protocol I of 1977 points out: "The distinctive emblem shall be as large as appropriate under the circumstances".

**Ph. Eberlin**

*ICRC technical adviser*

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **ICRC President in the USSR**

The President of the ICRC, Mr. Alexandre Hay, accompanied by the ICRC Director of Operational Activities, Mr. Jean-Pierre Hocké, was in the USSR from 16 to 19 March. The ICRC delegate-general for Asia, Mr. Jean de Courten, and the regional delegate, Mr. F. Zen Ruffinen, had already arrived in Moscow on 14 March.

This trip enabled the ICRC representatives to meet high-level officials, with whom they exchanged views on humanitarian topics of common interest, including problems connected with the Afghan conflict.

At the Ministry of Foreign Affairs, the President of the ICRC met the First Vice-Minister of Foreign Affairs, Mr. G. M. Kornienko, and several members of his staff.

President Hay and the ICRC delegation visited the headquarters of the Alliance of Soviet Red Cross and Red Crescent Societies, where they were received by the President of the Alliance, Mr. Valeri A. Baltiyski, and its first Vice-President, Mr. Yuri E. Danilov.

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## **New Vice-President for the ICRC**

At its meeting on 3 March, the Assembly of the International Committee of the Red Cross appointed as Vice-President Mr Victor H. Umbricht, who has been a member of the ICRC since 1970.

Mr Umbricht holds a doctorate in international law; he has worked successively for the Swiss diplomatic service (1941-1953), the World Bank in Washington and the Swiss Federal Finance Administration in Berne (from 1957). In 1962, he left the service of the Confederation and entered the commercial world: he became the chairman of Ciba Corporation in the United States and in 1964 was appointed a member of the board of Ciba-Geigy SA, in Basel. He has carried out several difficult missions for the Secretary General of the United Nations and for the ICRC.

International Review congratulates Mr Umbricht on his appointment to the Vice-Presidency of the ICRC, a post in which he succeeds Mr Harald Huber, a former federal judge, who has retired for reasons of age.

## **The Indian Vice-President visits the League and the ICRC**

The Vice-President of the Republic of India and President of the Indian Red Cross Society, Mr. Hidayatullah, visited on 25 February the League of Red Cross Societies and the International Committee of the Red Cross in Geneva.

Welcomed at the League by Secretary-General Hans Hoegh and his principal colleagues, Mr. Hidayatullah and the people accompanying him were given a short explanation on the League's activities to promote the development of National Red Cross and Red Crescent Societies, to provide assistance to victims of natural disasters and to the disabled and on its work on behalf of young people. Several other humanitarian problems were raised with the Secretary-General.

At the headquarters of the ICRC Mr. Hidayatullah and his retinue were received, in President Hay's absence, by Vice-President Richard Pestalozzi and members of the International Committee and of the directors' board. A summary of the ICRC present activities in the world was made to the Indian Vice-President; this was followed by a short discussion on the 1977 Protocols.

The Vice-President of India was accompanied by the Indian Ambassador to Switzerland, the Indian Permanent Representative to the United Nations Office in Geneva, and other senior officials.

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## **Tanzania's accession to the Protocols**

On 15 February 1983 the United Republic of Tanzania deposited with the Swiss Government its instruments of accession to Protocols I and II additional to the Geneva Conventions of 12 August 1949, relating to the protection of victims of international and non-international armed conflicts and adopted in Geneva on 8 June 1977.

These instruments were registered on 15 February 1983 and the Protocols, in accordance with their provisions, will take effect for Tanzania as of 15 August 1983.

Following this accession 28 States are parties to Protocol I and 24 States to Protocol II.

## **Accession of Zimbabwe to the Geneva Conventions**

On 7 March 1983 the Government of the Republic of Zimbabwe deposited with the Swiss Government its instrument of accession to the four Geneva Conventions of 12 August 1949 for the protection of victims of war.

The Republic of Zimbabwe will become a party to these Conventions, as laid down in their final provisions, on 7 September 1983, six months after the deposit of the instrument of accession.

This accession brings to 153 the number of States parties to the Geneva Conventions of 12 August 1949.

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## **Accession of the United Arab Emirates to the Protocols**

On 9 March 1983, the United Arab Emirates deposited with the Swiss Government two instruments of accession to Protocols I and II additional to the Geneva Conventions of 12 August 1949, and relating to the protection of victims of international and non-international armed conflicts, adopted in Geneva on 8 June 1977.

Pursuant to their provisions, the Protocols will come into force for the United Arab Emirates on 9 September 1983.

With this accession, 29 States are now parties to Protocol I and 25 to Protocol II.

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## **Accession of Mexico to Protocol I**

Mexico, on 10 March 1983, deposited with the Swiss Government an instrument of accession to Protocol I additional to the Geneva Conventions of 12 August 1949 and relating to the protection of victims of international armed conflicts, which was adopted in Geneva on 8 June 1977.

Pursuant to its provisions, Protocol I will come into force for Mexico on 10 September 1983.

With this accession, 30 States are now parties to Protocol I. The number of States parties to Protocol II remains at 25.

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## **Accession of Mozambique to the Geneva Conventions and the 1977 Protocol I**

The People's Republic of Mozambique deposited with the Swiss Government, on 14 March 1983, an instrument of accession to the four Geneva Conventions of 12 August 1949 for the protection of war victims. Pursuant to the final provisions of the Conventions, these will come into force for the People's Republic of Mozambique on 14 September 1983.

The People's Republic of Mozambique is the 154th State to become party to the Geneva Conventions.

Also on 14 March 1983, the People's Republic of Mozambique deposited an instrument of accession to the Protocol additional to the Geneva Conventions of 12 August 1949, and relating to the protection of victims of international armed conflicts (Protocol I) of 8 June 1977. Pursuant to its provisions, this Protocol will come into force for the People's Republic of Mozambique on 14 September 1983.

With this accession, 31 States are now parties to Protocol I. The number of States parties to Protocol II remains at 25.

## *EXTERNAL ACTIVITIES*

*January-February 1983*

### **Africa**

#### **Angola**

The ICRC's humanitarian action on the central Angolan plateau (the *Planalto*) started again at the end of January, after having been suspended for four months because of the dangerous circumstances.

The decision to begin again was taken after UNITA had been approached several times and a meeting had taken place, on 18 and 19 January, between its President, Mr. Savimbi, accompanied by his assistants, and an ICRC delegation, led by Mr. J.-P. Hocké, the ICRC Director of Operational Activities.

Following on these discussions and after further guarantees of security had been received from UNITA, Mr. J.-M. Bornet, the ICRC Delegate General for Africa, went to Angola, from 2 to 11 February. His main task was to set up, as soon as possible, with the ICRC delegation, a programme for gradually resuming assistance activities on the Planalto.

At the invitation of the delegates, nearly 300 *Sobas*, the traditional chiefs of the Planalto, met at the ICRC's food centre, near the town of Kuito, in the province of Bié, to describe the condition of the population in their villages. This meeting, at the beginning of February, marked the return of the ICRC to the Planalto. The subsequent reopening of the Kuito food centre, in the middle of February, was the first direct ICRC activity on behalf of the displaced population since its action had been suspended at the end of September 1982. By the end of February 1983, this centre was housing nearly 300 persons, from about forty villages. At this period of the year, between the October and April harvests, the most vulnerable groups of the population (young children and their mothers, pregnant women, old people) were beginning to suffer from malnutrition.

In the south of the country, four local ICRC employees, who had been kidnapped on 18 October 1982, in the province of Kunene, and eight persons belonging to the Mongua mission, were released by UNITA on 20 February.

In addition, in January and February, the ICRC sub-delegation in N'Giva continued and intensified its medical and agency work.

### **Namibia**

On 28 and 29 January, four ICRC delegates, including a doctor, again visited the Mariental Camp, where they met 140 persons detained under Proclamation No. 9 issued by the Administrator General (AG 9), and fourteen new Angolan prisoners of war.

### **Mozambique**

Three ICRC delegates, including a doctor, carried out a survey in the provinces of Inhambane, Gaza, Sofala and Manica. This mission, from 17 January to 12 February, on which they were accompanied by the Secretary General of the 'Mozambique Red Cross', enabled them to study the health of the population and the medical infrastructure of these regions, with a view to providing the civilian population with medical and food aid.

### **Lesotho**

The regional delegate in Maputo and an ICRC doctor were in Maseru from 8 to 12 February. The object of their mission was to have talks with the leaders of the National Red Cross Society, and to take up again with the authorities the discussion on questions regarding protection, suspended after twelve sentenced prisoners had been visited in October 1982.

### **Zambia**

The ICRC regional delegate in Harare visited Lusaka, from 21 to 23 February, to have talks with the authorities and organizations concerned in the problem of the Angolan refugees in Zambia, and to discuss with the Zambian Red Cross the dissemination of knowledge of humanitarian law and the principles of the Red Cross.

### **Ethiopia**

The ICRC's protection action, suspended since July 1981, began again in February 1983, after the Ethiopian authorities had decided to authorize

the ICRC to resume its visits to Somali prisoners of war detained in Ethiopia. In February, three ICRC delegates, including a doctor, visited 203 Somali prisoners of war in two places of detention.

On 24 February, a delegate from the ICRC Central Tracing Agency was sent to Addis Ababa to organize tracing work connected with the ICRC's protection activities in accordance with the Geneva Conventions and to assist in the setting up of a tracing section within the Ethiopian Red Cross.

During January and February, the assistance operation, undertaken by the ICRC in collaboration with the Ethiopian Red Cross, concentrated mainly on the provinces of Eritrea and Gondar, where 170 tons of relief were distributed to 37,600 persons.

In addition, the food programme carried out in four Gondar villages for children suffering from malnutrition was extended for another six months. This operation, launched in November 1982 for a trial period of three months, had in fact proved satisfactory judging by the state of its child beneficiaries. In February, the Ministry of Health's rural clinics, which were in charge of distributing relief, were restocked in food by the ICRC.

Special relief delegates were sent to Asmara, Harar and Goba, thereby ensuring the constant presence of the ICRC in the provinces and making it possible to adapt assistance programmes to actual needs and undertake more in-depth training for the personnel of the local branches of the National Society taking part in this relief operation.

## **Chad**

Continuing their visits to places of detention throughout Chad, on 27 and 28 January, the ICRC delegates visited 137 prisoners of war detained at the Abéché prison. On 7 February, they had access to fourteen prisoners in Mongo.

From 11 to 27 February, a team of three ICRC delegates, including a doctor, undertook a tour of the north-east of the country, visiting Biltine, Arada, Kalaït, Oum Chalouba, Dada, Témi, Démi, Ounianga Seghir, Ounianga Kebir and Faya. A total of 78 prisoners of war were seen and various items of relief handed over to each of them.

Blankets, mats and kitchen equipment were also distributed to the places of detention, according to their needs, and an assortment of medicaments and dressings to the dispensaries and infirmaries.

In addition, about thirty family messages were transmitted to the prisoners during the course of these visits.

## **Zaire**

In January, the ICRC delegates visited three places of detention in Kinshasa where they saw and registered 74 detainees, including 58 whom they met for the first time. In February, visits were made to five places of detention, also in the capital, when 67 detainees were seen, including seven for the first time.

During January and February, the delegation's tracing agency received 79 requests for tracings and transmitted 73 family messages.

Twelve lectures were delivered to the armed forces and in schools, seven in January, to an audience of about 900, and five in February to about 500 persons, as part of the information campaign and programme for the dissemination of knowledge of the principles of the Red Cross and international humanitarian law (already mentioned in previous *Reviews*).

## **Appeal for funds**

In January, the ICRC prepared the projects and budgets for its protection and humanitarian assistance programmes to be carried out on the African continent from 1 January to 31 December 1983. In a document entitled "Africa Report and Appeal" and sent to donors providing financial support for operations, the ICRC gave an account of its activities in 1982, with a summary of its objectives for 1983 and an appeal for 76.9 million Swiss francs. Taking into account a balance carried over from 1982, the ICRC needs 72.8 million Swiss francs to continue its tasks in Africa in 1983.

## **Latin America**

### **El Salvador**

The ICRC's assistance action for persons displaced by the events continued in January and February. A renewed outbreak of military activities in the departments of Morazan, Chalatenango and Usulután, from the end of January to the middle of February, somewhat slowed down the ICRC's action in the field, as the delegates were temporarily unable to go to the villages receiving assistance. But, in spite of these drawbacks, 870 tons of relief were distributed, during January and February, to more than 100,000 displaced persons, a figure never previously reached.

After the fighting in the town of Berlin, at the end of January, an ICRC convoy of twenty lorries went there on 6 February, taking food aid and blankets to about 15,000 persons. At the same time, 750 persons had medical examinations or received treatment. On 23 February, the ICRC distributed seventeen tons of food, drinking water and also medicaments in Suchitoto, a town which had also been cut off from the rest of the country for several days. In February, 62,000 persons in the eastern zone alone benefited from twenty-one food distributions, i.e. a record total of 500 tons. In the centre of the country, in addition to distributing relief to 20,000 persons, the delegates undertook surveys of the needs of the villages not yet receiving assistance, but which might soon be included in the current assistance programme.

Medical assistance, carried out with the help of locally recruited medical personnel, continued in the departments of the central and eastern zones of the country. In this latter, a second medical team (1 medical delegate, 2 ICRC nurses plus 2 Salvadoran doctors, 1 medical orderly and 3 or 4 first aiders) began work. Thus, there are now three medical teams taking part in the ICRC's action in El Salvador.

During January and February, ICRC delegates made 215 visits to various El Salvador places of detention; 138 of these visits were made to centres in the provinces, where about twenty new detainees were registered.

During this same period, 62 soldiers of the Government Army were released by the Farabundo Marti National Liberation Front and handed over to the ICRC, who accompanied them to their respective units.

In February, the ICRC began a new series of lectures on the basic principles of the Red Cross and international humanitarian law to local sections of the El Salvador Red Cross. This dissemination programme will also be presented to the armed forces.

#### *Appeal for funds*

In January, the ICRC launched an appeal for about 23,500,000 Swiss francs to enable it to continue its humanitarian work in El Salvador throughout the current year.

Once the balance carried over from 1982 is deducted from this amount, the ICRC still needs 21,800,000 Swiss francs for its activities in El Salvador in 1983.

#### **Surinam**

From 6 to 9 February, the ICRC regional delegate for the Andean countries visited seventeen persons detained as a result of the events. He

had already seen four of them during his previous mission in November 1982.

## Asia

### Thailand

#### *Events in Nong Chan*

Between 31 January and 5 February, fierce fighting in the vicinity of the Nong Chan refugee camp caused the mass exodus of its 41,000 or so occupants. These refugees were first grouped in two provisional reception centres three and six km to the south of Nong Chan. On 4 February, a shell which exploded near a field hospital killed seven persons and wounded numerous others. The same day, the ICRC launched an appeal to all the parties concerned in order to be able to transfer these refugees to a safer place. The Thai authorities accepted about 21,000 of them on their territory. These were grouped together at a new site called Ang Sila, inside Thailand, to the south-west of Nong Chan. However, this authorization was only temporary and, on 18 February, their transfer to O'Smach, to the north, began. The other 20,000 or so refugees from Nong Chan reached Nong Samet Camp, further north, by their own devices, where they swelled the ranks of the 44,000 persons already there. The humanitarian organizations faced considerable danger during the fighting.

ICRC medical teams and staff of the Thai and other National Societies treated the emergency cases on the spot and evacuated the seriously wounded to the Khao-I-Dang hospital. During the week of 31 January to 6 February, 95 seriously wounded and 21 sick were admitted to Khao-I-Dang from Nong Chan. ICRC medical teams working in this hospital comprised ten doctors and eighteen nurses from the Australian, British, Danish, Finnish, Icelandic, New Zealand and Norwegian National Societies. In addition, a mobile team of three doctors and three nurses dealt with evacuating the wounded in ICRC ambulances from the border zone. So as not to overcrowd Khao-I-Dang, those who were only slightly wounded were treated in field hospitals by personnel from the Thai Red Cross and the 'Médecins sans frontières' organization. Later, these hospitals were set up in Ang Sila.

The new ICRC surgical unit in Kap Cherng, to the north of the border zone, received a great number of wounded from the O'Bok and O'Smach Camps. From 5 January, when the first surgical operation was performed,

to the end of February, 77 patients, including 62 war wounded, were admitted to this hospital.

#### *Geneva Mission*

During the last week of February, Dr. Athos Gallino, member of the Committee, and Dr. Rémi Russbach, ICRC Chief Medical Officer, visited Bangkok and the Thai border to survey the situation from the medical point of view.

#### *Transfers of Vietnamese refugees*

After the Thai authorities had consented, on 20 December, to the resettlement of the Vietnamese refugees of NW 82 Camp, examination of individual cases of refugees was begun on 30 December, with a view to having them transferred to a safer place. This operation was successfully carried out through the remarkable co-ordination of the Intergovernmental Committee for Migration (ICM), with the support of the embassies. From 28 January to 6 February, seven transfers, involving a total of 1,694 persons, were organized from NW 82 Camp to Panat Nikhom, under the auspices of the ICRC. On 9 February, 122 persons, who had not yet been accepted by countries of resettlement, were transferred to Khao-I-Dang and NW 82 Camp was closed. Nevertheless, the ICRC is still concerned about the position of the other Vietnamese refugees on the border, for whom a solution should also be found as soon as possible.

#### *Appeal for funds*

The projects and budgets of its protection and humanitarian assistance programmes for Kampuchea and Thailand, for the period 1 January to 31 December 1983, were drawn up by the ICRC. In a document addressed in January 1983 to donors who give financial support to its work, the ICRC presented an account of its 1982 operations, gave an outline of its aims for 1983 and appealed for 16,240,000 Swiss francs (8,550,000 dollars) to enable it to continue its mission in this region.

### **Pakistan**

In February, the ICRC hospital in Peshawar had to cope with an influx of war wounded from Afghanistan. In January 88 wounded Afghans had been admitted there and 147 were received in February. Although theoretically of a capacity of from 80 to 100 beds, this hospital can, nevertheless, accommodate extra patients, for short periods, in beds installed on the balconies, in the corridors and in tents set up in the garden. Forty-seven of the 224 surgical operations performed in February

were foot amputations as a result of frost-bite. The situation had become stable by the end of the month with about a hundred beds occupied.

In February, the ICRC delegation in Peshawar received the visit of Dr. Athos Gallino, member of the Committee, and Dr. Rémi Russbach, ICRC Chief Medical Officer.

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On 14 January, another Soviet citizen, captured in Afghanistan by the Afghan resistance movements, was transferred by the ICRC to Switzerland, bringing the number of Soviet prisoners interned in Switzerland to eight.

#### *Financial appeal*

In January, the ICRC published its emergency appeal No. 3 on behalf of the victims of the Afghanistan conflict. The aim of this document was to give a summary of the ICRC's work in 1982 and to explain how the financial means placed at its disposal had been used. The report also contained a forecast of the ICRC's activities in 1983 and an appeal for 7,900,000 Swiss francs to enable it to continue its humanitarian work on behalf of the victims of the Afghan conflict.

#### **Indonesia/East Timor**

In January, Mr. J.-P. Hocké, ICRC Director of Operational Activities, went to Indonesia where he had talks with the authorities, especially the Foreign Affairs Minister, and with the leaders of the National Society. In addition to the ICRC's operation in East Timor, they discussed questions concerned with visits to places of detention in Indonesia.

#### *Visits to places of detention*

From 20 January to 24 March, a team of four ICRC delegates, including a doctor and an interpreter, undertook a series of visits to sixteen Indonesian places of detention. The delegates met 201 prisoners of the G.30.S/PKI category. The previous visit to Indonesian places of detention took place during the first half of 1981.

#### *Assistance activities in East Timor*

During the first fortnight of February, two delegates, one of them a doctor from Geneva, went to East Timor to supervise the smooth running of the assistance programmes and their adjustment to the guidelines drawn up during their previous mission in October-November.

On 5 January, eight persons (three cases of first degree family reunion) flew from East Timor to Lisbon to join their families, under the programme set up by the ICRC in conjunction with the Indonesian, Portuguese and Australian authorities. In February, following on talks, a new draft agreement between the ICRC and the Indonesian Red Cross was drawn up on family reuniting with Australia and Portugal. Family reuniting involving Australia, accepted at government level, will be dealt with by the Indonesian Red Cross, the ICRC acting as adviser and granting financial aid. The ICRC will handle cases not yet accepted by Australia and all those involving Portugal.

### **Philippines**

Three surveys were carried out in February by ICRC delegates, the first in the province of Surigao Sur, on the Island of Mindanao, the second in the province of Davao, also on the Island of Mindanao, and the third in the eastern part of the Island of Samar.

The province of Surigao Sur, visited for the first time by an ICRC delegate, receives ICRC assistance in the form of food aid for the displaced persons, which is distributed by the local branch of the Philippine Red Cross. In the province of Davao, extra food aid has been forwarded to two towns and also distributed to the displaced persons by the local branch of the Red Cross. In the eastern part of Samar, the same amount of ICRC food aid as was provided in 1982, was distributed by the National Society.

## **Middle East**

### **Iran/Iraq Conflict**

#### *Delegate General's missions*

Mr. Jean Hoeffliger, ICRC Delegate General for the Middle East, went on mission to Teheran, from 18 to 24 February, during which he had talks with the President of the Parliament, the Foreign Affairs Minister and the General commanding the armed forces. Mr. Hoeffliger discussed with them various problems connected with the ICRC's protection activities in the Iran/Iraq conflict, in conformity with its mandate under the Conventions.

The Delegate General went to Baghdad with the same objective, from 25 February to 1 March, where he met Mr. Izzat Ibrahim, the Vice-Prime Minister, and Mr. Tarek Aziz, the Foreign Affairs Minister.

In both these countries, the Government authorities promised that measures would be taken to enable the ICRC to accomplish its mission effectively.

### **Iran**

On 23 February, three teams of ICRC delegates began registering a certain number of Iraqi prisoners of war again. They had had to break off this work, in December 1982, because of the difficulties they encountered in carrying out their mission. Starting also on 23 February, ICRC delegates undertook a complete visit of Karaj Camp.

The Joint Medical Commission, made up of Iranian representatives and ICRC doctors, and responsible, in conformity with the provisions of the Third Geneva Convention, for examining cases of seriously wounded prisoners, with a view to their possible repatriation, also undertook a tour of camps and hospitals: 72 of the 178 cases examined were recommended for repatriation.

### **Iraq**

In January and February, ICRC delegates continued their visits of the Anbar and Ramadi Camps, and of the three camps in Mosul where Iranian prisoners of war are held. In addition, in February, they registered the new prisoners.

Near Ramadi, the ICRC delegates also visited the displaced civilians from the Iranian Kurdistan. This action came within the sphere of activities of the Tracing Agency (forwarding messages, tracing persons, etc.).

### *Appeal for funds*

In January, the ICRC addressed an urgent appeal to donors to obtain the necessary funds for its 1983 activities on behalf of the victims of the Iran/Iraq conflict.

Recalling briefly what it had already done since the outbreak of hostilities between the two countries and summarizing its projects for 1983, the ICRC pointed out that it needed a budget of 11,307,000 Swiss francs in 1983. Added to this was the deficit of 5,988,100 Swiss francs for its 1982 Iran/Iraq action. The ICRC, therefore, launched an urgent appeal to donors for 17,300,000 Swiss francs.

**Lebanon**

During January and February, the ICRC continued its protection and assistance activities in the Lebanon, where owing to outbursts of violence, the situation remained in a state of uncertainty.

The ICRC was gravely concerned about the Palestinian population in southern Lebanon and made a point of reminding the occupying power of its obligations in conformity with the Fourth Geneva Convention regarding the protection of civilians in occupied territories.

In addition, ICRC delegates regularly visited the Palestinian camps around Sidon (Ain el-Helweh, Miyeh-Miyeh) and Tyre (Rachidiyeh, Bourj Chemali, El-Bass and Kasmieh), in order to supervise the measures taken for ensuring the safety of their occupants.

Visits continued daily to the Insar Camp, near Nabatiyeh (South-Lebanon), where about 5,200 Palestinian, Lebanese and people of other nationalities were still being detained by the Israelis at the end of February. Eleven ICRC delegates, including two doctors, registered the new prisoners, carried out interviews without witnesses, examined the cases of those who might be released, inspected the material and psychological conditions of detention and drew up monthly reports which were handed over to the detaining power. The medical delegates, for their part, drew up lists of sick or wounded prisoners which they submitted to the Israeli authorities, made sure that they received adequate medical treatment and recommended that the serious cases be transferred to hospital. About forty foreign prisoners were released in January and February and escorted to Beirut under the auspices of the ICRC, who handed them over to the diplomatic representatives of the countries of asylum for repatriation. A number of other prisoners were also released on the spot.

In *Israel*, ICRC delegates again visited on 25 February 293 Syrian prisoners of war held by the Israelis, and on 17 January and 3 February saw eight women arrested in the Lebanon and detained in Israel.

In *Syria*, the three Israeli prisoners of war held by the Syrians were seen on 10 January and 14 February.

In addition, on 17 February, the ICRC proposed to the Lebanese authorities that it visit those detained by the Lebanese Army. The Lebanese Government having accepted this offer, discussions were in progress, at the end of February, to draw up the procedures for this action.

In the medical sphere, ICRC delegates undertook numerous surveys in the southern suburbs of Beirut, and in the regions of the Chouf,

Aley, Sidon, Baalbeck and Tripoli. Medicaments and medical equipment were supplied to hospitals and dispensaries according to their needs.

An orthopaedic centre, set up by the ICRC in the Moslem orphanage in Sidon, became operational on 14 February. About sixty persons who had had limbs amputated were already enrolled by that date to receive prostheses. Moreover, the ICRC had given the Lebanese Red Cross 200 wheelchairs for distribution.

In January and February, the ICRC supplied non-medical relief, i.e. blankets, milk powder, soap, food parcels, etc., to some 4,800 needy families. In addition, 150 tons of miscellaneous equipment, including tents and lorries, were stored in Limassol (Cyprus), from where they could be sent swiftly to any region in the Lebanon in case of need.

Lastly, it should be pointed out that the tracing agency office in the ICRC delegation in Beirut forwarded a monthly average of 60,000 family messages between the Lebanon and other countries. In January and February, it registered respectively 146 and 63 requests to trace persons separated from their families.

#### *Appeal for funds*

In January, the ICRC launched an urgent appeal for funds for its humanitarian work in the Lebanon.

In this document, the ICRC summarized its activities in the Lebanon since June 1982 and set out its objectives for successfully carrying out its protection (visits to prisoners, tracing of missing persons, etc.) and assistance activities (emergency medical aid, food aid, etc.), in 1983. The budget prepared for this by the ICRC amounted to 26,370,000 Swiss francs. By deducting the credit balance of about 8.4 million carried over from 1982, the ICRC requested the international community for 18 million for its 1983 operation in the Lebanon.

#### **Jordan**

Begun in September 1982, the eighth series of visits to Jordanian places of detention came to an end on 28 February. ICRC delegates visited seventeen places of detention, containing 3,501 detainees, including 243 security prisoners in eight prisons. They had interviews without witnesses with 230 detainees.

#### **Europe**

##### **Poland**

ICRC visits to internees in Poland came to an end, after martial law was lifted, on 31 December 1982, with the suppression of internment and

the release of the people in the category of internees. However, the ICRC is continuing its efforts with a view to gaining access to the detainees of other categories (those arrested, awaiting trial and sentenced).

The assistance action of the International Red Cross on behalf of those in need continued during January and February, as in the previous months, in close collaboration with the Polish Red Cross.

## USSR

Mr. Michel Veuthey and Mr. Thierry Germond represented the ICRC at a training course, from 14 to 19 February, in Moscow, organized by the League of Red Cross Societies and the Alliance of Red Cross and Red Crescent Societies of the USSR. This course was intended for certain members of the personnel of the Alliance who could be called on in future to take part in ICRC or League missions abroad. The ICRC representatives presented lectures and showed films on the ICRC's activities in the world.

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## **Fourteenth Annual Conference of Arab Red Cross and Red Crescent Societies**

The Annual Conference of the Arab National Red Cross and Red Crescent Societies was held in Bahrain from 23 to 25 January. The ICRC was represented by a delegation led by its President, Mr. Alexandre Hay; Mr. de la Mata, President of the League, and Mr. Abu Gura, President of the Standing Commission, were also present.

About twenty resolutions were adopted, aiming for the most part at strengthening collaboration between Arab National Societies and of these Societies with the international Red Cross institutions.

Some of the resolutions are of particular interest to the ICRC. One concerning the situation in Lebanon asks the ICRC to continue its assistance to civilians and prisoners of war, and to the "Palestinian Red Crescent" and the Lebanese Red Cross. The resolution also asks Arab Societies to intervene with their own governments to ratify the 1977 Protocols and to provide the ICRC with sufficient financial backing.

Another resolution relating to the armed conflict between Iraq and Iran calls for the application of the provisions of the Third Geneva Convention on behalf of prisoners of war held by both sides.

As regards the development of the Arab Red Crescent Societies, with a view to which the League had drawn up and submitted an extensive mutual assistance programme, the Conference has handed the draft for study to an *ad hoc* commission made up of representatives of the Red Crescent Societies of Algeria, Kuwait and Syria.

Lastly, it was decided that the next meeting of Arab Societies would take place in Tunis at a time not yet specified.<sup>1</sup>

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<sup>1</sup> See the ICRC President's speech at the Conference in Bahrain, at the beginning of this Review.

## **In Canberra : Regional Asia-Pacific Seminar**

A regional seminar on international humanitarian law was held in Canberra, federal capital of the Commonwealth of Australia, from 6 to 12 February. The seminar was designed for academics and high-level staff (civilian or military) of governments of the Asia-Pacific region. More than sixty participants from fourteen countries took part. The seminar was organized by the National University of Australia (Canberra) and the Henry Dunant Institute (Geneva), with the collaboration of the Australian Red Cross and the support of the ICRC. The ICRC sent as its delegates Mr. Rudolf Jäckli, member of the Committee, and Mr. H.-P. Gasser and Mr. J.-J. Surbeck, ICRC specialists in international humanitarian law and its dissemination. The Henry Dunant Institute was represented by its director, Mr. J. Meurant; the President of the Institute, Mr. E. de la Mata, also participated on the last day of the seminar. The regional delegate of the League was present at the various meetings.

The seminar was an important event from several points of view. It was the first time that the Australian Red Cross had hosted a meeting of representatives of neighbouring countries. For these representatives, responsible to their governments for the teaching or the dissemination of knowledge of international humanitarian law, it was the first opportunity that they had had, since the regional seminar held in Kuala-Lumpur, in 1978, by the ICRC and the Red Crescent of Malaysia, to meet for an exchange of views on the subject. For the ICRC and the Henry Dunant Institute, the seminar made it possible to have direct contact with legal specialists coming from countries on the other side of the globe.

Under the general theme of "Protection of the human being during armed conflicts", the participants heard a series of talks on the 1977 Protocols, on limitations of methods and means of combat, on systems for the supervision and application of international humanitarian law, on the dissemination of knowledge of this humanitarian law in the general education system, etc. The last two days of the seminar were devoted to a comparison between Asiatic traditions (in Japan, Malaysia, India and China) and the demands of contemporary humanitarian law for the protection of victims of armed conflicts. Each talk was followed by a debate.

A record of this seminar will be published this year in a special edition of the *Australian Yearbook of International Law*, making it unnecessary for us to talk about the proceedings of the seminar at greater length

here, but we would underline the very high quality of the speakers, of the contributions presented and of the discussions which followed them. This seminar may be considered as a great success in the dissemination of knowledge of international humanitarian law among university and government circles in Asia and the Pacific, and the Australian National University and the Australian Red Cross deserve thanks for their excellent contribution to this humanitarian work.

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### **Meetings in New Zealand**

The New Zealand Red Cross Society has always been very interested in the dissemination of international humanitarian law and has always been very active in this field. It had invited Mr. J.-J. Surbeck, a specialist in the dissemination of humanitarian law at the ICRC, who was going to Australia for the Asia-Pacific regional seminar, to also visit New Zealand. The Society had organized, between 2 and 5 February, in collaboration with the Victoria University of Wellington, two meetings, one in Auckland and the other in Wellington, intended for the New Zealand public and dealing with the Red Cross and international humanitarian law.

At these meetings, the members of the audience heard exposés given either by the ICRC delegate, or by the Professors K. J. Keith and R. Q. Quentin-Baxter of the Victoria University, or by representatives of the Defence Ministry and the New Zealand Red Cross. The talks were followed by lively discussions and the lecturers were asked numerous questions.

In Auckland the audience mainly consisted of active members and voluntary workers of the Red Cross, with representatives of the Civil Defence and several social and religious organizations, whereas in Wellington, the country's capital, the participants were important officials from the Defence Ministry, the Ministry for External Affairs, the Ministry for Education and from the Civil Defence, several university professors, students and jurists interested in the subjects presented.

During these two meetings, the public showed great interest and took an active part in the discussions. These events were a success, and a valuable encouragement to the organizers and lecturers.

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## Seminar in Hawaii

The American Society of International Law, in collaboration with the American Red Cross and the ICRC, organized in Honolulu, from 16 to 19 February, a seminar on international humanitarian law and armed conflicts. The ICRC representatives at this seminar were Mr. Rudolf Jäckli, member of the Committee, Mr. Gasser and Mr. Surbeck from the legal division and the dissemination division at the ICRC. All three played a very active part in the seminar, giving exposés and participating in the discussions. The President of the League, Mr. E. de la Mata, attended the first day of the seminar.

The public which participated in the work of the seminar was very varied: university professors, experts in international law, military men from the different branches of the American armed forces, students, journalists, members of the American Society of International Law and other specialized societies, members of professional associations and of the American National Red Cross Society.

The seminar programme consisted of three main subjects. The first was the Additional Protocols of 8 June 1977 and the United Nations Convention of 1980 on conventional weapons. The second was a corollary of the first, an analysis of the problems of implementation after ratification of the Geneva Conventions and the Protocols, i.e. their dissemination in the armed forces, in schools and among the public in general and their execution by the armed forces in case of armed conflict. The third subject was armed conflicts at sea.

To examine these different subjects, the seminar was divided into five study groups, which listened to exposés, then discussed them freely, striving to draw clear-cut, practical conclusions acceptable to all. In three plenary sessions summaries of the group discussions and the conclusions reached were presented to all the participants, so that each one was informed of the overall work of the seminar.

The quality of the exposés, the serious discussions, the interest shown by the participants and the presence of numerous personalities involved in the dissemination of international humanitarian law, all contributed to the remarkable success of the seminar whose repercussions will certainly be felt in various fields. The press also showed an interest in the work of this meeting and several articles appeared in the local papers.

The talks and discussions of the seminar will be published in the Pacific Basin Law Journal of the University of Hawaii.

## Colloquium in San Francisco

The Golden Gate Chapter of the American National Red Cross in San Francisco, organized a one-day colloquium which was held on 22 February, on International Humanitarian Law and Human Rights. It was mainly meant for members of the Red Cross and those interested in the subject.

This was the first time that a local committee of a Red Cross Society took the initiative to organize a seminar of this kind and this venture, which could be considered risky, was a success. The ICRC, anxious to support this type of initiative, had delegated Mr. Rudolf Jäckli, member of the International Committee and Mr. J.-J. Surbeck of the ICRC dissemination division. The attendance in response to the invitation of the local committee of the 'Golden Gate' Chapter was far greater (more than one hundred people) than expected for a subject as arduous as the one proposed. The number of questions asked after the exposés and the interest maintained right till the end, was surprising. This colloquium was also a marked success. It is hoped that the example of the local committee of the 'Golden Gate' of San Francisco will be followed by other local committees on the American continent, in the Pacific Basin and elsewhere as well.

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**Grants from the Maurice de Madre French Fund**  
in respect of Red Cross personnel wounded or killed  
during relief operations

Count Maurice de Madre, a Frenchman for many years resident in Switzerland, had the generous idea of bequeathing, on his death in 1970, a large sum to the International Committee of the Red Cross, in order to aid delegates, doctors and nurses of national and international Red Cross institutions who found themselves in a difficult situation or with health problems due to having taken part in relief operations.

A council was formed to administer the Fund. It is composed of representatives of the de Madre family, of the ICRC and of the League. As from 1979, revenue has been used to pay allowances to Red Cross collaborators wounded, sick or invalided in the accomplishment of their humanitarian mission. These have been, principally, an ICRC nurse, wounded in 1948 in Jerusalem; a seriously ill Ethiopian League collaborator; a Lebanese Red Cross voluntary first aid ambulance man, wounded in Beirut in 1978; a Central African Red Cross first aid worker, wounded during the events at Bangui in 1979; and a French Red Cross doctor, invalided following a mission in Thailand in 1980.

Following an amendment to the regulations governing the Maurice de Madre French Fund, allowances were also paid, as from 1981, to the families of Red Cross collaborators who had lost their lives on duty. These were the families of two Lebanese Red Cross voluntary relief workers killed in 1981 in Zahlé and that of a Salvadoran Red Cross store-keeper killed in 1981 in San Miguel.

The Council of the Maurice de Madre French Fund in addition contributed in 1982 and 1983 to the plan set up by the League and the ICRC, thanks to the donations of several National Societies, to aid the families of 12 voluntary relief workers of the Nicaraguan Red Cross killed during the events of 1978. These allocations supplement the allowances paid to surviving dependants.

The conditions under which requests may be made to the Maurice de Madre French Fund for grants are described in detail in the circulars addressed by the President of the ICRC to National Red Cross and Red Crescent Societies on 20 November 1978 (circular number 512) and on 10 December 1981 (circular number 518). These circulars were reprinted in *International Review of the Red Cross* of January-February 1979 and July-August 1982.

The conditions may be summarized as follows:

- The person concerned must be a member or collaborator of a National Society;
- The person must be in a difficult situation or have health problems (wounded, sick or invalid) as a consequence of having taken part in a relief operation;
- If the person died on duty, his family is in financial straits.

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## UN Resolution on the Protocols

*At its thirty-seventh session on 16 December 1982 the United Nations General Assembly adopted by consensus a resolution on the Protocols (A/RES/37/116), which reads as follows:*

**State of signatures and ratifications of the Protocols Additional to the Geneva Conventions of 1949 and relating to the protection of victims of international armed conflicts (Protocol I) and the protection of victims of non-international armed conflicts (Protocol II)**

The General Assembly,

*Recalling* its resolutions 32/44 of 8 December 1977 and 34/51 of 23 November 1979,

*Having considered* the report of the Secretary-General<sup>1</sup> on the state of signatures and ratifications of the two Protocols Additional to the Geneva Conventions of 1949 and relating to the protection of victims of armed conflicts,<sup>2</sup>

*Noting* resolution VII of the Twenty-fourth International Red Cross Conference, adopted in November 1981,

*Convinced* of the continuing value of established humanitarian rules relating to armed conflict and the need to secure the full observance of human rights in armed conflicts pending the earliest possible termination of such conflicts,

*Noting* the virtually universal acceptance of the four Geneva Conventions of 1949 concerning the protection of victims of armed conflicts, and their binding character for all Parties,

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<sup>1</sup> A/34/445.

<sup>2</sup> A/32/144, annexes I and II.

*Noting further* with appreciation the continuing efforts of the International Committee of the Red Cross to disseminate information about the two additional Protocols,

*Concerned*, however, at the fact that so far only a limited number of States have signed, ratified or acceded to the two Protocols,

*Mindful* of the need for continued improvement of the implementation and for further expansion of the body of humanitarian rules relating to armed conflict,

1. *Reiterates* its call, contained in General Assembly resolution 34/51, that all States should consider without delay the matter of ratifying or acceding to the two Protocols Additional to the Geneva Conventions of 1949 and relating to the protection of victims of armed conflicts;

2. *Calls* on all States becoming parties to Protocol I to consider the matter of making the declaration provided for under Article 90 of that Protocol;

3. *Requests* the Secretary-General to submit to the General Assembly at its thirty-ninth session a report on the status of the Protocols based on information received from Member States;

4. *Decides* to include in the provisional agenda of its thirty-ninth session an item entitled "Status of the Protocols Additional to the Geneva Conventions of 1949 and relating to the protection of victims of armed conflicts: report of the Secretary-General".

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## BOOKS AND REVIEWS

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### MANUAL ON THE RIGHTS AND DUTIES OF MEDICAL PERSONNEL IN ARMED CONFLICTS<sup>1</sup>

This manual is intended for military and civilian medical personnel whose services may be required in the event of armed conflict. Its purpose is to inform them about the provisions contained in international humanitarian law (the Geneva Conventions and their Additional Protocols) which should be familiar to all medical personnel and are designed to help them accomplish their humanitarian mission on behalf of victims of armed conflicts.

The author, Mrs. Alma Baccino-Astrada, doctor of Law and Social Sciences, member of the Youth bureau at the League of Red Cross Societies, compiled a practical handbook, written as simply as possible, to group together the essential provisions of the Geneva Conventions and their Additional Protocols relevant to the subject.

The opening chapter gives a brief introductory review of the main stages in the development of ideas, against the background of historical events. This will give medical personnel a better understanding of how the Red Cross and international humanitarian law came into being. This first chapter tries also to define medical personnel and the part they are expected to play in situations of armed conflict, the significance of the rights and duties incumbent upon them and granted to them by the provisions of international humanitarian law. Emphasis is placed, too, upon the distinctive emblem (the red cross and the red crescent) and its value.

With regard to the main part of this handbook, it was felt useful to distinguish between the duties incumbent on medical personnel by international humanitarian law (Chapter 2) and the rights conceded

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<sup>1</sup> *Manual on the Rights and Duties of Medical Personnel in Armed Conflicts*, by Dr. Alma Baccino-Astrada. Published by the ICRC and the League of Red Cross Societies, Geneva 1982. 78 pages. Published in French, English, Spanish, Arabic editions. Price: 4 Swiss Francs.

to them (Chapter 3). It is not always very easy to make this distinction as certain rights entail certain duties and vice versa.

It is obvious that medical personnel, when required to serve in a conflict, in their capacity as the agents of a State bound by the Geneva Conventions and possibly by the Additional Protocols, must obey the provisions laid down by these texts: any violation of these provisions would constitute a breach of national or international law, for which they would be held responsible, and would possibly lead to various sanctions. It is equally important, however, for medical personnel to be aware of their rights and not allow themselves to be unduly intimidated. Since they may find themselves required at any moment to perform their duties or assert their rights in the most unexpected way, it is essential for medical personnel to know what their rights and duties are.

It is also the duty of the public authorities to inform their citizens about the provisions of international humanitarian law, for in ratifying or acceding to the Conventions and Protocols the States assumed the obligation to disseminate knowledge of these same Conventions and Protocols in their respective countries "as widely as possible in time of peace and in time of armed conflict".

In view of the nature of the services provided by medical personnel, of their responsibilities and the conditions in which their duties are performed, and considering the number and complexity of the relevant provisions, it would be impossible to give medical personnel any adequate preparation for these aspects of their mission at the very last moment, when conflict breaks out. It is consequently imperative to start preparing them for their work in peacetime and it is hoped that this manual will be of some assistance.

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## THE NEW INTERNATIONAL STATUS OF CIVIL DEFENSE<sup>1</sup>

The new regulations of international law concerning the status of civil defence are an innovation: they create a completely new legal status, established in the general interest by the Diplomatic Conference

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<sup>1</sup> *New International Status of Civil Defence*, by Dr. Boško Jakovljević. Martinus Nijhoff Publishers, The Hague—Boston—London, and Henry Dunant Institute, Geneva, 1983. 142 pages. In English. 32.50 dollars.

on the Reaffirmation and Development of International Humanitarian Law applicable in Armed Conflicts, which met in Geneva from 1974 to 1977 and ended with the adoption of the Protocols additional to the Geneva Conventions.

The book by Dr. Bosko Jakovljević, Secretary General of the Yugoslav International Law Association and member of the Executive Council of the International Law Association, is devoted to an examination of this new status.

The author begins by briefly retracing the ICRC's efforts for almost a quarter of a century to have this status acknowledged, in the face of a certain amount of opposition and incomprehension, for although civil defence is intended to protect civilian populations against the effects of war, it also appears to contribute indirectly to the belligerents' war effort. He goes on to examine this status in relation to international law and human rights, and then to analyse the provisions of Protocol I and Protocol II concerning civil defence.

In the second part of his book the author has assembled a whole series of documents relating to civil defence: resolutions adopted by the International Red Cross Conferences, declarations by other international organizations and institutions, the ICRC drafts for the additional Protocols, etc. Although these texts are already known, they are particularly interesting grouped together in this way, and their significance is accentuated.

Civil defence, the subject of Dr. Jakovljević's book, has assumed acute importance in the world of today, and the reader cannot fail to find his work extremely interesting.

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G. BOUTHOU, R. CARRÈRE AND J. L. ANNEQUIN:  
GUERRES ET CIVILISATIONS <sup>1</sup>

The *Institut français de Polémologie* was founded in 1945 to scientifically study the subjects of wars, peaces, conflicts, collective aggressiveness and political violence. Previously our Review presented a

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<sup>1</sup> *Guerres et civilisations (De la préhistoire à l'ère nucléo-spatiale)* "Wars and Civilizations (from prehistoric times to the nuclear and space age)" by G. Bouthoul, R. Carrère and J. L. Annequin, of the *Institut français de Polémologie*. Foreword by Jean Guitton of the Académie française. "Les Cahiers de la Fondation pour les études de défense nationale". Supplement to No 4 (4th quarter of 1979) for "Stratégique". In French only.

publication by this Institute entitled *Le défi de la guerre* (Paris, 1976), which is a study of relations between war and society in wars and revolutions during the last two centuries from 1740 to 1974.

Now *Guerres et civilisations* is a new publication which analyzes, over a very long period of time, from prehistory to the present day, relations and interactions between wars and civilizations.

Experience shows that wars deeply mark the bodies and minds of those who have lived through them. Personal experience and history have also provided sufficient evidence that states and empires grow or decline and disappear in battles and that wars transform societies. Civilizations are less tangible and less definable geographically than states or societies, and interactions between wars and civilizations are therefore less conspicuous; and yet such interactions do exist and this book deals with their discovery and mechanisms.

This historical study of the period ranging from prehistoric times to the present day is supplemented by an essay on the world conflict situation at the beginning of 1980 and on prospects for the coming twenty years; it is a most interesting text for it answers our immediate concerns.

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EXTRACT FROM THE STATUTES OF  
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

ADOPTED 21 JUNE 1973

ART. 1. — *International Committee of the Red Cross*

1. The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

2. It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — *Legal Status*

As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — *Headquarters and Emblem*

The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be *Inter arma caritas*.

ART. 4. — *Role*

1. The special role of the ICRC shall be:

- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve in humanitarian matters, as an intermediary between the parties;
- (e) to ensure the operation of the Central Information Agencies provided for in the Geneva Conventions;
- (f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (g) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

2. The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — *Membership of the ICRC*

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.

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<sup>1</sup>The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

## ADDRESSES OF NATIONAL SOCIETIES

- AFGHANISTAN (Democratic Republic) — Afghan Red Crescent, Puli Artan, *Kabul*.
- PEOPLE'S SOCIALIST REPUBLIC OF ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadave, *Tirana*.
- ALGERIA (Democratic and People's Republic) — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, 1089 *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 206, Clarendon Street, *East Melbourne 3002*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHAMAS — Bahamas Red Cross Society, P.O. Box N 91, *Nassau*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Cross Society, 34, Bangabandhu Avenue, *Dhaka 2*.
- PEOPLE'S REPUBLIC OF BENIN — Red Cross of Benin, B.P. 1, *Porto Novo*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, *Sofia 27*.
- BURMA (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN REPUBLIC — Central African Red Cross, B.P. 1428, *Bangui*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago*.
- CHINA (People's Republic) — Red Cross Society of China, 53 Kanmien Hutung, *Peking*.
- COLOMBIA — Colombian Red Cross, Avenida 68, No. 66-31, Apartado Aéreo 11-10, *Bogotá D.E.*
- CONGO, PEOPLE'S REPUBLIC OF THE — Croix-Rouge Congolaise, place de la Paix, *Brazzaville*.
- COSTA RICA — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 No. 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague 1*.
- DENMARK — Danish Red Cross, Dag Hammarskjölds Allé 28, Postboks 2600, 2100 *København Ø*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 29, El-Galaa Street, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 17 Av. Norte y 7a. Calle Poniente, Centro de Gobierno, *San Salvador*, Apartado Postal 2672.
- ETHIOPIA — Ethiopian Red Cross, Rass Desta Damtew Avenue, *Addis Ababa*.
- FIJI — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 *Helsinki 14/15*.
- FRANCE — French Red Cross, 17 rue Quentin Bauchart, F-75384 *Paris CEDEX 08*.
- GAMBIA — The Gambia Red Cross Society, P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach 1460 (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3ª Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 7a Calle, 1a y 2a Avenidas, *Comayagüela, D.M.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*. Mail Add.: 1367 *Budapest 5*, Pf. 121.
- ICELAND — Icelandic Red Cross, Nóatúni 21, 105 *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA — Indonesian Red Cross, Jalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Crescent, Avenue Ostad Nejatollahi, Carrefour Ayatollah Taleghani, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 1-3 Shiba-Daimon 1-chome, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*
- KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAO PEOPLE'S DEMOCRATIC REPUBLIC — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.

- LIBERIA** — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB JAMAHIRIYA** — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 404, *Luxembourg*.
- MALAGASY REPUBLIC** — Red Cross Society of the Malagasy Republic, rue Patrice Lumumba, *Antananarivo*.
- MALAWI** — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
- MALAYSIA** — Malaysian Red Crescent Society, National HQ, No. 32 Jalan Nipah off Jalan Ampang, *Kuala Lumpur*.
- MALI** — Mali Red Cross, B.P. 280, *Bamako*.
- MAURITANIA** — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, *Nouakchott*.
- MAURITIUS** — Mauritius Red Cross, Ste Thérèse Street, *Curepipe*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional nº 1032, *México 10 D.F.*
- MONACO** — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO** — Moroccan Red Crescent, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tahachal, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, P.O.B. 30427, *2500 GK The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, Red Cross House, 14 Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington North*.)
- NICARAGUA** — Nicaragua Red Cross, D.N. Apartado 3279, *Managua*.
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamev*.
- NIGERIA** — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Drammensveien 20 A, *Oslo 2*, Mail add.: *Postboks 2338, Solli, Oslo 2*.
- PAKISTAN** — Pakistan Red Crescent Society, National Headquarters, 169, Sarwar Road, *Rawalpindi*.
- PAPUA NEW GUINEA** — Red Cross of Papua New Guinea, P.O. Box 6545, *Boroko*.
- PANAMA** — Panamanian Red Cross, Apartado Postal 668, Zona 1, *Panamá*.
- PARAGUAY** — Paraguayan Red Cross, Brasil 216, *Asunción*.
- PERU** — Peruvian Red Cross, Av. Camino del Inca y Nazarenas, Urb. Las Gardenias - Surco - Apartado 1534, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, Bonifacio Drive, Port Area, P.O. Box 280, *Manila 2803*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, *Lisbon 3*.
- QATAR** — Qatar Red Crescent Society, P.O. Box 5449, *Doha*.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- RWANDA** — Rwanda Red Cross, B.P. 425, *Kigali*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE** — Singapore Red Cross Society, 15 Penang Lane, *Singapore 0923*.
- SOMALIA (DEMOCRATIC REPUBLIC)** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, 77, de Villiers Street), P.O.B. 8726, *Johannesburg 2000*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA (Dem. Soc. Rep. of)** — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWAZILAND** — Baphalali Swaziland Red Cross Society, P.O. Box 377, *Mbabane*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND** — Swiss Red Cross, Rainmattstr. 10, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, 51 rue Boko Soga, P.O. Box 655, *Lomé*.
- TONGA** — Tonga Red Cross Society, P.O. Box 456, *Nuku'alofa*.
- TRINIDAD AND TOBAGO** — Trinidad' and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, *Port of Spain*, Trinidad, West Indies.
- TUNISIA** — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM** — British Red Cross, 9 Grosvenor Crescent, *London, SW1X 7EJ*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington, D.C. 20006*.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, I. Tcheremushkinskii proezd 5, *Moscow 117036*.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM, SOCIALIST REPUBLIC OF** — Red Cross of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- YEMEN (Arab Republic)** — Yemen Red Crescent Society, P.O. Box 1471, *Sana'a*.
- YUGOSLAVIA** — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- REPUBLIC OF ZAIRE** — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R.W.1, 2837 Brentwood Drive, *Lusaka*.