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INTERNATIONAL COMMITTEE OF THE RED CROSS

*INFORMATION NOTE OF APRIL 29, 1952 CONCERNING THE CONFLICT IN KOREA*¹

It is common knowledge that, having been approached on several occasions and having been asked by the United States Government to cause an enquiry to be made, the International Committee of the Red Cross informed the Parties to the conflict in Korea on March 12, 1952, that it would be prepared, subject to the agreement of all concerned, to cause such an enquiry to be made into the alleged use of bacterial weapons in Korea. A commission of enquiry composed of experts of international repute, including epidemiologists chosen from Asiatic countries not Parties to the conflict, would in that case have been set up by the Committee. The procedure suggested by the International Committee was approved by the United States Government.

No reply having been received from the Prime Minister and Commander-in-Chief of the Korean People's Army, and the Officer commanding the volunteers of the Chinese people, the International Committee again approached these two authorities on April 10, requesting them to give their official answer not later than April 20. No reply has so far been received.

Consequently, the conditions stipulated by the International Committee of the Red Cross for its undertaking to appoint a commission of experts to conduct an enquiry are still unfulfilled. The International Committee is suspending the technical preparations it had provisionally undertaken.

¹ See *Revue*, English Supplement, April 1952, p. 79.

PRINCIPAL ITEMS OF INTEREST

Korea. — (See page 106 above.)

Italy. — On April 18 the International Committee of the Red Cross forwarded to the Italian Red Cross in Rome 500 parcels of men's and 500 parcels of women's clothing, intended for the numerous repatriated Italians assisted by this Society. This consignment, weighing about 2 tons, was the gift of the ICRC as part of the relief action to which reference has already been made in November 1951 and last March. The utility of these parcels, each of which includes a working dress, is to help the beneficiaries to find employment.

Greece. — During the month of April about 1,800 kg of medicaments, antibiotics, surgical and medical equipment, representing an approximate value of Swiss Fr. 32,000 were sent to the ICRC delegation in Athens. These relief supplies will be distributed to the different categories of necessitous persons in Greece, particularly in camps and prisons.

Greek Children. — A joint mission of the ICRC and the League of Red Cross Societies visited Prague from April 7 to 25. Discussions took place with the Czechoslovak Red Cross on the subject of displaced Greek children in Czechoslovakia.

Disablement. — The Disablement Section continued its individual and collective relief work. In particular, it forwarded to the Finnish Red Cross four typewriters for war-blinded, acquired by means of the Australian legacy mentioned in these pages last November. In addition, eleven exiled Greek amputees were provided with prostheses. Other similar gifts will follow.

Middle-East. — During April M. P. Gaillard, ICRC delegate in Cairo, travelled to Jordan, Lebanon, Iraq and Iran. In the course of his journey he discussed, both with the authorities and the directors of National Societies in these various countries,

a number of problems relative to the work of the International Committee in the Middle East.

Indochina. — In the period between February 29 and March 4, M. A. Durand, ICRC delegate in Indochina, visited Vietminh military prisoners and internees held in the permanent camps at Thu Duc, Phu Lam, Mytho and the temporary camps at Bien Hoa, Duc Hoa and Tan An. During these visits a documentary film was made which will be included in the film now being prepared by the ICRC on its recent work.

At Hanoi the delegate of the International Committee distributed to war orphans a few cases of condensed milk offered by the members of various trade unions in Paris.

Dissemination of the Conventions. — In response to the wish expressed by several National Societies, the ICRC published in 1951 a Brief Summary of the Geneva Conventions of August 12, 1949, for "members of the armed forces and the general public". This booklet (published in the three official languages, French, English and Spanish) contains about ten pages and is intended to make apparent the essential ideas embodied in the Conventions. A few copies were sent to Central Committees of the National Societies last August.

It is interesting to note that since then eighteen National Societies have applied to the ICRC for extra copies, namely the Red Cross Societies of Australia, Canada, Cuba, Ethiopia, France (2,200 copies), Italy, Luxemburg, Netherlands, South Africa, Switzerland, the United Kingdom and the Jordan and Turkish Red Crescent.

Two Societies were particularly interested in the booklet as they are preparing a summary on similar lines. The South African Red Cross solicited the International Committee's permission to reprint the booklet for the use of the Union Defence Forces. The Greek Red Cross stated that a Greek translation had been made, and an Italian translation has been made by the ICRC.

The translation of the new Geneva Conventions into Arabic (by the Egyptian Government) has been adopted by Saudi Arabia, Iraq, Jordan and Syria.

HOSPITAL LOCALITIES AND SAFETY ZONES

HISTORICAL BACKGROUND

Henry Dunant and Safety Zones.

On August 20, 1870, while the French armies were fighting desperately in Alsace, Henry Dunant, who was then living in Paris, addressed the following Note to the Empress Eugenie :

Does Her Imperial Majesty not believe it would be extremely useful to propose to Prussia, that certain towns, to which the wounded could be sent, should be neutralized? These men would thereby find shelter from the present conflict, and the civilians caring for them would have the benefit of the safeguards accorded by the Diplomatic Conference ¹.

Here, clearly and expressly stated, was the first proposal to set up hospital zones. It was favourably received by the Imperial Chamberlain, by Count Flavigny, President, and Count Serurier, Vice-President, of the French Society for Relief to the Military Wounded ². It was communicated, by order of the Empress, to the Council of Ministers. Shortly afterwards, appalled by the progress of the war, Dunant wrote a second Note, which he addressed first to the Empress and later, on September 10, 1870, to Jules Favre, Foreign Minister of the Government of National Defence constituted on September 4. He repeated the exact terms of his proposal, but made it subject to better knowledge and strict observance of the 1864 Geneva Convention. It would in fact have been useless, and possibly dangerous to collect the wounded in exposed towns if there was not a prior assurance of the full protection accorded under the Convention to the wounded and those who care for them.

¹ The Conference which adopted the Geneva Conventions of 1864.

² Forerunner of the French Red Cross.

Dunant's proposal came to nothing ; in the words of one of his correspondents, M^{me} Jules Simon, wife of one of the Ministers, the responsible members of the Government were " swept away by the current of events ".

Again during the Commune, in 1871, Dunant foresaw the terrible consequences for Paris which might follow the extension of the insurrection and its suppression. He tried, in vain, to set up neutral zones in the city where non-combatants could find refuge.

Dunant thus made two proposals for the protection in combat zones of the wounded and sick, and of civilians. His scheme for the creation of neutral zones, suitably marked, and given recognition by the enemy, was substantially that adopted, seventy-nine years later, by the Geneva Diplomatic Conference of 1949. They occur in Article 23 of the First (Wounded and Sick) Convention, and Articles 14 and 15 of the Fourth (Civilian) Convention.

The 1869 Conference.

Hospital zones were again discussed at the Second International Red Cross Conference (Berlin, 1869) under the title " Spas and Hydros as Neutral Enclosures ". The following proposal was made :

" That the International Conference agree to discuss the protection which should be granted to spas and hydros, and to patients of all nations staying in them during a war.

That the Conference examine the question of claiming neutrality for such establishments because, during a war, they could serve as places of convalescence for the wounded ¹ ".

M. Jaeckel, Prussian Delegate, who put forward their proposal, limited its scope. He recommended that the Conference should, in general terms, promote the creation of " peace refuges ", and, as far as possible, shelter from the upheavals of war " places of refuge for the sick of all nations ". He added : " In suggesting neutrality, I do not intend that it should cover

¹ Minutes of the 1869 Conference, p. 218.

the *towns* or even *localities*, where there are thermal baths. As I see it, such neutrality could cover only the therapeutic and convalescent centres of our leading stations; this would safeguard the valuable medical equipment they contain, and at the same time allow their immediate transformation, in case of war, into first-class hospitals for the military wounded and sick”¹.

The proposal was thus very far from the idea of a *place of refuge*, as understood in the terms “hospital and security zones”, and was intended only to give spas the protection that the Geneva Convention provides for military hospitals. It was akin rather to certain previous attempts, one of the most interesting of which was an agreement between Prussia and Austria in 1759, regarding the baths of Landeck and Warmbrunn (Silesia), and Teplitz and Karlsbad (Bohemia), which accorded protection, on condition of reciprocity, to officers and men who went to, or were staying in these places². According to Dr. Gurlt, Prussian Delegate to the 1869 Conference, it was extremely difficult to carry the agreement into effect, because there were no precise regulations concerning such towns, and enemy troops were almost in the immediate vicinity.

The Delegates did not under-estimate the difficulties, and the Conference limited itself to the following recommendation :

That Governments agree, in time of war, to allow the wounded and sick who may be in spas and hydros the same privileges as those who are wounded or fall sick in the field, and allow such establishments the same privileges as are enjoyed by field hospitals.

In others words : a proposal to extend to certain civilian patients the protection given the military, and to certain civilian hospitals the protection accorded field hospitals.

¹ Minutes of the 1869 Conference, p. 219.

² “As from today, Prussian officers and men who go to the baths of Landeck and Warmbrunn, or are staying there for their health, shall be secure from all attack, and may undertake or complete their cure without hindrance. This shall be so, however, only on condition that similar security be accorded to all officers and men of the Imperial and Royal Army who are in the two above stations or in those of Karlsbad and Teplitz in Bohemia, or who shall go there for convalescence.”

The question of hospital and security zones was not again raised until the first World War. The 1864 Geneva Convention, largely revised on July 6, 1906, had been ratified by most of the Great Powers inside a few years. The immunity accorded civilians in International Law found expression especially in the Regulations on the Laws and Customs of War (1899) and was confirmed in 1907 in the revised Hague Convention.

It accordingly appeared unnecessary to reinforce these general provisions by measures of protection with more limited objectives.

I.

BETWEEN THE TWO WORLD WARS

(1918-1939)

As a result of the destruction which followed the extension of the conflict to all sections of the population, and the employment of new weapons, there was a widespread public movement, after 1918, to give greater and more effective protection to non-combatants. This tendency was shared by the Red Cross. In 1922 a Legal Commission met at The Hague to consider the possibility of adapting the laws of war to the necessities of aerial warfare, and similar views were expressed, the same year, at a meeting of the International Conference of Military Medicine and Pharmacy.

Two distinct trends may be distinguished: (1) A proposal to ensure general civilian protection by treaties that would cover all categories of non-combatants and apply in all circumstances; (2) A scheme—more limited in object—for the protection of certain categories of persons in certain agreed places.

It is with the second of these that we are here concerned. Both, however, are intimately bound up, and there is accordingly a close connection between proposals for Safety Zones and the developments which led to the revision and extension of the Geneva Conventions. The question of Safety Zones could be dealt with in separate agreements, without modifying the Conventions, or they could be included in more general Conven-

tions, the question of application being regulated by a Model Agreement. In the latter case, methods would differ according as there was, or was not, a Convention relative to the various categories to be protected. These various possibilities explain the different conceptions embodied in the drafts, starting with the Monaco Draft in 1934 and ending with the Model Agreement annexed to the 1949 Conventions.

The " Lieux de Genève ".

A French Army doctor, General Georges Saint-Paul, was probably the first to make a definite proposal for drafting international agreements on the subject of Hospital and Safety Zones. Following his experience during the first World War, and deeply concerned about humanitarian questions, he proposed, in 1929, under the title " Lieux de Genève ", that refuge zones should be set aside for non-combatants. He developed this idea in a scheme addressed to the International Committee, making it applicable to districts and towns, and providing for supervision by neutral officials ¹.

In 1930, General Saint-Paul brought the matter up for discussion in Parliament. The French Chamber adopted a Resolution inviting the Government to place before the League of Nations a draft agreement for the protection of civilians on the same terms as the military wounded and sick, and proposing " to study methods whereby every nation, through agreements registered by the League, should designate places, localities or zones which, in case of armed conflict, would be left untouched by all military actions or incidents, such places, localities or zones in national territory to be known, until further notice, as " Lieux de Genève ", placed during the course of hostilities, under neutral officials acceptable to both parties, and in which persons legitimately entitled to be treated on the same footing as the wounded and sick could be assembled ² ".

¹ See *Revue internationale*, Geneva, Dec. 1930, p. 1066.

² See *La guerre moderne et la protection des civils*, Geneva 1943, p. 13. (Published by the General Secretariat of the " Lieux de Genève "). See also *Revue internationale*, Geneva, Oct. 1931, p. 843.

In 1931, General Saint-Paul founded in Paris the Association for the Lieux de Genève, with the intention of arousing public interest and promoting international agreements to establish Safety Zones. In his draft—closely following Red Cross ideas on the subject—he requested :

- (1) The recognition in all places and circumstances of the right to treatment on the same lines as is ordinarily given to the wounded and sick : to pregnant women, the infirm, the old, the impotent, and so on.
- (2) As a natural consequence, the recognition as medical units—in all places and circumstances—of units and establishments whose only object it is to receive the persons above-mentioned.
- (3) Through bilateral and international treaty, the recognition as “Lieux de Genève”, enjoying the immunities given medical units under the 1864 Geneva Convention, of places where, under the scrutiny of neutral officials accepted in peacetime by the adverse parties, the above-mentioned units may assemble, as may also, in general, persons on the same footing with the wounded and sick, at their request or at the request of those entitled on their behalf.

General Saint-Paul was untiring in his efforts to spread the idea of Safety Zones. After his death in 1937, the headquarters of the Association he had set up moved to Geneva. It took the title : “Lieux de Genève, White Zones ; International Association for the protection of civilian populations and of historical monuments, in time of war and armed conflict”. It has since carried on an active propaganda campaign for Safety Zones, through publications, communiqués, and addresses to Governments.

Preliminary Monaco Draft.

A preliminary Draft Convention was drawn up at Monaco by a Commission of medical and legal experts, which sat from February 5 to 11, 1934. Following a recommendation of the VIIth International Conference of Military Medicine and Phar-

macy (Madrid 1933) ¹, it has a special place in a long series of similar drafts.

According to its Report, the Commission had first intended "to consider conditions in future wars from the purely technical point of view", as indicated in the Madrid Recommendation. It has, however, gone on to examine "all data having a bearing on the question of respect for human life during wartime". It drew up a preliminary Convention under the following headings: Hospital Towns and Localities; medical assistance by non-belligerents; protection of prisoners of war; protection of civilians; penalties.

Some of these headings duplicated the 1929 Geneva Conventions, to which they largely referred. The first Chapter, however, dealing with Hospital Towns and Localities, was a new conception which has served as a model for subsequent drafts. It defined Hospital Towns as towns reserved for the needs of the Medical Services, to the exclusion of all military use. It provided for notification of these Towns, in peacetime by diplomatic channels, in wartime through the Protecting Powers, or an international agency to be determined. It recognises the right of the adverse State to challenge their creation, if it has sufficient reasons for doing so. Supervision was by a Commission appointed by neutral States. In case of military occupation, the Zone would retain its privileged status. Finally, after setting out arrangements for ending such status, the Monaco Draft provided for places called Hospital Localities in which fixed or mobile medical units, working in close co-operation with front line positions

¹ The VIIth International Conference of Military Medicine and Pharmacy, considering the ever-increasing risk of bombardment to which field medical units and fixed hospitals are exposed, makes the following recommendation:

- (1) that Hospital Localities be reserved for the exclusive needs of the Medical Services and placed under the emblem of the Red Cross;
- (2) that suitable arrangements be made, at the earliest possible date, to decide how this provision can be applied within the framework of the Geneva Convention of July 27, 1929, for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field.

could be grouped; these Localities would be given the same safeguards as Hospital Zones ¹.

In addition to very definite provisions for zones reserved for the sick, the Monaco Draft in Part IV defined *Safety Towns*, which would be given the same privileges as Hospital Towns, "provided they fulfilled the same formalities of notification and supervision".

Some months later, the International Documentation Office of Military Medicine, meeting at Liège from June 27 to 30, 1934, suggested that the Belgian Governments should call a Diplomatic Conference to examine ways of putting the Monaco proposals into effect. The Government accepted the idea of a Conference, but had later to drop it.

Soon afterwards, the XVth International Red Cross Conference (Tokyo, 1934), in its Resolution XXXVII, supported the

¹ The terminology has often varied; today the following terms are in general use:

- (a) *Hospital Zones and Localities* are more or less permanent, organized outside the combat zone and intended to shelter from the effects of war the wounded and sick, military and civilian. The expression "Hospital Towns" was dropped by the Expert Commission which met in Geneva in 1938.
- (b) *Safety Zones and Localities*; usually permanent, organized outside the combat zone and intended for certain categories of civilian needing special protection: children, old persons, pregnant women, etc.
- (c) *Neutralized Zones*; usually provisional, set up in a combat zone or locality, to shelter the wounded and sick, both combatant and non-combatant, as well as the general civilian population, taking no part in hostilities in the area.

This is the terminology used in the 1949 Conventions. *Locality* means a definite place, usually containing certain buildings. *Zone* is a relatively large stretch of open country, taking in one or more localities.

Unless the context indicates otherwise, "Zone" will be used in this article for both zones and localities.

Place of refuge is common parlance for any portion of territory so organized as to afford refuge to certain categories of persons. It covers Hospital Zones and Localities, Safety Zones and Localities, and Neutralized Zones. The terms *Lieux de Genève* and *White Zones* (zones blanches) are those adopted by the "Association internationale des Lieux de Genève".

If we had to go into detail about terms, it may be stated that, in practice, and even in theory, solutions can also be mixed. The system proposed in the 1949 Conventions is very flexible in this respect. A Hospital Locality may shelter both military wounded and civilian patients; a Safety Zone could shelter wounded and sick, in addition to given categories of civilians.

Belgian Government initiative. It recommended that the International Committee and the National Societies should try to persuade Governments to act forthwith and create Safety Zones or Towns, for the adequate protection of the military wounded and sick, and civilians.

The Standing Committee of the International Congress of Military Medicine and Pharmacy, meeting at Brussels, on June 28, 1935, drew the attention of the ICRC to those parts of the Monaco Draft which directly concerned the Red Cross. The Secretary-General added that the decision was "not only a transmission pure and simple of the texts and discussions of the Monaco meeting, but also an offer of collaboration in revising and bringing to a final form the texts which might then serve as a basis for a Diplomatic Conference".

The 1936 Expert Commission.

The ICRC, which had also been studying the question, at this point called an Expert Commission. Twenty-seven Delegates met, on October 15 and 16, 1936, representing ten National Societies, the Standing Committee of the International Congress for Military Medicine and Pharmacy, and the International Union for Child Welfare. The Commission strongly favoured the idea of Hospital Towns, but it was evident that there were many difficulties from the military point of view. The commission therefore considered that the question should be also submitted to military experts.

In response to Resolution XXXVII of the Tokyo Conference, the ICRC asked if the experts considered the proposed protection for the military wounded and sick (Hospital Towns) should extend to :

- (a) sick civilians, the infirm, pregnant women, young children (*Lieux de Genève*) ;
- (b) other civilians (Safety Towns) ¹.

¹ Point (b) was examined by the Monaco Experts in 1934, and covered by Article 6 of the fourth Monaco Draft.

While believing such extension most desirable, the 1936 Expert Commission thought it preferable to deal first with the question of Hospital Towns reserved for the military wounded and sick. If they were successful, the much wider problem of Safety Zones for all or part of the civilian population could then be tackled with a better chance of success. The ICRC accordingly limited its terms of reference to the wounded and sick of armed forces in the field.

The Committee then drew up "Draft Articles to serve as a basis for a Convention on Hospital Towns, in accordance with the principles laid down by the Commission of October 15, 1936", and informed the National Societies¹. The Societies were asked to submit the draft to their Governments so as to obtain the opinion of the General Staffs; they were also asked to find out if their Governments would agree to send representatives to the Military Expert Commission which the ICRC thought of calling.

Certain useful information was obtained, but in spite of repeated efforts, it did not prove possible to call the meeting.

The ICRC presented a provisional report of progress to date, together with the experts' remarks on the Draft Articles, to the 1938 International Red Cross Conference in London. The report also gave the preliminary Monaco Draft, and two drafts put forward, one by the Rumanian, the other by the Yugoslav Red Cross.

The London Conference renewed the Committee's mandate, and expressed the hope a Commission of military and international law experts would soon be called and agree upon a final draft. This could then be submitted without further delay to a Diplomatic Conference. The Conference hoped that, pending the establishment of such draft, Governments would examine the question of concluding *ad hoc* agreements between themselves for the creation of Hospital Towns and Localities.

¹ Circular No. 336. See *Revue internationale*, April, 1937, p. 401.

The 1938 Expert Commission.

The ICRC accordingly invited¹ the National Societies to designate, in agreement with their Governments, military and international law experts who would draw up a draft Convention. The Commission, which met on October 21 and 22, 1938, included Delegates from eighteen States and National Societies. Documents handed to it included the Committee's Report to the London Conference and a draft Convention (used by the Commission as a working document) from M. Camille Gorgé, of the Federal Political Department.

From these documents, the Commission drew up what was known as the "1938 Draft", and requested the ICRC to make a report in the form of a commentary on it. This report, "Draft Convention for the Creation of Hospital Zones and Localities in Wartime", was communicated to Governments by the Swiss Federal Council in January 1939, as a preliminary document for the Diplomatic Conference, due to meet at the beginning of 1940.

The 1938 Draft was in the form of a Convention, separate from the Geneva Conventions. The French Delegation had proposed that the draft be inserted in the 1929 Geneva Convention, by adding to Article 6 a paragraph stating that the Zones and Localities defined in the Regulations annexed to the Convention would also be protected in the sense of the Article. This was the method eventually adopted by the 1949 Diplomatic Conference. At the time, however, certain Delegations pointed out the practical objections, and the Commission decided to establish a separate draft; it considered the problem was one for the Diplomatic Conference, and should be left to it.

The 1938 Draft was introduced by a Preamble which emphasized a point that the ICRC considered to be one of vital importance. On the proposal of M. Gorgé, the Commission unanimously decided to include in the Preamble the idea contained in Resolution XI of the 1938 Conference, namely, that the creation of Hospital Zones and Localities should in no way

¹ Circular No. 350. See the *Revue internationale*, August, 1938, p. 763.

diminish the protection resulting from international law. The Commission took a concrete example: belligerents cannot plead the existence of Hospital Zones in enemy territory as an excuse for neglecting the obligation of according to the wounded or to civilians outside such areas the protection to which they are entitled under the Conventions, or under international law in general.

The eleven Articles of the 1938 Draft reproduce as a whole the Articles of the 1936 Draft and extend them. The expression "Hospital Zones and Localities" replaces the previous "Hospital Towns". The definition of Zones remains substantially the same. As in the Monaco Draft, military convoys are allowed to pass through by the ordinary transport and communication routes. For the first time, it is laid down that the Zone shall be indicated by the emblem of the Geneva Convention. Notification, both in peace and wartime, is through the ICRC. The grounds of objection have to be stated, and time limits for objections are fixed (not in the 1936 Draft). Cancellation, duly notified with reasons, takes effect within five days. Conciliation procedure is by reference to the Geneva Convention. Article 8, dealing with the case of enemy occupation, reproduced the essentials of Article 8 of the 1936 Draft and provided that the Zone could be continued as such by the Occupying Power unless there was a decision to the contrary by one or other of the parties. Supervision was by a Commission designated by the ICRC. Should the Commission's rules not be obeyed, it could resign its mission in relation to the Zone or Locality about which its remarks had been made. Article 11, dealing with alleged violations, referred back to Art. 30 of the 1929 Convention.

The Commission did not deal with the question of Safety Zones for civilians. The ICRC, however, drew the experts' attention to this problem. The Commission noted with satisfaction the ground gained by this idea in the public mind, in the legislation of certain States and the practical examples afforded in Spain and China.

Madrid Zone.

In November 1936, the ICRC was informed by its Madrid Delegate that General Franco had announced by radio his intention of reserving a quarter of Madrid where the civil population could find refuge. The same day, negotiations were begun with both Governments to facilitate the scheme, so well in accordance with the Committee's wishes. Telegrams were sent, on November 19, to both Nationalist and Republican Governments.

The Committee requested the Republican Government to concentrate the civilian population in the North-East of Madrid and ensure that this quarter would be reserved exclusively for non-combatants, and not used for military purposes. The Committee offered the services of its Madrid Delegate, Dr. Henny, and other Delegates, for supervision.

The Government of Salamanca replied on November 24 as follows :

Further to our telegram of November 19, I inform you that the neutral zone reserved for the non-combatant population includes, under arrangements of November 17, the zone bounded West by Calle de Zurbano and the new Ministries, North by Paseo de Ronda, East by the part of Calle de Velasquez between Goya and Ronda, and South by Goya and Genova Streets.

The Valence Government declared the proposal of a neutral zone unacceptable ; the whole civil population of Madrid should be considered as non-combatant (telegram of November 20).

The ICRC cabled the Valence Government again on November 24, giving the precise boundaries of the neutral zone indicated by Salamanca and adding :

While appreciating your desire to protect whole civilian population consider our proposal limited zone already constitutes important humanitarian measure. Earnestly request therefore to please give your Commander instructions to prevent military use of sector specified in interest of refugee population. Have informed Salamanca your first opposition and our démarche renewed by present telegram.

The Valence Government did not change its point of view and maintained its decision.

The Salamanca Government, by telegram of November 28, confirmed its decision of reserving a neutral zone in Madrid, and during the following months the quarter was, on the whole, respected.

In November 1937, the ICRC, quoting as precedent the measures adopted a year before in regard to Madrid, requested the Salamanca Government to consider a similar measure in respect to Barcelona and Valence, with, possibly, a specification of quarters considered as neutral.

A negative reply was received on January 3, 1938 ; reference was made to the unsatisfactory results of what had been done in Madrid, and it was stated that the Government forces had not respected certain of the quarters designated and had installed munition depots in them.

There thus was considerable difference between the neutral zone of Madrid and present conception of a Safety Zone. Being in the actual front lines, it resembled rather a neutralized zone in the sense of the 1949 Convention. One essential difference was that its constitution and boundaries were decided by the adverse party, and not by the interested party, as is now intended. Moreover, although the ICRC, in accordance with its traditions, had acted as neutral intermediary between the parties, there was never, to its knowledge, specific agreement on this point ; the neutral zone in Madrid in 1936 was the consequence of a military decision taken unilaterally by a Government in order to spare part of a besieged town. Two of the essential conditions for the constitution of Safety Zones properly so-called were missing : agreement and supervision.

Nevertheless, the fact that there actually was a neutral zone in Madrid was an important step towards the protection of civilians in wartime and an encouraging example for those working for on Hospital and Safety Zones agreements. A year later, the Shanghai Zone came in confirmation.

Jaquinot Zone, Shanghai.

The Shanghai Safety Zone, called the " Jaquinot Zone " in honour of Father Jaquinot de Besange who organized it, gave

refuge to 250,000 Chinese threatened by the approach of fighting during the Sino-Japanese conflict in 1937. In August 1937, as Japanese forces approached Shanghai, hundreds of thousands of Chinese took to the roads, abandoning their homes, and piling on carts everything they could take with them. The foreign Concessions were overcrowded, and closed their gates. Most refugees crossed Soochow Creek to the Chinese town of Nantao, part of Greater Shanghai.

Following a break-through in the North, in October 1937, the Japanese armies attacked Shanghai. The Northern part of the town was soon in ruins. Father Jaquinot de Besange then decided to set up, in the Chinese town, a Safety Zone comprising about a third of Nantao, to give refuge to the civilian population. He formed a Committee of foreign residents in Shanghai, and got in touch immediately with the Chinese and Japanese authorities. He was almost unbelievably successful, obtaining the formal agreement of both sides. On November 6, the local Committee published the following declaration :

The Control Committee of the Nantao Zone, reserved for non-combatants, being satisfied that all orders given have been rigorously observed, declares the said Zone open in accordance with the conditions of the Agreement, as from Tuesday, November 9, 1937, at 17 hours.

The terms of the Agreement followed, precisely defining the boundaries of the Zone, maintaining it under Chinese civil administration and stating the conditions under which it would cease to be a reserved zone.

There were fires and fighting right up to the outskirts of the Zone, but it was itself entirely respected. On November 15, the Jaquinot Zone passed under Japanese military control but the administration and police remained in Chinese hands and the Zone continued as a place of refuge for the population which had taken shelter there.

According to the report of the Control Committee, 250,000 Chinese, mostly without any resources, found shelter in the Zone. Organization and supply problems were accordingly very serious. When water and light failed, Father Jaquinot succeeded in having both supplied from the French Concession. Relief and

foodstuffs (bread, rice and tea) were supplied by Chinese relief associations and by religious bodies. Medical care was given by the Control Committee and the Franciscan Sisters of the Sacred Heart Convent. A well-equipped hospital treated some 300 cases daily.

Nine months after the Zone opened, the Control Committee could write :

We proposed a formula to diminish the risks and the suffering of the civilian population. We then neglected no effort to secure the acceptance of this formula by the two belligerent nations. This formula has now proved itself in practice.

The Shanghai Safety Zone was set up and organized by Father Jaquinot de Besange in complete independence of the International Committee. The principles he applied, however, are also those of the Red Cross. It may also be mentioned that Father Jaquinot placed the Nantao Control Committee under Red Cross auspices and, on his own initiative, marked the limits of the Zone with Red Cross flags.

As we have seen, the great success of the Zone was referred to at the International Red Cross Conference in 1938, and was one of the causes for the adoption by this Conference of its Resolution on Safety Zones.

II.

THE SECOND WORLD WAR

I. *General.*

At the outbreak of War, the ICRC sent a circular to the belligerent Powers, and later to each State which came into the War, informing them that it was fully prepared to play its customary humanitarian role to the full extent of its powers. It was ready, in particular, to examine the possibility of organizing Safety Zones under the Red Cross emblem and the necessary measures of supervision, should the agreement of the belligerent Governments be forthcoming.

On September 9, 1939, the ICRC sent belligerents a memorandum on Hospital and Safety Localities and Zones. It was suggested the belligerents should either conclude *ad hoc* agreements to implement the 1938 Draft, or, at least, subject to reciprocity and as later to be agreed upon, give the enemy Medical Services guarantees similar to those set out in the Draft. The memorandum also raised the question whether, and under what conditions, Safety Localities and Zones might be set up for the duration of the War.

In a new memorandum (October 21, 1939) about agreements for relief and the working of the Medical Services, the ICRC also referred to Hospital Zones and Localities and to Safety Localities and Zones. Further to its memorandum of September 9, 1939, it called attention to the fact that the German Government was prepared, subject to reciprocity, to accept the 1938 Draft. The Committee asked the belligerent States if, and upon what conditions, they would be prepared to recognize Safety Localities and Zones another belligerent might establish on its own territory, even if they themselves did not have such zones; what guarantees would they be prepared to grant the adverse party, if they did in fact establish Zones? Finally, the ICRC proposed that the belligerents should delegate Plenipotentiaries who could meet, officially or unofficially, in neutral territory, (Geneva, for example), to negotiate provisional agreements.

There was no sign of approval from the Governments concerned, and the Committee temporarily abandoned its efforts.

Four years later, the ICRC decided to make a final attempt. Air warfare had then reached a scale and violence hitherto unknown, and the anxiety expressed by the Committee at the outbreak of war was more than justified. Every day defenceless children, women and old people were being buried under the ruins of their homes.

The Committee accordingly sent a memorandum to all Governments on March 15, 1944, with an urgent and solemn appeal. In respect of the five Powers mainly concerned, this took the form of a personal letter from the President of the ICRC to the Head of the Government, asking that one more effort be made while there was yet time.

Underlying this fresh attempt was a principle of international law which the Committee had championed in its appeal of March 12, 1940, namely: the bombing of military objectives is alone permissible, and this should be considered as a basic condition of air warfare. The principle was less and less heeded. There were systematic attacks and destruction of built-up areas. Bombing from the air, formerly limited to certain legitimate targets, extended to all enemy territory. It was therefore logical, by a contrary train of thought, to fall back once more on the idea of Safety Zones, immune from attack. It was inadmissible that existing treaties and international law in general should be modified simply because belligerents had recourse to new methods of destruction; the present aim was to find means of safeguarding what might still be saved under these new and startling circumstances.

To the ICRC, the institution of Safety Zones is justified on a fundamental principle of the Geneva Conventions, recognized since the very beginnings of the Red Cross: even in the fighting areas, those who are harmless to the enemy are entitled to immunity. In the memorandum of March 15, 1944, the ICRC therefore advocated the institution of protected zones where the following might find refuge:

- (a) Wounded and sick members of the armed forces (Cf. Hospital Zones and Localities, as contemplated in the 1938 Draft).
- (b) The civilian wounded and sick.
- (c) Certain categories of the civil population who take no part—even indirectly—in the fighting, and make not the least contribution to the war potential of the State (children, old people, pregnant women, and women with young children).

The categories mentioned under (b) and (c) should be placed on an absolutely equal footing in belligerent States and occupied territories. It was further suggested that consideration be given to the question of placing certain classes of prisoners of war in Safety Zones.

The ICRC expressed the opinion that the 1938 Draft might serve as a useful basis for the institution of Hospital and Safety Zones, even though these Zones would offer refuge to larger classes of persons than the Draft had been intended to cover. Each belligerent was asked to state its views on the principle of instituting such Zones. If it accepted, it was asked to indicate to the adverse party, by any means it considered opportune :

- (a) the Zones it had in mind ;
- (b) under what conditions (with special reference to inspection) it would agree to recognize zones instituted by the enemy.

The ICRC pointed out the urgent need of a practical agreement between the States concerned, and expressed the opinion that they, in the first place, should indicate the proposed location of the Zones in their territory, or in territory occupied by them.

Particular stress was laid on certain points. For example : in 1938, the experts had left open the question of marking Zones by night. If a belligerent decided to provide such marking by suitable lighting, it ought not diminish the effectiveness by similarly lighting areas. There was an obvious advantage in having the Zones, if possible, near the territory of neutral States, where there was no black-out ; this would also rule out the objection that they might serve as landmarks for enemy aircraft.

It was hoped the memorandum of March 15, 1944, would be heeded and given a practical effect. The ICRC stated it was at the service of the Governments, should it be required in negotiations or if, for instance, the Powers wished to meet on neutral territory.

There were, unfortunately, no practical results. Replies, mostly received after long delay—were favourable, but no State put the Committee's practical and explicit proposals into effect. Among the Great Powers mainly responsible at that time for the conduct of the war, only Germany showed signs of a positive reaction ; the United States and Japan gave a negative reply, Great Britain and Soviet Russia none at all.

In a letter of August 25, 1944, the German Government recalled that its delegates to the Sixteenth International Red Cross Conference in 1938 had explicitly advocated the institution of Hospital Localities and Safety Zones, and that in October of the same year, German Government and German Red Cross experts helped to establish the 1938 Draft. During the first months of the War (in September and November 1939), the German Government had informed the ICRC that it considered the 1938 Draft a suitable basis for a Convention; it had stated its readiness to consider any proposal on Safety Zones, and, despite present difficulties, was still prepared to take part in an exchange of views on the subject.

The United States Government, on February 12, 1945, replied that it would be difficult to set up Safety Zones in Germany which would not contribute, in some way, to that country's war effort, or shelter a line of communication constituting a potential military objective. The American Government also called attention to the fact that the use by Germany of flying and rocket bombs, which cannot be accurately aimed, deprived the Allied Powers themselves of any advantages the system might have.

The Japanese Government, in a cable of November 22, 1944, stated that, while approving in principle, it doubted the possibility of creating Hospital Localities and Safety Zones. It referred the ICRC to the principle set forth in the memorandum of March 12, 1940, recognizing only military objectives as legitimate targets for bombing and made some fresh proposals along these lines.

A refusal was received from South Africa, the only Government of the British Commonwealth to reply.

II. *Individual Proposals.*

At different times, the Committee received proposals, more or less private in origin, all having the same object—the establishment of Zones in given circumstances.

As a rule, the ICRC was unable to do anything about these proposals or forward them to the Powers. They came not from Governments but from Red Cross Societies, local authorities,

or individuals ; moreover, negotiations on the principle itself were in hand—and not yielding very encouraging results. The Committee, however, at a relatively favourable moment, sounded the Powers on one of the first of these proposals. Having met a refusal, it was thought inadvisable to exhaust the patience of Governments with plans which had no official character and were unrelated one to another.

In each case, the Committee carefully explained the above facts to the authors, and recommended them to concentrate on trying to get the formal approval of their *de facto* military authorities. Whenever feasible, the Committee informed the adverse party of the facts which had come into its hands.

The following is a summary of the main proposals :

(1) During the first months of the War, the French Army had made Phalsbourg into a kind of hospital town. It had no military workshops or depots, and was situated at a distance from any railroad. Only the Medical Services had access to it to the exclusion of all fighting units. The Red Cross emblem was flown in the main square and displayed on all ambulances.

The French Government replied to a query from the ICRC that no particular international importance was attached to the steps taken.

(2) The Italian Red Cross informed the ICRC in 1944 of arrangements made by the local Red Cross and the medical institutions to transform Sienna with the consent of the German and Italian military Commandants, into a hospital centre for the military and civilian wounded and sick. The town sheltered a great number of refugees. Attention was called to the fact that it contained no military objectives, and all military installations would shortly be moved outside. The Vatican had also been taking steps to safeguard buildings.

As news of the Italian Red Cross plans reached the Committee shortly after despatch of the memorandum of March 15, 1944, it was decided to inform the American, British, German, and Italian (both Royal and Neo-Fascist) Governments. By letter of April 12, 1944, the Royal Italian Government replied that the competent Allied authorities found it impossible to make

Sienna an open town as it was a road and rail junction used by the enemy. It added, however, that measures would be taken to safeguard the hospitals and art treasures.

(3) In April 1944, the Italian Red Cross again got in touch with the ICRC. Villages five to six miles from Bologna had been designated as Safety Localities, to shelter families who had been bombed out. A neutral emblem—a square divided transversely into two triangles, yellow and black—had been placed on certain houses in the villages.

The ICRC learned in February 1945 from its Delegation in Northern Italy that the German military authorities had organized police patrols at the gates of Bologna, to prevent the exit of members of the forces who had no special reason for going to the villages.

The ICRC brought these facts to the notice of the Allies.

(4) In August 1944, the Committee received a similar request from the Italian Red Cross in North Italy, in regard to the town of Imola, situated near the front, and harbouring close on 5,000 persons, wounded and sick, evacuees, children and old people. All the Committee could do was, as before, to inform the Allied authorities.

(5) In February 1945, the Mayor of Constance proposed that this town should become a hospital and exchange centre for prisoners of war and internees repatriated for reasons of health. The Committee sounded the Inter-Allied Military authorities, and received a favourable reply. The German Government was also favourable. Military events, however, made the proposal superfluous, the town being occupied, without resistance, by French forces.

(6) The Norwegian Red Cross in Oslo informed the ICRC, in March 1945, of proposals to secure recognition of Tromsø as a Safety locality. This town is on an island, its houses built of wood. Overcrowded with refugees, with no possibility of evacuation, bombing would have been catastrophic. The ICRC again brought the facts to the notice of the Allies.

(7) On the advice of their local Consular representatives, certain neutral Governments suggested, also in March 1945, to the belligerents concerned, that a Safety Zone be instituted in Shanghai: built-up areas were overcrowded, and it was impossible to evacuate the population, or, because of the type of soil, even dig shelters.

The ICRC supported this proposal, offering its services and those of its Shanghai Delegation.

The Chinese Government, in view of the prevailing situation subsequently ruled out the idea.

(8) Other attempts were made in connection with Beauvais, Bregenz, Hauteville, Lindau, Prague and Vienna, but none of them came to anything.

III.

NEUTRALIZED ZONES OF JERUSALEM

It was during the conflict in Palestine in 1948 that, for the first time, refuge areas were organized under the control of the International Committee. The special conditions of the fighting—on civil war lines—made it extremely difficult to apply the same principles as in previous cases. On the other hand, the Committee had had time to prepare before fighting broke out.

Preliminaries.

From March 24, M. J. de Reynier, Head of the Delegation, who had already been working on the problem for several weeks, endeavoured to find ways of setting up Safety Zones in Palestine; it seemed likely that a conflict would begin as soon as the Mandatory Power left on May 15, 1948. Jerusalem, with some 150,000 inhabitants, seemed most seriously threatened. Selecting large buildings, with grounds which would allow two or three thousand refugees to be assembled in the open, M. de Reynier began negotiations to have the two following recognized as Safety Zones:

- (1) In the centre of Jerusalem, in the New City, but close to the Old Town: the King David Hotel, directed by Mr. Hamburger; the headquarters of the YMCA and the Terra Santa Convent.
- (2) Government House (headquarters of the Mandatory Government), situated on a hill a few miles from the city and, in its grounds, the Arab College and the Jewish Agricultural School.

On April 19, Mr. de Reynier had secured the verbal agreement of the civil and military authorities for Safety Zone No. 2, as a place of refuge for women, children and old people, and for the wounded in transit. The Mandatory Government had also agreed to hand over Government House to the ICRC for the duration of hostilities. Progress in connection with No. 1 Zone was also satisfactory: the Director of the King David Hotel and the religious authorities of the Terra Santa Convent had given their agreement. On April 24, the Director of the YMCA informed the Committee that the building would be placed at its disposal on May 10, with equipment; the YMCA staff would also be available.

Neutralization of Jerusalem.

On May 2 and 3, an entirely new suggestion was put forward and examined in discussions the Delegation had with the British, Arab and Jewish authorities of Jerusalem: the complete neutralization of Jerusalem, considered in its entirety, as a place of security placed under the protection of the Red Cross flag. The scheme may be summarized as follows:

Jerusalem, Safety Zone under the Red Cross flag¹.

- (1) The Delegation of the International Committee of the Red Cross would be prepared to consider a proposal from the Arab and Jewish Medical Societies, the Red Crescent and the Magen David Adom, that it should endeavour to set up a Safety Zone whose limits would be those of the city of Jerusalem.

(2) A letter containing the proposal mentioned in Paragraph 1 would be sent to the ICRC Jerusalem Delegation and signed by the highest authorities of the Medical Corps, the Red Crescent and the Magen David Adom, it being understood that such letter would be signed only after the highest civil and military authorities had given their formal agreement in writing to accept and respect the following conditions :

- (a) The Arab and Jewish Zones of Jerusalem shall both entirely remain the responsibility of their respective civil authorities.
- (b) The ICRC shall assume no municipal or administrative duties whatsoever.
- (c) It shall be the responsibility of the respective authorities to see that each Zone is totally demilitarized ; no combatant and no arms being under any guise allowed in the streets.
- (d) The maintenance of order shall be ensured by the British, Arab and Jewish police in the respective Zones.
- (e) All political authorities shall retain their full powers and independence of action.
- (f) The limits of the Arab and Jewish Zones shall, in practice, be those of the territories inhabited and controlled by the *civil* authorities at the moment Jerusalem passes under the ICRC flag as a Safety Zone.
- (g) Jerusalem being considered a Safety Zone under the ICRC flag, and the authorities having recognized in writing their full subscription to the Geneva Conventions, it shall automatically be recognized that ICRC shipments to and from Jerusalem shall be accorded free passage by all troops, without exception.
- (h) The ICRC flag shall be lowered and the end of the neutralization of Jerusalem clearly notified :
 - (1) if an obvious breach, by one or other party, of the agreements entered into be noted by the ICRC ;
 - (2) if there is reciprocal and formal agreement on both sides, notified in writing to the ICRC at least three days in advance, of their desire to have the Zone ended.

¹ " Safety Zone " was the term used but " Safety Locality " would have been more suitable.

On May 9, after difficult negotiations—some with organizations which were still clandestine—the Delegation was able to announce that the scheme to neutralize Jerusalem was on the point of succeeding. The representatives of the interested Arab countries, the Jewish military and civil organizations, the Mandatory Government (functioning until May 15), and the Truce Commission of the United Nations, were all favourable and confident that the plan would succeed. On May 11, the ICRC summed up the situation in the following communiqué :

The International Committee of the Red Cross, Geneva, is now in a position to report on its efforts to protect Jerusalem during the fighting between Jews and Arabs. Its Palestine Delegation had already secured agreement in principle to set up three Safety Zones in the city, which would shelter only non-combatant civilians, and especially children, the sick, etc.

With the Committee's approval, the Palestine Delegation has extended this first scheme of protection to the whole of Jerusalem. This necessarily means a series of formal undertakings on both sides, and practical measures for their application which will have to be unequivocally set out.

The two principal conditions are as follows :

All combatants must leave the city, which is to be entirely demilitarized. Convoys of trucks bringing in the city's food must be allowed to pass freely through the combat zones.

The duty of assuring to the greatest possible degree that these stipulations are respected shall be entrusted by the interested parties to the Delegation of the ICRC in Jerusalem.

The Mandatory Power, the United Nations Commission in Palestine and all Arab and Jewish political and military organizations have notified their agreement to the plan which, unless unforeseen circumstance should intervene, will come into force on May 12 or 13.

At this point, victory seemed in sight. Unfortunately, confusion in the city and a premature outbreak of hostilities on May 14, prevented the scheme from coming into operation.

The Three Safety Zones.

While aiming at having the whole city neutralized, the Delegation did not neglect the original idea of creating Safety

Zones, more modest in extent but easier to control. Accordingly, when the first scheme broke down, it was possible to fall back on the plan made out during the month of April which, at the time, had been accepted by the different parties. On May 13, the Delegation addressed the following Note to the civil and military authorities in Palestine :

The Delegation of the ICRC in Palestine has the honour to inform you that the buildings listed below are from now on under the protection of the Red Cross as Safety Zones.

I. *Limits of Zones :*

Zone I : (a) Buildings and grounds of the Terra Santa School and Shamaria Children's Home.

(b) Buildings and grounds of the YMCA hostel.

(c) Buildings and grounds of the King David Hotel.

Zone II : (a) Buildings and grounds of Government House.

(b) Buildings and grounds of the Arab College.

(c) Buildings and grounds of the Jewish Agricultural School.

(d) The married quarters at Allenby Barracks.

Zone III : Buildings and grounds of the Italian Hospital, Abyssinia Street, and the Italian School.

II. *Marking of Zones.*

The buildings and grounds above-mentioned shall be indicated and their limits clearly shown by means of the Red Cross emblem.

III. *Conditions for the Admission of Refugees.*

(a) Only women and children (without distinction of race, religion or nationality) shall be admitted to the Safety Zones.

(b) Refugees shall be allowed to remain in the Safety Zones only while fighting is actually taking place. Thus, temporary asylum only shall be given ; as soon as calm is restored, each must return home. The necessary measures shall be taken by the competent Arab and Jewish authorities.

IV. *Administration inside the Zones.*

Inside each of the Arab and Jewish Zones, the authorities shall be responsible for administration and material organization.

As the stay of refugees in the Safety Zones shall normally be very brief and limited to a few hours, they shall not be entitled either to food or lodging. In general, the ICRC accepts no responsibility in this connection and leaves the matter to the competent Arab and Jewish authorities.

There shall nevertheless be an infirmary in each Zone, to give first aid to wounded or sick refugees.

V. *General Supervision.*

The ICRC shall assume the general supervision of the Safety Zones and keep under its orders and be responsible for the present staff of establishments included in the said Zones.

This memorandum is addressed to the civil and military authorities on both sides ; the ICRC asks that they please acknowledge without delay and notify their formal agreement to what is set out above.

The Committee wishes to emphasize how urgently necessary it is that the competent military authorities should at once give strict instructions to combatants to ensure absolute respect of the Security Zones and of all buildings protected by the Red Cross flag ; clear orders should be given forbidding military personnel, whether armed or not, to penetrate into these Zones or buildings, and care taken to see that the orders are carried out.

It will be seen that a third Zone—the Italian Hospital—was added to the original two. The local Arab authorities agreed on May 9, the Jewish on May 17. On May 20, the ICRC addressed the telegram which follows to the interested countries—Egypt, Iraq, Lebanon, Saudi Arabia, Syria, Transjordan and Israel :

The International Committee of the Red Cross in Geneva, in its anxiety to ensure the greatest possible safeguards in the Palestine conflict for the principles of humanitarian conduct which it is bound to defend, today addresses an appeal to the Governments of Egypt, Iraq, Lebanon, Saudi Arabia, Syria and Transjordan and to the Government of Israel.

In April, the International Committee, with the approval of the Arab and Jewish civil and military authorities and of the Palestine Government, was on the point of establishing Safety Zones in Jerusalem for the reception of the non-combatant population and its protection against the consequences of military operations. At the beginning of May, a scheme was also under consideration to neutralize

the whole of Jerusalem, subject to the general consent of the Authorities. The negotiations were not concluded in time, and fighting is now going on in Jerusalem. The International Committee of the Red Cross therefore appeals to the Governments and earnestly begs them to take all necessary steps to ensure respect at least for the Safety Zones which the International Committee's Delegation is endeavouring, by all possible means, to establish in the town itself on the lines laid down in its initial plan. The Committee's appeal applies similarly to the Safety Zones the Delegation may attempt to set up in other towns in Palestine. The purpose of these Zones is to shelter non-combatants, under the supervision of the International Committee of the Red Cross, particularly Arabs and Jews, and thus to preserve the greatest number possible of human lives...

End of Zone No. III.

Fighting broke out in Jerusalem on May 14. On May 27, Zone No. III—the Italian Hospital—was abandoned, the necessary conditions for its protection being no longer present. The neutrality of the other two Zones was respected and they were still functioning when, on June 9, the first truce—for one month—was arranged by the United Nations.

Division of Zone No. I.

The ICRC took advantage of the truce to reinforce the organization of the Zones. On June 12, however, the United Nations Mediator asked the use of the King David Hotel—almost half of Zone No. I—for his staff. The Delegation considered it impossible to break up so important a Zone without the consent of both parties, and believed it its duty to maintain the conditions obtained at the price of so much effort and in the face of grave danger at the beginning of May. On June 14, both parties in Jerusalem—Colonel Abdallah Tell for the Arab Legion and Dr. Kohn for the Israeli Government—gave their agreement. Accordingly, at midday on June 15, the Red Cross flag was struck, and the King David Hotel evacuated and handed over to the United Nations.

The efforts of the United Nations Commission to prolong the truce were unsuccessful, and fighting began again in Jeru-

salem on July 8. This same day, the United Nations staff left the King David Hotel, which was immediately occupied by Jewish Hagannah forces.

End of Zone No. I.

The Arabs now considered the King David Hotel a military objective and opened fire with artillery. The YMCA building, situated about a hundred yards from it in the line of fire of the Arab artillery, received several direct hits, and it became impossible to use the grounds. On July 12, the ICRC simultaneously cabled Mr. Sharett, Israeli Minister of External Affairs, and Azzam Pasha, Secretary-General of the Arab League, asking that the Hotel be evacuated and an end put to the shooting, which was endangering the existence of the Zone ; July 14 was fixed as a time-limit. Discussions with the local authorities were continuous, and the Zone was maintained for another few days. During the night of July 16 and the night following, an intense bombardment began again, endangering the lives of those who had hoped to find refuge in the YMCA building. Accordingly, on July 18, the Head of the Delegation informed all the authorities concerned that, as Zone No. I no longer served its purpose, the ICRC was obliged to notify the official end of its existence. The notification of July 18 added :

The evacuation of refugees and staff will be made during the next few days to Safety Zone No. II, and the ICRC flag will be struck on July 22, 1948, at midday, Jewish time. The YMCA will be handed over by its owners to the United States Consulate General, and the Terra Santa College restored to its owners, the Franciscan Order. From this moment, the ICRC will assume no further responsibility, either in regard to refugees or to buildings in Safety Zone No. I.

Safety Zone No. II, Government House, the Arab School and the Jewish School, will remain as at present and be at the disposal of refugees.

The ICRC will at all times be prepared to consider favourably a request from the authorities to reconstitute Safety Zone No. I or to set up other Zones in the country for the protection of the non-combatant civilian population.

New Schemes.

As Zone No. I had been brought to an end, the ICRC considered setting up Zones further from the front ; one proposal was that, as from July 16 :

- (1) One Safety Zone should be set up in Arab, and one in Jewish territory ; they would be isolated from every military objective or group of buildings liable to become military objectives ; they would be organized by the responsible authorities and based on the Draft Convention drawn up by the 1948 Expert Conference.
- (2) A Safety Zone at Mount Olivet, in the Arab Zone of Jerusalem.

It did not prove necessary to put this plan—conceived in the fear that the conflict might worsen—into operation. On July 17, the second United Nations truce came into effect. Fighting did not automatically cease and there were frequent violations of the truce, but it did not appear necessary any longer to have places of refuge for the population.

Violation of Zone No. II.

Zone No. II continued. It separated the front lines, forming a sort of neutral territory between the Arab and Jewish Zones. In spite of its strategic value, it had been respected by all sides. Suddenly, in the evening of August 16, the surrounding forces entered, and the outskirts of the Zone were subjected to an artillery barrage. During the night, Jewish and Arab units fought right up to the walls of the principal building, which contained five Delegates, five nurses and about thirty Arab refugees. The building was respected, however, although gravely threatened on several occasions.

On August 17, the position was as follows : Arab forces, comprising units of the Arab Legion and irregulars, had retaken a large part of the Zone, including Government House, which was still flying the Red Cross flag and was respected. Israeli forces had occupied the Western part on the Jerusalem side

and were entrenched in the two other buildings in the Zone—the Jewish Agricultural School and the Arab College. In the Arab College there were a number of refugees who had not had time to escape and who were transferred to Jerusalem by the Jewish troops.

In the morning of August 18, there was a conference at Government House at which United Nations observers, Transjordan and Egyptian officers, an Israeli liaison officer and three ICRC Delegates took part. (As the fighting in Zone No. II was a violation of the truce, the question came within the competence of the United Nations Commission.) It was not possible to establish the former position immediately. Each party feared that, if it abandoned the positions it had gained, the other would occupy the entire Zone.

The same day, the Delegation addressed a Note to the Arab military authorities of Jerusalem and to the Jewish authorities which, without taking position in regard to responsibility for the violation of the Zone, protested strongly against it. On August 19, the Delegates had an interview at Jerusalem with the Governor, Mr. B. Joseph and with Colonel Dayan, Commander of the Jewish forces in Jerusalem. An agreement in principle was reached: the Jewish forces would evacuate their troops and hand over the refugees from the Arab College unconditionally, provided the Arab forces quitted the positions they had occupied on the outskirts of the Zone at Government House. The same afternoon, Colonel Abdallah Tell agreed in principle to evacuate his troops from these positions.

On the proposal of General Landstroem, United Nations Military Observer, a meeting took place on August 20 at midday in the No Man's Land between Government House and the Jewish Agricultural School, which was attended by the United Nations representatives, the Arab and Jewish authorities, and the ICRC. A draft agreement was drawn up, providing for the evacuation of all troops from the Zone and the creation of a large demilitarized area which would include the former Safety Zone.

The situation at Government House was very tense during the next two weeks. In the building were a Delegate, a nurse,

the Arab staff and about twenty refugees. The Jewish Agricultural School continued to be occupied by the Jews, who also guarded the entrance to the Arab College. The Arabs had established their positions at the limit of the Zone. There was fighting every day in the grounds, which became especially serious on the night of August 26/27, when machine-guns and mortars were used; communications were practically impossible.

Zone No. II could scarcely be called a Safety Zone any longer, but the Delegates thought it necessary to maintain the Red Cross flag on Government House as long as possible. In case of evacuation, there would have been an immediate battle to secure so important a strategic position. It will moreover be remembered that the agreement at the beginning of May under which the ICRC was given the use of Government House for the duration of hostilities, provided that the building should be handed over to whatever new Government should be set up.

Re-establishment of Zone No. II.

On September 2, while fighting was still taking place around Government House, the principal United Nations Observer, whose intervention had been extremely valuable, was able to announce that the Egyptian, Transjordan and Israeli forces had agreed in principle to demilitarize an area surrounding the Safety Zone. Accordingly, fears on both sides that the other might conquer the entire Zone were ended. The limits of the demilitarized area, the conditions for the withdrawal of troops and for the return of refugees transferred by the Jews to Jerusalem, had still to be decided. A meeting to do so was fixed for September 3.

Finally, on September 4, the Delegation was in a position to announce that Safety Zone No. II had been entirely restored, all troops having been evacuated and military installations destroyed. The creation of the demilitarized zone, under the supervision of two United Nations Observers, prevented a renewal of incidents.

Organization in the Zones.

It will be recalled that Safety Zone No. I was made up of three large stone buildings, two of which, the YMCA and the King David Hotel, were equipped as hotels and had kept on part of their staff. An ICRC Delegate was in charge. Two nurses looked after the refugees, one taking special care of health (a dispensary which was opened twice daily, sick visiting, infant welfare etc.), and the other of social questions (conditions, arrangements for the immediate future, and general supervision of the building).

From May 14 to July 22, the Delegation operated from Zone No. I which, on an average, sheltered somewhat more than a hundred refugees—85 at the YMCA, about half being children, and 50 in the Terra Santa Convent. The King David Hotel was used only occasionally.

Most of the refugees slept on mattresses on the ground. Mattresses and blankets were supplied by the YMCA. As far as possible, children were grouped in one dormitory, mothers and babies in another; the members of families were also allowed to remain together.

Zone No. II, which operated from May 14 to August 22, was also directed by a Delegate with the assistance of two nurses. The Arab College and the Jewish Agricultural School each gave shelter to varying numbers. The principal building gave permanent refuge to about twenty children and ten Arab women. Each day, Arab women came from the neighbouring villages to have their children looked after in the dispensary.

Both Zones had large quantities of non-perishable foodstuffs left by the British troops. Zone No. I could also receive supplies from Jerusalem and in emergency—but with difficulty—from Tel Aviv. Zone No. II, isolated between the lines, could be supplied from the Arab Old Town. The way was long and difficult, however, and foodstuffs, the oil for cookers, and medical supplies, would have to be carried by donkey. As it happened, food did not at any time run short.

Much more serious was the question of water. The Jerusalem water supply was cut by Arab forces, and the Safety Zones

were in the same position as the Jewish town, depending upon strictly rationed supplies from water-tanks. In Jerusalem, measures taken by the municipality from the beginning of May ensured a given quantity daily, very small, but under the circumstances, sufficient. In Zone No. II the only tank from which Government House could be supplied was almost dried up at the end of August.

The costs, covered by gifts and contributions from both sides, were relatively insignificant. The buildings were handed to the ICRC with equipment and, in the case of the YMCA and the King David Hotel, part of the staff remained on, paid by the owners. The general direction was in the hands of ICRC personnel already available. The stocks of food left by the British forces made a valuable contribution.

Conclusions.

The Jerusalem Safety Zones were one of the Committee's most striking successes in Palestine, and an experiment of the highest interest. With the Madrid and Shanghai precedents, they offer the only examples of places of refuge being effectively established, organized and kept working over a period of time.

Several of their special features—the fact, for example, that they were entirely administered by the ICRC, and not by the interested parties—were inherent in the conditions of the Palestine conflict. It still remains that, in common with those of Madrid and Shanghai, they differed very considerably from what had been projected in previous legal studies. The theory was that there should be permanent Zones behind the lines reserved for certain given groups ; what actually happened was that provisional shelters were set up in the actual fighting zone and opened to all of the local population.

It must however be noted that neither side used aircraft or long-range artillery ; the continued existence of Safety Zones in the front lines was accordingly very much facilitated.

Supply services were satisfactory. Again it must be remarked that the number of refugees in each Zone scarcely exceeded the hundred mark, so that the problem was not serious. If,

as has been feared, there had been thousands of refugees, the question of food, water and health services could not have been so easily got over.

It may also be recalled that the Zones were for use only during the—presumably brief—periods when the fighting presented an immediate danger to non-combatants. The Zones effectively protected some hundreds of women and children, and promised protection to a much greater number should the situation worsen. The experience was valuable in preparing draft agreements on Safety Zones. The voluntary abandoning of Zone No. 1 showed how important location is, and demonstrated that the possibility of being considered a military objective is an absolute bar. The incident which endangered Zone No. II showed that even violation of a Zone need not necessarily lead to its being abandoned.

The experience was of the greatest importance for discussions, at the XVIIth International Red Cross Conference, Stockholm, 1948, and later at the 1949 Diplomatic Conference, on the revised drafts of the Geneva Conventions which contained new Articles dealing with the creation of Hospital and Safety Zones and Localities. The example of Jerusalem led to a new development in the Fourth (Civilian) Convention—Neutralized Zones which can be set up temporarily, and in the actual fighting area.

(To be continued).