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first-aiders, as well as in aiding military wounded who receive assistance from the "Nucleo Auxiliar Feminino", a woman's organization all of whose members are volunteers.

South Africa

Mr. Hoffmann has stayed in South Africa on five separate occasions. He has established there most useful contacts with the South African Red Cross and Government and has obtained permission to visit certain persons detained by reason of the political situation.

He covered more than 36,000 miles by air, visiting not only South Africa, Angola, Burundi and the Congo (Léopoldville), but also Kenya, Madagascar, Mauritius, Mozambique, Uganda, Northern Rhodesia, South-West Africa, Swaziland, Réunion, Tanganyika, Nyasaland and Bechuanaland. In the main centres of these last-mentioned countries, he visited Red Cross Committees which assist young mothers and infants and distribute food relief to children. These committees are all multi-racial and the interest taken in them by the African members is manifest.

In all the countries through which he passed, Mr. Hoffmann made contact with the authorities and existing Red Cross Societies, or those in the process of formation. The meetings he had bore chiefly on the dissemination of the Geneva Conventions, the development of the new National Red Cross Societies and the possibility of visiting persons detained as a result of events.

2. NEAR AND MIDDLE EAST

Yemen

An action of far-reaching significance.—The previous ICRC Annual Report mentioned the sending, at the end of the year, of a mission to the Yemen on account of the conflict which had just broken out in that country. This mission, consisting of Dr. Jean Maurice Rubli and Dr. Guido Piderman went to Saudi Arabia and to the Imam El Badr, Chief of the Royalist forces in the Yemen.

During 1963, the ICRC was to considerably intensify its action both in the Arab Republic of the Yemen, of which Sanaa is the

capital, as well as in the North of the country controlled by the Royalist forces. It set on foot important relief actions on behalf of the victims of that conflict.

This intervention on the part of the ICRC in the Arab Peninsula is indeed an important landmark. In fact, until then, Saudi Arabia and the Yemen were amongst the very few countries of the world in which neither the Red Cross nor the Geneva Conventions had ever penetrated. Now one Red Crescent Society is being formed in the Yemen and, as a result of ICRC missions, both President Sallal and the Imam El Badr have declared their willingness to respect the principles of the Conventions.

In this connection it can be seen that considerable progress has also been made in Saudi Arabia. The Saudi authorities in fact encouraged the formation of a National Red Crescent Society in the Kingdom, which was officially recognized by the ICRC on August 8, 1963. Saudi Arabia acceded to the Geneva Conventions on May 18, 1963.

Missions to both sides.—During their enquiry in North Yemen, Dr. Rubli and Dr. Piderman reached the Imam El-Badr's GHQ, where they received a warm welcome and were assured that the troops would receive orders to apply the main provisions of the Geneva Conventions concerning treatment of the wounded and prisoners of war. The delegates' investigations confirmed the blackest impressions as to the distress of war victims and the total absence of medical care in the areas held by the Royalist forces.

As there was not even a nurse at the Imam's Headquarters, they immediately tended many of the wounded and sick and operated on some of them. During an air raid, Dr. Piderman himself was slightly wounded, but after a quick dressing he was able to turn his attention to others who were more seriously injured.

The two doctors had scarcely returned to Geneva when another ICRC mission set out for the Yemen, but this time on the Republican side. They found an equally enthusiastic and friendly welcome awaiting them at Sanaa, capital of the Yemen Arab Republic.

The President, Mr. Abdallah Sallal, received Mr. Roger Du Pasquier and Mr. Joseph Gasser, the representatives of the ICRC, and pledged himself in writing to assure respect of the main rules

laid down in the Geneva Conventions. He moreover agreed, in principle, to forward lists of prisoners made by the troops to Geneva.

During their investigation into medical requirements, the ICRC delegates visited the hospital of Sanaa, where there were some political detainees undergoing treatment, in particular a former Minister of the Royal Government.

Representations on behalf of prisoners.—By the end of January 1963, three months or so after the outbreak of hostilities in this remote country, the ICRC had obtained a formal promise from the High Commands of both armies that the main provisions of the Geneva Conventions would be respected. It remained to be seen how these promises could be carried out in practice. Curiously enough, it soon appeared that, despite their primeval customs, the humanitarian ideal often corresponded to a certain chivalry which had survived among the Yemeni.

Nevertheless, at times this humanitarian ideal encountered resistance. Some tribes showed little desire to respect their prisoners' lives. They considered it honourable to use their swords against the "cowards" who had let themselves be captured. At this juncture, the Imam, convinced by the ICRC's arguments, ordered them to deliver all captured enemies to him immediately—and alive. As an encouragement he offered a reward for every prisoner brought to GHQ alive.

Other positive results were obtained through the ICRC delegates' negotiations. At the beginning of May 1963, 23 Egyptian soldiers captured in the Yemen and interned in Saudi Arabia were freed and repatriated, an ICRC delegate escorting them to Cairo. Further releases were to follow these at the beginning of 1964.

The ICRC delegate in Sanaa also assisted prisoners and internees held by the Republicans. While it was difficult to secure lists of these captives, at least authorisation was received to visit members of the Imam's family and household, who were interned in the capital. Similar visits were also made in Cairo, where, at the beginning of July 1963, two ICRC representatives were able to contact members of the Yemeni former Royal family interned in villas. The UAR authorities later freed 24 of them, authorising them to leave for Saudi Arabia.

These efforts on behalf of prisoners and internees have continued without interruption on both sides and gained increasing support and understanding of both Republican and Royalist authorities.

Visits to Egyptian prisoners in often inaccessible regions sometimes proved daring expeditions; they were however of great humanitarian significance not only for the captives themselves but for their families. Some of the grateful letters received by the ICRC are very moving and prove what consolation this activity brings to anguished families.

Medical assistance on the Republican side.—The ICRC's preliminary missions had already revealed the total absence of health services and medical staff throughout Royalist Yemen. While preparing to meet this situation, it had also taken stock of conditions on the Republican side. Here its delegates had observed several good hospitals, at Sanaa and in other towns, which could accommodate and care for the wounded and sick. In addition, the Egyptian army possessed a well-trained and equipped medical corps.

While in Sanaa, the first mission to the Republican camp was informed of the shortage of medical supplies and material for these hospitals. A list of the articles urgently needed was handed to it by the Yemeni Minister of Health.

In February 1963, the ICRC accordingly launched an appeal from Geneva to several National Societies for the necessary relief. Their response permitted the forwarding of large quantities of medicines and dressings to Sanaa, via Aden, which relieved the situation both in the hospitals and the medical posts close to the fighting lines. Most of the supplies were distributed by Dr. Jürg Baer, medical delegate, and Mr. Joseph Gasser, delegate. By the summer of 1963, the Yemeni Arab Republic had received gifts of medicines through the ICRC to the value of Sw.frs. 125,000.

The beginnings of the Red Crescent at Sanaa.—During their initial hasty measures of reform, the leaders of the Yemeni Republic also turned their attention to the health question. A Government decree was issued instructing several competent personalities to organize a National Red Crescent Society.

When the ICRC delegation at Sanaa visited the Yemeni Red Crescent in its provisional quarters, it immediately saw that the leaders were eager to learn and equip themselves in order to make their Society's work more effective.

The pitiful distress of the Royalist wounded.—From the beginning of the conflict, the ICRC delegates on the Royalist side had reported the disastrous medical situation in the ranks of the Imam's forces. Almost all the men wounded during hard fighting in the heart of the mountains died for lack of care. The growing vicissitudes of the war made the situation constantly worse. The doctors sent from Geneva, in particular Dr. Bruno Beretta, did their utmost under precarious conditions, and had to travel long distances on foot from one site of battle to another. They operated on the wounded in caves lighted with oil lamps or in the open air, and were overwhelmed with work. In addition to the wounded in the lines, civilians poured in from all sides to receive care. The Yemeni attributed unlimited skill to the doctors. Transistors were even brought to them for repair with the idea that electro-mechanics were a branch of medicine.

In the summer of 1963, the ICRC felt it should make another medical survey. Accordingly, Dr. Jean Maurice Rubli, medical delegate, was once more sent there in August, laden with several thousand francs worth of medicines and medical equipment. His reports only confirmed the distress of the fallen combatants left to lie on the battlefield, not unlike those Henry Dunant had witnessed at Solferino.

The observations of two Swiss doctors.—Shortly afterwards, a new team of medical delegates, Drs. Edwin Spirgi and Anthony Wild, lent to the ICRC by the Swiss Red Cross, left for Royalist Yemen, where they made a very adventurous tour, which led to decisive conclusions. They travelled across the high plateau close to the Saudi Arabian frontier, in sweltering heat and drought, and penetrated into the interior of the country. Below are extracts from a Report sent to the ICRC at the beginning of the autumn in 1963 (starting where the two doctors had halted at a Royalist camp at the beginning of their journey) :

“ We gave a long drawn-out consultation, during which we treated over 40 wounded and sick. Malaria is rife. Chronic dysentery and ascaridiosis are also prevalent. There is malnutrition so far as calories are concerned. Food is composed of rice, dried mutton (very unappetising), a few vegetables and canned food, chiefly tunny fish.

The following day we treated about 30 men. This involved the extraction of several badly decayed teeth for some of them. They thanked us with a loud “ Hurrah ! ”

Just before sundown we left the camp and struck out west, in a small truck riddled with bullets, which drove us into the night.

En route we found two badly wounded men in a cave. For five days they had been lying waiting for care on sheepskins stained with blood and pus, one half unconscious. There was practically no water and needless to say no soap in this stenching hole. We administered chloromycetin and arranged for their evacuation. In the Kharir oasis we received a score of patients, some of them children, a little girl of 10 with acute pneumonia, and a boy of 12 who was dying. We could only treat the latter symptomatically and ask for his evacuation to Najran and Djeddah.

There is a crying need for a modern field hospital fully equipped for diagnosis and therapy. This is becoming an obsession to us. We have in mind TB of the lungs, which spreads so quickly among the women, who are obliged to work like slaves, and the underfed children.

Two days later we left the oasis astride donkeys. Mothers brought us their sick children as we travelled. All we could do was to distribute a few antibiotics, or ointment for those with trachoma.

After 5 hours we reached a prisoner of war camp and cared for the inmates. Then another consultation : 20 patients whom we treated for malaria, pneumonia, an open fracture of a finger, etc., a combatant wounded in the thorax by a sword. We distributed antibiotics and dressings ”.

The following day, after crossing a 10,000 foot mountain pass, the two doctors made a new halt. Their report continues:

Our patients were waiting for us. They all wanted to come into our tent at the same time. One man had a mutilated hand, another the abdomen covered with scarifications. After having tended 40 cases we took advantage of another bullet-riddled vehicle to continue our journey. On the way we again encountered two badly wounded men, who had been previously treated. They had stopped on the edge of a “ Wadi ” surrounded by their comrades. One of them died. They had been carried for 10 hours.

At night we journeyed through the desert towards the front. We saw places which had been bombarded. An officer authorised us to visit

prisoners interned for the last five months. They sleep on the bare rock in a cave, with their guards. Here again we distributed capture cards.

We installed ourselves in a cave to receive the first wounded, most of whom had been injured by shrapnel. We began treating 7 who had been wounded on the previous day, 4 seriously. One of them had an open wound on the knee ; under the dressing we discovered ascaridae. Another had an ugly abcess. Our hands were more than full. My colleague sterilised the instruments in a nook of the rock, while I extracted the bits of metal. We injected megacillin each time. Patients with acute dysentery were brought to us between operations, they watched us with fevered eyes. Another poor fellow, with a fractured pelvis and macrohaematuria plus oliguria, had been crushed by a truck the same morning.

After a few hours sleep, the sick and wounded continued to pour in next morning.

In the afternoon we administered our last medicines to 15 malaria ridden wounded, brought to us by truck.

Then we set off towards Najran, 160 miles away. En route we drove through a battlefield where over a hundred men had been killed 5 months earlier. Birds of prey had partly devoured their bodies and the sand was slowly burying the remains.

Drs. Edwin Spirgi and Anthony Wild insisted with the ICRC on the urgent need of setting up a field hospital close to fighting zones which could treat large numbers of wounded and sick and carry out major surgical operations. This hospital would become the base of the ICRC's medical work, which it was now prepared to develop by the outlay of much more substantial means than hitherto.

After journeying through parched and stifling mountains, the doctors found a suitable spot, a small plateau surrounded on three sides by spurs of the volcanic range which separates the Yemen from Saudi Arabia.

The name of this place some 50 miles to the south of the Najran oasis was Uqhd. It is doubtful whether Europeans had ever set foot there before.

Operation "Field Hospital".—This spot was well located, close to the frontier roughly indicated on the maps, in the "no man's land" neutralised and supervised by the UN. Under the political agreement signed at the beginning of the summer of 1963, no armed forces were entitled to cross this zone and the ICRC could feel safe

there. It decided to follow the two medical delegates' advice and in October 1963 launched Operation "Field Hospital".

The Uqhd hospital was established by and is under the direct authority of the ICRC. But it could not have functioned without the help of the Swiss Red Cross, which supplies most of the staff. Medical teams have also been delegated by other National Societies. The British Red Cross, which was the first to join in this venture, began by sending a doctor and a male nurse, who worked in different parts of the front. The ICRC itself supplied the "Clinobox", a sort of prefabricated surgical unit, with an operating room and all the other necessary surgical installations. The whole hospital gravitates round the "Clinobox".

Accommodation was planned to provide 50 beds under canvas. The various annexes are grouped round the "Clinobox", radiology room, laboratories, and policlinic. The cost of this equipment was Sw. frs. 700,000, transport Sw. frs. 300,000; expenditure on staff, which is covered by the Swiss Red Cross, Sw. frs. 125,000 a month. Equipment was purchased by means of advances from the Swiss Confederation, while several other countries contributed 30 % of expenses following a new appeal to their National Red Cross Societies. The American military air force lent a Globemaster cargo plane to deliver the heavy hospital equipment. This is the only type of machine which can load a "Clinobox" without having to dismount it. At the beginning of November 1963, the transport of all this material to the Yemen was started.

The hospital staff was instructed to reserve the hospital primarily as a treatment centre for war victims and a base for the operations of the various Red Cross Societies' medical teams.

The Swiss Red Cross team, 7 doctors accompanied by male and female nurses, technicians and, of course, a cook, left Geneva in a plane chartered by the ICRC. After calling at Djeddah to contact the ICRC delegation there, they came down on the landing ground close to Najran. Jeeps and trucks took them across the uneven, arid country separating the oasis from the rocky Uqhd recess 25 miles away. The Globemaster, which was too heavy to alight on the sand track at Najran, had to land at Riyadh. From there the "Clinobox" was slowly hauled to Uqhd by truck, a 660 mile journey over desert tracks. Various mishaps occurred on the way:

breakdowns and broken axles, but, in spite of all difficulties, the precious material finally arrived at the spot which had been selected for the hospital, whose staff would now cease to be linked with the rest of the world, except by radio and the bumpy Najran track.

The team members had already set up the tents at Uqhd, under the active leadership of Dr. Wolfgang Schuster, chief medical officer, and painted large Red Cross emblems on the neighbouring rocks identifying the hospital's location to planes, enemy or other. They had traced the nearest waterhole, a desert well some 15 miles distant. Tank waggons had to transport the water each day, which meant rationing this essential liquid.

On 19th November, the doctors received and treated their first patients at the hospital dispensary. By the beginning of December the "Clinobox", electric generators and other technical installations were operative and the surgeons could set to work.

But from the arrival of the very first patient a fresh difficulty arose. The principles of the Geneva Conventions forbade the hospital staff to allow any weapons inside the hospital. The neutralisation and demilitarisation of the frontier zone round Uqhd, which had been decided in agreement with the Republican authorities and guaranteed by the United Nations, also had to be borne in mind. It was not easy to disarm the proud Yemeni, usually so friendly and trustful: weapons are more than a fighting arm to them, they are the appendage of a free man. The hospital staff consequently found itself repeatedly obliged to give short firm lectures, based on the ideals of the Red Cross and the Geneva Conventions, to persuade the warriors who came for treatment to relinquish their weapons.

From the beginning of December 1963, the hospital's activities constantly expanded. In a very short time all the beds were occupied. Every day wounded arrived from the front on mule back, or even carried by comrades in arms who had made an exhausting march of several days to bring them to this haven where they could be treated. The operating room was used daily and there was a major operation every 24 hours on an average. The radiology service and the laboratories were also running. At the beginning the polyclinic treated 20 to 30 patients a day, later this figure rose to 160.

A growing number of civilians began to arrive as soon as the hospital was opened, apart from the wounded members of the fighting forces. They poured in not only from neighbouring localities but from more distant places. The fame of the Red Cross doctors and their miraculous means of cure had gone echoing through the mountains and valleys. Whole families came, after travelling for days, and patiently awaited their turn for consultation. They gave themselves into the doctors' hands with childlike confidence and let themselves be operated on for ills from which they had sometimes been suffering for years, and which are no longer to be found in Europe except in medical books. By degrees a small colony of patients and their families installed themselves round the hospital. Some of them settled in rocky nooks round the cove and almost every day the doctors were obliged to go visiting them "at home" when they had finished their hospital service.

The doctors and their personnel also began to teach the patients and their companions elementary hygiene, prophylaxis and first aid. In addition they started to train nurses, and by March 1964 the first three Yemeni nurses were ready to start work. This lonely field hospital in the midst of the desert finally became a remarkable and stimulating experience for the whole Red Cross movement, by the countless services it could render and its widespread influence.

The activity of the medical teams.—From the beginning of the winter, the medical teams which had set out from Uqhd or the Saudi Arabian frontier began to penetrate into the interior of the Yemen to permit speedier relief for the combatants. The first of these, placed at the ICRC's disposal by the British Red Cross, was composed of Dr. William C. Bartlett and Arnold Plummer, a male nurse. In the company of an ICRC delegate they went to the western front, close to the Imam El Badr's GHQ, where they treated a great many sick and wounded.

Several teams from Uqhd went to the front, each composed of a doctor and nurse. They undertook two to three week missions in the mountains under the leadership of Drs. Wolfgang Schuster, Guido Piderman, Georg Muller and Edwardo Ermano Leuthold, carrying cases of medicines and surgical kits with them. These Swiss doctors and nurses sought out the wounded who could not be

moved, treating them in the caves neighbouring on the front. They dressed the wounds of many and even operated on some. These very dangerous expeditions involved several accidents and when the members of the teams got back to Uqhd they sometimes collapsed on the threshold of the hospital in a state of utter exhaustion.

Cyprus

Following on the troubles which broke out in Cyprus in December 1963, the ICRC offered its humanitarian services to the Cypriot Government. This offer having been accepted, Mr. Jacques Ruff, delegate, was entrusted with a mission of protection and assistance to the victims of the conflict. He thereupon left for Nicosia where he arrived on January 1, 1964.

3. FAR EAST AND SOUTH EAST ASIA

Indonesia

Diplomatic relations between Indonesia and the Netherlands having been resumed, the ICRC was able to terminate its rôle of neutral intermediary between the two countries.

Since 1961, it had accepted to transmit to the Indonesian Red Cross funds paid by the Netherlands Government to Dutch nationals remaining in Indonesia (in the form of pensions, allowances and compensation); the total amount thus transferred reached a figure of \$557,000 for 800 beneficiaries.

In addition, the ICRC Central Tracing Agency organized an exchange of family messages with Indonesia for more than two years and the International Committee undertook, in co-operation with the Indonesian Red Cross, to facilitate the repatriation of Netherlands nationals.

Viet Nam

Mr. Durand, general delegate of the ICRC in Asia, made a prolonged stay in Saigon in February in order to study the humanitarian problems arising from the conflict of which the Republic of