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The year 1980 was characterized by a major ICRC action in south-east Asia, where, in co-operation with UNICEF, it carried out a large-scale assistance programme for the Kampuchean people, inside the country and along the frontier with Thailand. In the latter region, the ICRC also performed its traditional activities of protection, mainly for the benefit of persons in especially vulnerable categories—women, children and refugees of Vietnamese origin. In addition, the ICRC Central Tracing Agency (CTA) and the National Societies concerned continued to provide assistance to the “boat people”. Elsewhere, the ICRC carried out a joint action with the Indonesian Red Cross for the benefit of the people of East Timor.

On the Indian subcontinent, in the first half of the year, the ICRC undertook a limited protection and assistance action in the Democratic Republic of Afghanistan, but it was impossible to continue and develop this work, despite the needs of a great number of civilian and military victims. In the Islamic Republic of Pakistan, in co-operation with the League and the Pakistan Red Crescent Society, the ICRC launched a programme of medical assistance for Afghan refugees.

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The total value of material assistance and medical relief given by the ICRC in 1980 in connection with its activities in Asia amounted to 28.5 million Swiss francs, without counting the joint ICRC-UNICEF action in Kampuchea/Thailand (see Table, page 47).

#### **Missions by the President and members of the Committee**

The development of ICRC activities in south-east Asia necessitated several missions by the President and members of the Committee.

Accordingly, from 22 February to 12 March, President Alexandre Hay, accompanied by Mr. Jean-Pierre Hocké, Director of the Operations Department, and Mr. Jean de Courten, delegate-general for Asia and Oceania, visited three countries in south-east Asia. In Democratic Kampuchea, Mr. Hay met President Heng Samrin, the Minister and Vice-Minister for Foreign Affairs, the Vice-Minister of Health and the leaders of the “Red Cross of Kampuchea”. In the Socialist Republic of Vietnam, the ICRC President had talks with Prime Minister Pham Van Dong, the Minister of Health and the Vice-Minister for Foreign Affairs. Together with representatives of the National Society, he visited the Chinese frontier and the provinces of the Mekong delta. In Thailand, Mr. Hay was received by King Bhumibol Adulyadej and Princess Maha Chakri Sirindhorn, Executive President of the

Thai Red Cross. He also met the Minister for Foreign Affairs and several members of the Government. In addition, he visited the frontier region of Aranyaprathet and observed the activities of several medical teams from National Societies, working in the framework of the ICRC mission for refugees from Kampuchea.

During the first part of January, Mr. Richard Pestalozzi, Vice-President of the ICRC, went on missions to Burma and Thailand. In Rangoon, at the invitation of the Burmese authorities, Mr. Pestalozzi was received by the Head of State, President Ne Win. He also met the leaders of the National Red Cross. This visit provided an opportunity for the ICRC Vice-President to explain in detail ICRC activities, especially those in south-east Asia. In Thailand, Mr. Pestalozzi met members of the Government, leaders of the Thai Red Cross, and representatives in Bangkok of organizations participating in the assistance action for Kampuchean refugees (UNICEF, UNHCR, the World Food Programme and voluntary agencies).

In May, Mr. Rudolf Jäckli, a member of the Committee, went to Thailand with Mr. de Courten and Mr. H.-P. Gasser, head of the Legal Division. The purpose of the mission was to examine the situation in the field and evaluate the ICRC action with the heads of the delegation in Thailand.

In November, Dr. Athos Gallino, a member of the Committee, visited Thailand and Kampuchea with Dr. Rémi Russbach, head of the Medical Division, to reassess the whole range of ICRC medical activities relating to the conflict.

Lastly, at the invitation of the Red Cross Society of China, the President of the ICRC visited the People's Republic of China at the beginning of November (see “Other Activities in the Far East”).

#### **Conflict in Kampuchea**

Concerned with the situation of the civilian victims of the conflict in Kampuchea, the ICRC had several times in 1979 urged all parties to the conflict to apply the Geneva Conventions and offered them its services. Following survey missions in the summer of 1979 both in Thailand and Kampuchea, the ICRC and UNICEF obtained permission from the authorities concerned to undertake a joint assistance programme, both inside Kampuchea, from Phnom Penh, and on the territory of Thailand, from Bangkok, for the people massed in the frontier region (see Annual Report 1979).

The relief action launched in the autumn of 1979 by the ICRC and UNICEF, with the co-operation of the Food and Agriculture Organization (FAO) and the World Food

Programme (WFP) and the assistance of a group of voluntary agencies (VOLAG) and a number of National Societies, had as its immediate purpose the giving of food and medical aid to ensure the survival of the Kampuchean people, menaced by famine and disease. This programme was developed on a large scale throughout the year, from the initial emergency phase to a period of consolidation and then to a readjustment of the respective tasks of the ICRC and UNICEF, taking into account the real needs of the victims and the specific criteria for action by each of the two partners. Accordingly, on 31 December 1980, the ICRC and UNICEF ended their joint participation in the assistance programme for the Khmer peoples, while continuing to co-operate closely. Thereafter, the ICRC was to concentrate on its traditional tasks, medical assistance and development of the action of protection and tracing of persons inside Kampuchea and along the frontier between Thailand and Kampuchea.

#### **Development of the action in Kampuchea**

On 13 October 1979, following agreement with the authorities of Democratic Kampuchea, the delivery of emergency relief by shuttle-flights began, between Bangkok and Phnom Penh and, on a more limited scale, between Singapore and Phnom Penh. Inside the country, what was then the joint ICRC-UNICEF mission encountered a number of technical, logistic and administrative difficulties, such as problems in unloading ships, storage of goods, shortages of transport, organization and control over distributions in the provinces.

Despite improvements at the beginning of 1980, it was clear that these difficulties were still substantial and seriously impeded the assistance operation. In order to make possible the delivery of 30,000 tons of seed rice and 60,000 tons of foodstuffs, in the framework of an emergency three-month (April-June) programme to prevent food shortages in the period before the next rice harvest, it was necessary to improve the still inadequate logistic infrastructure and also to reassert the objectives of the joint assistance plan, while insisting that the authorities of Democratic Kampuchea grant greater administrative facilities.

For this purpose, a memorandum summarizing the logistic problems and setting forth the suggestions of the joint mission was submitted on 30 April to the Minister for Foreign Affairs on the occasion of a visit to Phnom Penh by the executive director of UNICEF and the director of the ICRC Department of Operations. Restrictive measures adopted by the Kampuchean authorities, in particular those limiting the number of members of the joint mission, difficulties in obtaining permission to travel about the country and controls exercised over distributions, were the main matters dealt with.

At the end of July, another visit to Democratic Kampuchea enabled the director of the ICRC Department of Operations and six senior officials of UNICEF and the WFP to reaffirm the positions of principle of the ICRC and UNICEF, in conformity with the respective mandates of the two institutions, and to redefine the objectives of the joint programme for the period from September to December 1980—giving emphasis to the importance of controlling distribution and

developing medical activities. Further assurances were obtained from the authorities concerning improved supervision of the distribution of food and seed rice to the population.

With a view to this constant readaptation of humanitarian tasks, in terms both of the criteria of urgency and of safety, a balance sheet of ICRC activities was drawn up and new objectives were set, at a meeting of the heads of delegations and sub-delegations in south-east Asia which took place at Bangkok from 25 to 27 September. At the end of October, the director of the ICRC Department of Operations and officials of UNICEF made a further visit to Phnom Penh to present the proposed programme of the two organizations for 1981, as the emergency phase was regarded as finished. In addition, the co-operation of government authorities was requested to make it possible for FAO experts, in November, to carry out a mission under the best conditions possible to evaluate the nutritional needs of the population of Kampuchea in 1981 and to estimate the volume of the rice harvest.

#### **Along the Kampuchea-Thailand frontier**

The evolution of the situation along the Kampuchea-Thailand border—which was particularly unstable because of fighting, population movements and black market activities—necessitated periodic reassessments which led to modifications of assistance programmes. These changes were discussed at meetings in Geneva, New York and Bangkok, on the one hand between the heads of the joint ICRC-UNICEF programme and on the other hand between them and the other UN organizations involved. In these discussions, which were devoted in particular to the question of assistance activities inside of Thailand, the ICRC and UNICEF emphasized the temporary character and the interdependence of this aspect of the action with the overall programme, seeing that to solve the problem of the refugees massed along the frontier would entail the voluntary return of these people to Kampuchea. Consequently, a spontaneous repatriation movement had to be encouraged by delivery of sufficient quantities of relief to the provinces in that country.

In addition to the basic conflict, fighting between different armed groups among the Khmers sometimes led to the suspension of operations in the most disturbed sectors. In a joint statement on 23 May, the ICRC and UNICEF set forth the conditions they regarded as indispensable to continuance of the action, in particular:

- equitable distribution of relief to the whole of the civilian population in need of it;
- real control over distribution;
- assurance of safety for distribution operations.

Furthermore, the declaration insisted that it was essential to separate combatants from civilians, with particular regard to women and children, since they alone were entitled to receive food relief and other non-medical assistance.

The tense situation along the frontier reached its worst point on 22 May, when major military activities made it necessary for the ICRC and UNICEF to redefine procedures for their

assistance action, especially food distribution. Since combatants and civilians had not been separated at the end of July the ICRC decided not to continue its participation in food distribution in the region south of Aranyaprathet and for the resident population north of that town. On the other hand, it continued, together with UNICEF, distributions to non-residents (people coming from the interior of Kampuchea to get food at the frontier across two "land bridges" at Nong Chan and Sanior Changan). The ICRC assumed responsibility alone for assistance at the Vietnamese refugee camp at Prasak Sarokok (NW9). This new distribution of work resulted from talks at Bangkok with Thai authorities, the ICRC reiterating on this occasion the nature of its specific tasks of protection and tracing.

#### Financing the action

Several international meetings were organized in 1980 to gather funds needed to cover the total budget for the assistance action for the people of Kampuchea.

At a meeting of donor countries on 26 March in New York, attended by representatives of some 25 governments, the assistance programme for the emergency period (April-June) was presented. Contributions pledged on this occasion totalled nearly 26 million dollars.

Pursuant to a resolution of the United Nations Economic and Social Council (ECOSOC), Mr. Kurt Waldheim, Secretary-General of the UN, convened a conference on assistance and humanitarian relief for the Kampuchean people, which took place at Geneva on 26-27 May. In addition to the ICRC and UNICEF, which were present as observers, the meeting was attended by representatives of 62 countries.

In a joint statement issued on that occasion, the ICRC and UNICEF defined the conditions required for the continuance of their action. Mr. Hay made a statement to the conference, thanking the participants for the financial backing given by their respective governments and expressing the readiness of the ICRC to continue its task, to the extent that this could be accomplished with proper respect for fundamental humanitarian principles. At the conclusion of the meeting, contributions amounted to about 116 million dollars.

Finally, after consultation among the organizations engaged in the relief action for the Kampuchean people, the ICRC presented to a meeting of donor countries in New York on 10 December its 26 million dollar programme and budget for 1981, outside the framework of the joint action.

Many meetings and conferences were held periodically throughout the year, to keep donor countries and organizations informed regularly about progress, difficulties and new developments in the operation.

As of 31 December, the ICRC had received cash contributions amounting to 33.7 million dollars (about 59 million Swiss francs) and donations in kind and in services estimated at 34.2 million dollars (about 60 million Swiss francs). The costs of the assistance programmes in Kampuchea and Thailand totalled some 36 million dollars (about 63 million Swiss francs), in addition to which were the contributions in kind and in services (see Table VI, pages 94-95).

## Activities in Kampuchea

### Medical assistance

In the joint ICRC-UNICEF operation, the ICRC was mainly responsible, in 1980, for the development of a programme of medical assistance in Kampuchea. In view of the great destruction of hospitals, both at Phnom Penh and in the provinces, the reconstitution of at least a minimal medical infrastructure was regarded as a priority in 1979. Accordingly, medical equipment and basic medicaments were distributed from the beginning of the joint action.

The shortage of qualified medical personnel was an equally urgent problem and the ICRC therefore started negotiations with the authorities to arrange for the admission of specialized medical teams to carry on the work begun by an ICRC doctor and nurse in 1979. After government approval had been given for an initial medical mission by a team offered by the Alliance of Red Cross and Red Crescent Societies of the USSR, four doctors, three nurses and three technicians arrived in Phnom Penh in January. This group was subsequently joined by medical teams placed at the disposal of the ICRC by the National Societies of Hungary, Poland, the German Democratic Republic and Sweden. Their task, in hospitals in the capital and in the provinces (Takmao, Kompong Speu, Kompong Cham, Kompong Thom and Svay Ryieng), was not only to provide care to the people but also to restore medical installations and give basic instruction to Kampuchean medical personnel.

To accomplish this, 92 persons from National Societies—including 43 doctors—and 17 ICRC specialists worked in Kampuchea in 1980. At the end of the year, 31 persons—including 16 doctors and 12 nurses from five National Societies—and 7 ICRC specialists were continuing to work in the medical action in Kampuchea.

During the first three months of the year, in co-operation with the Minister of Health and the Kampuchean Red Cross, relief in the form of medicaments, fresh blood and the most urgently needed medical and paramedical equipment was supplied to meet the immediate needs of some 800 health posts in villages, 140 district dispensaries and a score of provincial hospitals. This initial programme continued throughout the year, making possible the distribution of 750 additional standardized medical and paramedical units in various provinces.

The regular delivery of medicaments and simple material to meet the most urgent needs, from the capital to provincial centres ("sroks" dispensaries) and then to village health posts ("khums" health posts), contributed to the restoration of a minimal medical infrastructure in the country.

Medical assistance to three hospitals and 14 dispensaries in Phnom Penh and to a score of provincial hospitals included the renovation of buildings, restoration of essential facilities (water supply, electricity, provision of beds, etc.), improving hygienic conditions and providing medical and surgical instruments and basic equipment.

In addition, thanks to the contributions of the Australian and Japanese National Societies, the principal Kampuchean hospitals received regular supplies of fresh blood. Starting in February, the ICRC arranged for the despatch and reception once a week at the "17th of April Hospital" in Phnom Penh of units of packed blood cells sent by air.

In addition, five complete sets of equipment permitting the setting up of laboratories for analyses were sent to Kampuchea, where they were utilized under the continuing control of an ICRC specialist.

#### **Nutritional care**

In the five hospitals under the control of ICRC medical teams, a programme of special feeding was developed for persons suffering from malnutrition. Six standard products—milk for babies, enriched powdered milk, sugar, protein biscuits, vegetable oil and k-mix 2—were administered under the supervision of the medical teams. Through the intermediary of the Ministry of Health, these foods were also provided to various other hospitals and dispensaries.

Additionally, in the supplementary food programme jointly established by the ICRC and UNICEF, distributions of enriched milk were organized, from May to August, in nurseries in Phnom Penh and in the provinces of Kompong Chan, Kandal and Svay Rieng. Thereafter, participation by the ICRC in this programme was limited to control of distribution in two provinces and to purchase of some of the "nutritional kits".

Surveys were carried out regularly during the year in several provinces by the ICRC medical co-ordinators. In a mission by Dr. Gallino and Dr. Russbach at the end of November, it was found that, although the needs for medical assistance in Kampuchea were still very great, they could not nevertheless be regarded as coming solely within the ICRC emergency action, especially during the last part of 1981, and so long as the situation remained unchanged.

Consequently, since the principles of the ICRC call for it to intervene in the course of an armed conflict only when the situation is an emergency, it was considered advisable to start phasing out the medical action in 1981, to allow time for the authorities to arrive at agreements with other organizations working in the fields of reconstruction and development.

The Phnom Penh authorities were kept informed concerning these projected measures.

#### **Material assistance and logistic support**

As indicated previously, logistics presented the main problem in the provision of relief. These difficulties resulted in large part from congestion in the ports of Kompong Som and Phnom Penh, in addition to which the facilities for unloading and forwarding of merchandise to distribution points scattered about the country were inadequate. To remedy this situation, it was decided to strengthen the transport system.

During 1980, in the joint ICRC-UNICEF action, assisted by the WFP, about 220,000 tons of foodstuffs were delivered to Kampuchea.

Apart from these shipments, the ICRC organized the transport of 6,578 tons of supplementary relief supplies, valued at more than 5 million Swiss francs.

The ICRC was not directly involved in distribution of foodstuffs and exercised only indirect and occasional control. It did however assist in improving the means of delivery, especially by air and rail transport, for which it assumed responsibility in its agreement with UNICEF. The latter organization concerned itself with increasing the capacity of sea, river and road transport.

*DELIVERY BY AIR.* — During the year, 565 shuttle flights were arranged: 491 from Bangkok, 68 from Singapore and 6 between Singapore and Bangkok. These flights made it possible to transport 11,087 tons of medicaments and miscellaneous relief materials, of which 296 tons were for organizations other than those participating in the joint ICRC-UNICEF action. The value of aid thus delivered amounted to about 24 million Swiss francs, not including the operational expenses of the airlift and the supplies delivered for other organizations.

Various types of planes were used in the shuttle service: Hercules, Transall, DC-10 and Fiat G222, made available to the ICRC by the British, Australian, French, American, Italian and Belgian Governments and by the Netherlands Red Cross. After 22 October, a Hercules from Air Botswana, leased with funds supplied by the Canadian Government, continued to fly the Bangkok-Phnom Penh shuttle service.

*"OPERATION SEED-RICE"*. — In March 1980, the partners in the joint mission set up a priority programme for the delivery of supplementary shipments of 3,000 tons of seed-rice to the provinces during the planting prior to the rains expected at the end of May. The ICRC and UNICEF, in co-operation with FAO, organized an airlift with two flights daily, starting on 4 April. At the beginning of May, the frequency was increased to six flights a day, making possible the delivery of nearly 250 tons every 24 hours. At the end of this operation, about 6,000 tons of seed-rice, valued at 3,267,000 Swiss francs, had been delivered by air direct to Kampuchea (including 2,000 tons for OXFAM), in addition to 18 tons of vegetable seed (worth 48,200 Swiss francs), the balance being sent by ship. At the same time, food and seed continued to reaching the interior of the country through regular distributions to the non-resident population along the Thai frontier (see *Activities in Thailand*).

*LOGISTIC PROBLEMS.* — The insufficiency of the remaining infrastructures in the country made it necessary to develop internal means of communication to speed up distribution of relief. Accordingly, as of the end of September, the joint ICRC-UNICEF mission had provided for the import of 1,041 trucks (not including the vehicles brought in by the Soviet Union and OXFAM) and chartered tugboats, barges and hundreds of small boats for transport by river.

The joint mission also set about improving rail transport between the port of Kompong Som and Phnom Penh. For this

purpose, it obtained the assistance of French engineers and arranged to import from France and Thailand the parts needed to repair the railway. Ten locomotives were restored to working order.

### Protection

The priority in Kampuchea in 1980 was to save the people from famine. The ICRC was therefore particularly active in the field of assistance and second priority had to be given to developing its traditional activities in protection and the tracing of missing persons. These constitute, however, the principal ICRC objectives for 1981.

Following the confrontations on the Thailand border, the chief of the ICRC delegation offered its services to the Phnom Penh Government on 28 June. Calling attention to the action undertaken and the difficulties encountered by the ICRC on the frontier, the Government was asked to ensure that captured military and civilian personnel would benefit from the protection of the Third and Fourth Geneva Conventions and that Kampuchean civilians in combat zones would benefit from Article 3 common to the Geneva Conventions. At the same time, an offer of services was repeated to the authorities in Thailand in the form of a telegram signed by the President of the ICRC, on 25 June. A similar approach was made to the Vietnamese authorities.

The ICRC delegation in Phnom Penh contributed to the repatriation of a French citizen, who was handed over to the delegates on 12 May at the Pochentong airport and repatriated by way of Bangkok.

### Relations with the National Society

The ICRC helped in the development of the "Red Cross of Kampuchea". With the assistance of the French and German National Societies, it participated in a programme of first aid teaching. It also decided to obtain for the "Red Cross of Kampuchea" the means necessary for repair of its buildings. The accomplishment of this project was planned for 1981. This National Society played a very active role in providing for the storage of medicaments and the distribution of relief. With its co-operation and that of the Ministry for Social Affairs, a special assistance programme was developed in eight orphanages, most notably in Battambang and Kompong Chang.

### Activities in Thailand

In Thailand, the medical and food assistance programme undertaken for the Kampuchean population was of benefit mainly to three categories of victims:

- refugees in the "holding centres" in the interior of Thailand, under the responsibility of the UNHCR;
- the civilians living in camps along the frontier, under the control of various Khmer factions;

- the non-resident population, leaving villages in the interior of Kampuchea for the frontier seeking relief ("operation land bridge"). Distributions for the benefit of the people in this category were carried out from two base camps at Nong Chan and Sanlor Changan.

### Medical assistance

As a member of the Red Cross intervention group (comprising also the Thai Red Cross and the League) which had been constituted in October 1979 under the chairmanship of the Secretary General of the Thai Red Cross, the ICRC continued in 1980 to co-ordinate medical assistance for victims of the conflict in Kampuchea. Thanks to the co-operation of medical teams provided by a score of National Societies and by voluntary agencies, the ICRC, in close co-operation with UNICEF and the UNHCR, was able to attain its objectives.

Danger along the Kampuchea-Thailand border made the work of the medical teams extremely hazardous. In armed conflicts at the beginning of January between rival Khmer groups, ICRC hospitals and dispensaries were looted and burned, causing a suspension of medical activities. The worsening of the situation in June and new outbreaks of violence in September and October also impeded activities. During these emergency periods, the Red Cross doctors and nurses were in a constant state of alert in a number of camps, especially at Khao-I-Dang, to treat the wounded evacuated from regions affected by the fighting.

Throughout the year, the ICRC maintained its surgical teams, comprising 8 doctors, 20 nurses and 2 technicians, in the Khao-I-Dang camp. The hospital there had been chosen as a rear base for medical personnel working in the frontier region—for transfer of wounded and seriously sick persons. With a capacity of about 100 beds, this hospital was in operation for the whole year, with its surgical service open 24 hours a day.

In hospitals set up by the ICRC in the camps at Sakeo and Kamput in 1979, the ICRC medical teams remained only until May, as the situation progressively improved. Thereafter, still under ICRC co-ordination, medical activities in these centres were taken over by voluntary agencies.

In order to simplify and standardize the medical care provided by the numerous teams coming from a variety of countries, the ICRC worked out a medical "code of conduct", largely to avoid utilization of techniques poorly adapted to the situation or too divergent in nature, and to prevent incorrect use of medicaments.

Additionally, in view of the high proportion of psychosomatic problems encountered in patients, once the programme for emergency medical care was operating smoothly, the ICRC sought to encourage and develop the role of practitioners of traditional Khmer medicine ("krou khmers"). Three centres for traditional medicine were accordingly installed in the "holding centres" and close co-operation developed between the "krou khmers" among the refugees and the western medical personnel, responsible for controlling this action and for providing the basic products (mainly medicinal plants) essential for this Khmer medical practice.

In the field of health education and public health measures, basic teaching was provided for the Khmer population.

Various other programmes, including a vaccination campaign in the camps, a fight against malaria at Nong Pru and Taprik and control and proper drainage of water in the camps were also instituted by the ICRC in 1980.

In addition, at Aranyaprathet, the ICRC installed a laboratory, a pharmacy and a warehouse for paramedical material in order to provide drugs for the medical teams working along the frontier, including those of the voluntary agencies. Thanks to the National Societies of Japan, Australia, the Federal Republic of Germany, Netherlands and the USA, blood needed by hospitals and clinics along the frontier was available throughout the year.

*AT THE FRONTIER.* — North of Aranyaprathet, to the extent that the danger allowed, medical teams made daily visits to Phnom Chat, Kok Tahan, Ban Sa Ngae and San Ro Changan. In the camp for Vietnamese refugees at Prasak Sarokok (NW9) medicaments and material were supplied by the ICRC to a Vietnamese medical team which was in charge of the hospital. At Nong Samet and Nong Chan, where ICRC hospitals had been set up, ICRC teams made daily visits.

South of Aranyaprathet, medical teams made regular visits to Taprik, Nong Pru and Klong Wa.

*MEDICAL PERSONNEL.* — Red Cross medical and paramedical personnel which took part under ICRC responsibility in the assistance action for Khmer people in Thailand—along the frontier and in the “holding centres”—totalled 937 persons in 1980.

This total was composed of the following:

- 900 doctors, nurses and paramedical personnel placed at the disposal of the ICRC by the National Societies of 21 countries: Australia, Belgium, Canada, Denmark, Finland, France, the Federal Republic of Germany, Great Britain, Iceland, Ireland, Italy, Japan, Liechtenstein, Netherlands, New Zealand, Norway, Singapore, Sweden, Switzerland, Thailand and the United States;
- 10 doctors, 21 nurses and 6 paramedical workers employed directly by the ICRC.

In addition, medical teams from a score of voluntary agencies, whose activities were co-ordinated by the ICRC, took part in the assistance action.

During the early months of the year, Red Cross medical personnel on the scene at any given time numbered about 500 persons; at the end of the year, in view of the diminished population at the frontier and the progressive taking over of medical activities by other bodies, notably the voluntary agencies, the number was reduced to about 130.

#### **Material assistance**

The number of persons benefiting from food relief along the frontier changed constantly during the year with the ebb and flow of the population massed in this area. At the end of May, counting both the resident and non-resident populations, the joint programme was providing daily rations of rice to more

than one million persons—calculated on the basis of 400 grams per person per day. However, as a result of military confrontations at the frontier in June, the number of non-residents coming to the area from the interior of Kampuchea was greatly reduced.

The food relief programme of the ICRC and UNICEF was carried out in co-operation with the World Food Programme (WFP), which played a major role by providing great quantities of food. An average of about 2,000 tons of relief was delivered every week to camps for the Khmer people. Convoys of as many as 80 to 100 trucks, loaded at depots in Aranyaprathet, brought supplies to various points along the frontier. These food distributions were supplemented by almost daily deliveries of water by tank trucks. At the high point in the action, 3.7 million litres of water were delivered within one week.

Control over the distribution of relief was one of the most difficult aspects of the operation, due to such major factors as the great shifts to and fro of the refugees, the presence of armed bands in the camps, skirmishes between these groups and on occasion major battles. Repeated requests were made to the Thai military authorities to assure conditions of safety for the people working in the field which were indispensable for continuation of the humanitarian programme. Repeated pleas were also made for the separation of armed bands from the civilian population.

As a result of violent combats in June, regular distributions in the camps had to be suspended. They were resumed in July, but in view of the continuing difficulties and after negotiations with the authorities in Bangkok, the ICRC and UNICEF decided to make a different division of their respective tasks, with the ICRC concentrating on protection and medical assistance, while UNICEF assumed responsibility for food relief for the people in the camps. Nevertheless, the ICRC continued until the end of the year its participation in distributions of food for the non-resident populations.

It should also be noted that apart from assistance to the victims of the conflict in Kampuchea, the ICRC also supported the Thai Red Cross in its activities on behalf of the Thai people in the frontier region, displaced by the events.

*OPERATION SEED-RICE AT THE FRONTIER.* — At the time of the massive import of seed-rice by air and sea for the interior of Kampuchea, the frontier canal also made it possible between April and June to distribute about 22,000 tons of seed, worth more than 8 million Swiss francs, to the non-resident population. In addition, some 185 tons of vegetable seed were also distributed by the same canal. According to controls made in the interior of Kampuchea, about 90% of the seed was delivered in the province of Battambang while the rest was divided between the provinces of Siem Reap, Pursat and nearby regions.

#### **Protection**

The work of the ICRC in Thailand to provide protection consisted mainly of attempts to improve safety and the means of existence for the victims massed along the Khmer-Thailand

border. The people of Vietnamese origin—a group especially vulnerable in this region—was given special attention by the ICRC delegates, who maintained a constant presence, starting on 18 April, in the camp at Prasak Sarokok (NW9) where these refugees had been grouped under the control of the Thai army. The delegation in Bangkok, throughout the year, also made approaches to the Thailand authorities and to representatives of the UNHCR, with a view to the transfer of the Vietnamese civilians to the interior of Thailand and their resettlement in other countries.

ICRC delegates made visits to “illegal immigrants” in prisons at the military base of Aranyaprathet and the refugee camp at Sikkiu.

### Tracing Agency

The activities of the ICRC Central Tracing Agency in Thailand were concerned with two categories of victims: the “boat people” (see *Refugees in South East Asia*) and people coming from Kampuchea to Thailand by land, including Khmer civilians who were either in the “holding centres”, or along the frontier or in refugee camps, unaccompanied Khmer children and Vietnamese refugees.

These activities consisted specifically in:

- transmission of refugees’ messages between different camps along the frontier and to other countries (913,866 letters were exchanged during the year);
- registration of refugees in the “holding centres” and of displaced persons in the interior and gathering further information concerning them so as to contribute eventually to the tracing of persons and the reuniting of separated families (about 1,200,000 such items of information on persons in the camps and on persons enquiring about them—often several items concerning the same person—were accumulated and stored in computers);
- handling tracing requests; during the year, 11,653 files, containing a total of about 40,000 names, were opened. Of these, 2,131 cases were solved and the remaining 9,522 were still pending. Cases for which no response could be obtained at the time due to the special conditions prevailing along the border, with constantly shifting populations, were to be re-examined;
- identification of “unaccompanied minors”, in co-operation with the UNHCR and some of the voluntary agencies, with the aim of reuniting families separated by the fighting (about 3,500 cases were registered in 1980);
- delivering travel documents and other essential papers.

The ICRC delegation in Bangkok co-operated with the delegation in Hanoi to arrange the repatriation from Viet Nam, by way of Bangkok, of citizens of countries not having any diplomatic representation in Viet Nam (see page 43).

To carry out this work, the staff of the Tracing Agency in Thailand was doubled during 1980 and, at the end of the year, consisted of 10 delegates and 105 locally recruited employees, working in Bangkok, Aranyaprathet and Chantaburi.

### Information

The ICRC information service in Thailand, attached to the Bangkok delegation from the beginning of the joint ICRC-UNICEF action, had to be enlarged in 1980 in view of the development of the action. During the greater part of the year, it had an average of six persons, divided into two teams, one at Bangkok and the other in the frontier region, making it possible to cover the different aspects of the work of the ICRC (see *External Relations and Information*).

### Personnel

During the early part of the year, the number of persons in the ICRC delegation in Thailand (not counting the medical teams) continued to increase, up to about 100 members; by the end of the year, the number had been reduced to about 80 persons, divided between Bangkok and the three sub-delegations at Aranyaprathet, Sakeo and Chantaburi.

Of the total staff, about 20 persons were specialists—such as information delegates and administrators—provided by various National Societies.

The Bangkok delegation was the logistics base for the ICRC action in Kampuchea.

## Refugees in South-East Asia

In 1979, as the exodus of Indochinese refugees and the plight of the “boat people” assumed dramatic proportions, the International Red Cross felt impelled to intervene and support the efforts of the UNHCR with its own auxiliary programme to provide medical care, social welfare services and additional foodstuffs, and help with the search for missing persons and the forwarding of mail. Whilst the League did all it could to support the efforts of the Red Cross and Red Crescent Societies in the countries directly concerned by the refugee problem (countries of first asylum), the ICRC offered the services of its Central Tracing Agency (CTA) and drew up a programme to seek missing persons and exchange mail. It signed an agreement with UNHCR on co-operation in the registration of refugees so as to facilitate tracing activities (see Annual Report 1979, p. 44)

### Activities of the International Red Cross

In 1979 the ICRC and the League set up an “intervention group” to co-ordinate their respective activities in South-East Asia. This group continued its work in 1980.

The needs of refugees waiting for resettlement in countries of final asylum and the arrival of new groups of refugees led the International Red Cross to prolong its activities for two further periods of six months (from 1 February to 31 July 1980 and from 1 August to 31 January 1981). Two joint League-ICRC appeals for funds were launched, the first for 12,019,000 Swiss francs and the second for 6,986,000 Swiss francs; the resources required to finance the work of the CTA accounted

each time for almost one million Swiss francs. These two appeals did not include the resources needed to finance the action for Cambodian refugees in Thailand; the Thai Red Cross relief action was included in the joint ICRC-UNICEF budget.

Two meetings of representatives of the League, the ICRC and the National Societies of the countries of first asylum were held to discuss the continuing Red Cross activities in the refugee camps, to examine the financial situation and to draw up the budget and make plans for future action. The first meeting took place in Singapore on 4 and 5 February, attended by Mr. Rudolf Jäckli, a member of the ICRC, and the National Societies of the principal donor countries. The second meeting was held in Jakarta on 9 and 10 July.

The International Red Cross has remained in close contact with the United Nations institutions and the various benevolent organizations involved in the relief action for South-East Asian refugees, as well as with the governments concerned.

Lastly, the fate of the "boat people", a helpless prey to pirates, has been of constant concern to the Red Cross world, which has sought repeatedly to arouse the attention of the international community to this problem. At the meeting in Singapore the ICRC, the League and several National Societies made known their anxiety and expressed the hope that the protection of these defenceless people would henceforth be assured, thanks to the forceful intervention of the authorities concerned. An appeal was made to the governments concerned, asking them to take the appropriate steps to stop these acts of piracy.

#### **Action by the ICRC**

Having assumed the responsibility to set up message and tracing services and incorporate them in the National Societies concerned, the ICRC sent out CTA experts in 1979 as advisors to Indonesia, Hong Kong, Macao and the Philippines, and established a network co-ordinated from Geneva. The message and tracing services in Kuala Lumpur, Jakarta, Manila, Hong Kong and Macao—which were run on a common basis—were later supplemented by those of the Red Cross in Thailand, Singapore and China (China had received a great number of refugees from Vietnam).

A technical seminar organized by the ICRC and the Indonesian Red Cross at Jakarta in April was attended by the Director of the CTA, the technical advisers who had set up the tracing and mailing services within the National Societies of the countries of first asylum, and the representatives of the National Societies responsible for these services.

The National Societies reported on their tracing and mailing activities. It was decided that the National Societies had completed their training in this field, and that the technical advisers should be replaced by one CTA delegate who would act in a co-ordinating capacity. During the year this delegate made several missions from his base in Kuala Lumpur to follow up the work of the National Societies in the South-East Asian countries.

In addition a CTA delegate and a representative of the League went to China in June. The main purpose of their visit

was to strengthen the links with the Chinese Red Cross, to evaluate its tracing activities in connection with the arrival in China of refugees from Vietnam, and to assess the refugees' medical situation.

## **Other activities in the Far East**

### **Indonesia and East Timor**

#### **Protection in Indonesia**

After a large number of detainees had been released by the Indonesian authorities, the ICRC negotiated arrangements in 1980 to visit "G30S/PKI" detainees arrested after the events of 30 September 1965 and still serving their sentences.

The Indonesian authorities agreed in principle in February to such visits, during a mission by Mr. Jäckli, a member of the Committee, and by the delegate-general for Asia. The actual arrangements for such visits were confirmed, however, only at the end of the year by the Ministry of Justice, which is responsible for detainees with "G30S/PKI" status. The visits were scheduled to begin during February 1981.

#### **Activities in East Timor**

In April 1979 the ICRC made a preliminary visit to East Timor to assess the position of the displaced civilian population there, after which it suggested that a more detailed survey should be made to set up an emergency food and medical assistance programme. The Indonesian authorities agreed to this suggestion and to the implementation of such a programme in co-operation with the Indonesian Red Cross. Eight villages where the situation was particularly serious were selected for a start, leaving open the possibility to extend the programme to other villages. The programme was begun in October 1979 (see Annual Report 1979, p. 47).

As the assistance programme initially planned for a period of six months was due to end on 15 April 1980, a new evaluation by Mr. Jäckli and the delegate-general for Asia resulted in the programme being prolonged in certain villages where improvements were not sufficient, and also extended to cover other regions. The relief action was then continued for a third six-month period (from 15 October 1980 to 15 April 1981), which was intended to bring the joint programme to a conclusion. Efforts were concentrated on villages where the situation was still not satisfactory, to enable the population to produce their own food supplies. On both occasions the programme was prolonged with the agreement of the Indonesian authorities and the National Red Cross.

Two additional appeals for funds were required to carry out the assistance programme: one for 4,966,000 Swiss francs was sent out on 29 April, and the other for the sum of 1,300,000 Swiss francs on 9 December.

Besides the regional delegate in charge of the joint programme, the ICRC kept two delegates, including one doctor, permanently in East Timor, whilst a third delegate, a relief expert, alternated regularly between East Timor and Jakarta. Personnel provided by the Indonesian Red Cross amounted to 264 people, including 11 doctors.

In addition to the assistance programme, the ICRC arranged for a number of people in East Timor to join their families in Portugal.

#### **Joint ICRC-Indonesian Red Cross assistance programme**

During the first phase, six of the eight villages initially selected continued to receive food and medical assistance; those of Fatubessi and Hatolia, where the situation had rapidly improved, soon only needed medical assistance, the latter since 1 January 1980. On the other hand more villages were included in the joint assistance programme, bring their number up to twelve by the end of the first period (April 1980). In the second period, 14 villages were assisted: nine of them received food and medical aid, whilst the other five were given medical aid alone. These fourteen villages comprised about 89,000 people. The third phase of the programme was only concerned with seven villages, where the food and medical situation was still unsatisfactory: five villages received food and medical aid, while specific programmes to combat tuberculosis and malaria were developed in the other two. In the seven villages where the joint programme ended in October 1980, reserve stocks were accumulated under the supervision of the ICRC and the Indonesian Red Cross (about thirty tons of relief supplies per village) to cover possible new emergency needs.

A system of family and individual cards was devised, giving all necessary information concerning the state of health and nutrition of the beneficiaries of the joint programme. Under this system each selected family was entitled to a weekly food allowance (365 grams per person per day), and a monthly allocation of soap and blankets—or as required. People suffering from illness or malnutrition also received multivitamins and high-protein biscuits in addition to the basic relief supplies, and were naturally given the appropriate medical treatment. Lastly, the seriously ill were sent to hospital for the necessary care.

There were about 48,000 people receiving normal food allowances at the beginning of January, and more than 16,000 of them, mainly children, had to be given an additional boost of vitamins and proteins. This percentage dropped sharply during the year, and the joint programme resulted in a substantial improvement in the nutritional situation. Furthermore information centres were set up in the villages to give the mothers all necessary advice on feeding.

Besides the malnutrition, the medical staff also tackled the main diseases (malaria, tuberculosis, filariasis, gastroenteritis) and gave the population courses on hygiene and first aid.

**LOGISTICS** — In the interior of the island the relief aid was transported by road and by air: from the beginning of 1980 an

additional helicopter was chartered to increase the distribution capacity during the rainy season, when the overland communications became difficult (in 1979 the ICRC already had an "Islander" aircraft and three helicopters on the spot). The fourth helicopter was kept in service until the end of October 1980 and the "Islander" until 31 July, when, as roads improved, lorries were able to resume the transport of relief supplies to villages previously provisioned by air.

In order to reduce distances and thus cut the cost of air transport, two main depots—besides the one at Dili—were set up on the coast in 1979. Several more such depots were established in 1980 at different places along the coast, and relief supplies were shipped there from Dili with barges provided by the Catholic Relief Services. Similar depots were set up also in the interior of the country.

**STATISTICS** — The relief action in East Timor amounted to 2,100 tons of goods, for a total value of 2,197,000 Swiss francs (including 190,000 francs for medical assistance).

#### **Central Tracing Agency**

As in 1979, the ICRC continued to arrange for the reuniting of next-of-kin from East Timor in Portugal; about thirty cases submitted by the ICRC were approved by the Indonesian and Portuguese authorities. Two operations to reunite families were carried out under the auspices of the ICRC in 1980: one involved six children, and the other a child and a sick adult. This programme was planned to continue in 1981. The Portuguese authorities gave their consent to 16 new cases of family reuniting which had been submitted to them by the ICRC.

### **Malaysia**

#### **Protection**

In June the ICRC visited, in accordance with its usual procedure, two places of detention, at Batu Gajah and Kamunting, comprising 597 persons arrested under the Internal Security Act. It was subsequently given access at its request to three police stations where detainees, previously visited in 1979 at the above places of detention, had been transferred: the delegates were able to speak freely and without witnesses with the detainees.

### **Philippines**

#### **Protection**

A new series of visits to places of detention in the Philippines took place from mid-March to mid-May (the previous series dated back to September 1978); four delegates went to Manila, Legaspi, in the north of Luzon, Samar and Mindanao. Some relief supplies were distributed among the detainees. A prison at Samar was visited in November.

In 1980 the ICRC visited 1,128 detainees in 33 places of detention; 390 of these detainees had the status of "Public Order Violators", whilst the others belonged to the category of "Common Crime Violators". Confidential reports were handed over to the Philippine authorities.

In 1979 the ICRC had requested authorization to visit sentenced detainees (see Annual Report 1979, page 48). The Minister of Justice gave his consent at the end of February, so that the series of visits in 1980 included the persons in preventive detention, as was the case previously, and also the sentenced detainees. The ICRC was still not given access, however, to detainees under the direct control of the Military Security Unit; access to such detainees was being negotiated at the end of 1980.

The ICRC also visited about fifteen persons detained for illegal entry to the Philippines, and talked freely with them without witnesses in the places of detention. The ICRC approached the authorities concerned to arrange for persons who so desired to return to their country of origin, and for elderly persons to find refuge with a Philippine social welfare institution.

#### **Assistance**

As in the past, the ICRC continued to take care of persons displaced by the conflicts affecting mainly the Mindanao and Samar regions. During the series of visits to places of detention, the ICRC delegates examined the circumstances in which these people were living in the north of Luzon and at Samar.

A mission to examine the situation in greater depth took place from late October to late November. A team of three delegates, including one doctor, travelled to various parts of Mindanao and Samar to assess the position of the displaced persons from a medical and nutritional point of view, to analyse the assistance programme conducted by the Philippine Red Cross with relief aid provided by the ICRC, and finally to draw up guide-lines for future action; ever since 1976 the ICRC has supplied foodstuffs provided by the European Economic Community and also a certain amount of money to buy medicaments to support the work of the National Red Cross on behalf of displaced persons throughout the country. The relief aid provided in 1980 amounted to more than 1,500 tons worth 3.7 million Swiss francs.

## **People's Republic of China**

#### **Presidential mission**

In response to an invitation by the Chinese Red Cross the ICRC President, Mr. Alexandre Hay, accompanied by Mr. J. P. Hocké, director of the Operations Department, and Mr. Robert Gaillard-Moret, head of the Documentation and Dissemination Division, visited the People's Republic of China from 2-11 November

The ICRC mission, which was given a favourable and friendly reception, had talks with Mr. Qian Xinzhong, Minister of Health and President of the Chinese Red Cross, and with several prominent government representatives, namely Mr. Liao Cheng Zhi, Vice-Chairman of the Standing Committee of the National People's Congress, Mr. Zhang Wen Jin, Deputy Minister of Foreign Affairs, General Yan Jin Cheng, Assistant Director of the Political Department in the Ministry of Defence, and Mr. Kao Yi, Deputy Minister of Education. These conversations were concerned with topics of mutual interest such as the ratification by the People's Republic of China of the 1977 Protocols; the dissemination of knowledge of international humanitarian law and humanitarian principles among the armed forces and in schools; and the activities of the ICRC, in particular in connection with the Cambodian conflict.

Mr. Gaillard-Moret extended his stay in China in order to discuss the teaching and dissemination of international humanitarian law with the Chinese Red Cross, at the request of the Deputy Minister of Education. He delivered three lectures on this subject to the Chinese Red Cross, the People's University and the University of Peking.

## **Viet Nam**

#### **Repatriation of foreign residents**

The ICRC has been concerned since 1975 with the repatriation of citizens of countries without diplomatic representation in Viet Nam—Taiwan, Yemen and Saudi Arabia.

Between September 1976 and December 1980, 3,691 persons were repatriated to Taiwan, on 26 flights from Ho-Chi-Minh-City to Taipeh. During 1980, there were three flights, carrying 306 persons.

In addition, 14 Taiwan fishermen, who had been held in Viet Nam after their boat entered Vietnamese waters, were liberated and repatriated under the auspices of the ICRC, in December.

#### **Assistance within the INDSEC framework**

Although the relief organization "Indo-China Bureau" ("Indo-China Secretariat" or INDSEC), jointly operated since 1975 by the ICRC and the League for victims of the Indochina conflict, had been dissolved on 30 June 1978, an ICRC-League co-ordinating group continued various relief actions during 1979 and 1980, including the enlargement of the hospital at Rach Gia, as the liquidation of the INDSEC programme proceeded.

The final delivery to Viet Nam of construction material valued at about 175,000 Swiss francs, was made in 1980.

On 30 June 1980, the ICRC-League co-ordinating group decided to cease operations and to close the INDSEC account. The ICRC thenceforth was exclusively responsible for utiliz-

ation of the balance which had been allocated prior to that date.

On the occasions of the mission by President Hay to the Socialist Republic of Viet Nam in April and of subsequent visits by the delegate-general for Asia and Oceania and by an ICRC doctor, the financial commitments of the INDSEC assistance programme 1978/1979 were reconsidered and eventually incorporated into a new ICRC assistance programme for 1980/81, providing for continuation of the expansion of the hospital at Rach Gia, the provision of pharmaceutical and chemical products, first aid kits and material for a first aid centre and hospital at Ho-Chi-Minh-City.

#### **Food aid**

In 1979, as a result of the Sino-Vietnamese conflict, the ICRC, on the basis of an assessment by two of its delegates, supplied the Socialist Republic of Viet Nam with food and medical relief for several hundreds of thousands of displaced persons in the six northern provinces particularly affected by the fighting (see Annual Report 1979, p. 38).

The ICRC continued this assistance action in 1980, sending to Viet Nam some 2,730 tons of food (rice and wheat flour), valued at more than 2.5 million Swiss francs, donated by the EEC.

In addition, an ICRC delegation including a doctor sent from Geneva carried out a mission from 15 to 23 October in the province of Cao Bang, near the Chinese frontier. Its purpose was to evaluate the medical action carried out in the preceding year, with a view to possible continuation of medical and food assistance, on the basis of a new estimate of needs.

#### **Mission to Laos**

In March, the delegate-general for Asia and Oceania visited Laos together with the chief of delegation at Hanoi. The purpose of this mission was to exchange views with the authorities following the recent conflicts and tensions in south-east Asia and to consider possibilities for action and development of the Lao Red Cross.

In August, the chief of the Hanoi delegation and an ICRC doctor carried out a further mission to Laos, mainly to study various medical programmes which might be developed by the Lao National Society. At the request of that Society, medicaments valued at 13,500 Swiss francs were sent to Vientiane from the balance of the INDSEC programme.

## **The Indian sub-continent**

### **Afghanistan**

The situation in Afghanistan resulting from the disturbances in that country was a matter of constant concern for the ICRC throughout 1980. Despite repeated approaches to all

parties militarily involved in the conflict, the ICRC found it impossible to carry out its activities of protection and assistance for the benefit of all the civilian and military victims of the events.

In 1979, the ICRC had already made four offers of its services to the authorities in Kabul, on 13 July, 5 September and on 21 and 31 December (see Annual Report 1979, page 49). A reply to the latter offer was made in two stages. On 5 January 1980, in his address to the United Nations Security Council in New York, the Minister for Foreign Affairs of the Democratic Republic of Afghanistan announced that representatives of the ICRC would be invited to visit Afghanistan; on 10 January, the official Afghan reply agreeing to the dispatch of a mission to Kabul was received by the ICRC.

Accordingly, an ICRC mission under the leadership of Mr. Jacques Moreillon, Director of the Department of Principles and Law, arrived in the Afghan capital on 22 January. Its purpose was to negotiate with the authorities and the Afghan Red Crescent the basis of the ICRC's humanitarian action, that is, the specific activities of protection of combatants captured and civilians arrested in connection with the events, and assistance for prisoners, civilians and wounded.

On 23 January, the ICRC representatives, accompanied by the Secretary General of the National Society, were received by President Babrak Karmal. In the ensuing talks, the President assured the ICRC that he would respect the principles of the Geneva Conventions under all circumstances and that all armed forces on Afghan territory would comply with their obligations under the Conventions. The ICRC also received authorization to visit, regularly and without witness, all political and so-called "security" prisoners in Afghanistan as well as all persons captured in combat. Furthermore, the ICRC delegation and the Afghan authorities agreed to institute, in co-operation with the National Red Crescent Society, a relief action for the benefit of civilians affected by the events. It was agreed, also, that the ICRC would organize a tracing service, also in co-operation with the National Society, to transmit family messages to and from relatives outside the country, to search for missing persons and facilitate the reuniting of families. To carry out the latter project, a specialist from the Central Tracing Agency was sent to Kabul, arriving at the end of January.

#### **Prison visits and medical assistance**

Pursuant to the authority granted by the Afghan authorities, two ICRC delegates, one of them a doctor, on 6 and 7 February, visited the Pouli Charki prison, where they saw a total of 42 political detainees. On 12 and 13 April, another visit was made to the same place and the delegates then saw 385 political and security detainees. In addition, the ICRC was given approval, in principle, to visit places of detention in outlying parts of the country. These visits did not take place however because the necessary security for the visits could not be assured.

At the request of the Afghan Red Crescent, which had asked for assistance in renewing the supplies of hospitals and

dispensaries in the capital, the ICRC sent about two tons of emergency medical material to Afghanistan. Medical relief was distributed on two occasions (3 and 4 May and 7 and 8 June) to six hospitals. Drugs were also given to the National Society.

### **Obstacles to ICRC action**

Despite the assurances they had been given, the ICRC delegates found their activities more and more restricted from April onward. The authorities expressed their opposition to continuance of the programme of protection and to the installation of a Tracing Agency office. Finally, they refused to extend the delegates' visas, which expired in mid-June.

On three occasions, 15 April, 14 May and 10 June, the ICRC addressed telegrams to the Afghan Head of State, noting with satisfaction the two visits that had been permitted to the Pouli Charki prison and referring in addition to the remaining humanitarian problems and the difficulties encountered by the delegates in carrying out their work. After refusal of a request by the ICRC representative in Kabul for an interview with the President, in the hope of resolving the difficulties, the ICRC was compelled on 15 June to recall the representative to Geneva for consultations. In a note to the authorities announcing this decision, the ICRC proposed to send a high level mission to Afghanistan to negotiate continuance of its activities. On 26 July, the Afghan Government informed the ICRC that it did not wish to receive the proposed mission or to discuss the problems in question. In a further message sent on 1 August to President Karmal, the ICRC asked the Afghan authorities to reconsider their position, recalling that its insistence in seeking authorization to carry out its activities in Afghanistan was motivated only by its desire to relieve the suffering of victims of the conflict.

### **Public appeal**

Having received no reply to its various overtures, the ICRC, on 16 September, issued a public appeal to all parties militarily involved in the Afghan conflict, asking them to respect international humanitarian law and permit the ICRC to carry out fully its traditional tasks of protection and assistance. The ICRC asked in particular that the Afghan Government authorize it to resume and develop the activities it had engaged in from January to June. It also invited all parties to the Geneva Conventions, in conformity with their obligation to ensure respect for these Conventions, to subscribe to the ICRC appeal.

### **Approaches to Afghan opposition movements**

Intent on making representations to all parties involved in the Afghan conflict, to promote the application of humanitarian law, the ICRC, from January onwards, made approaches to Afghan opposition movements, seeking assurance that they would conform to the provisions of Article 3, common to the four Geneva Conventions, particularly with

regard to persons whom they might capture. The ICRC continued these efforts throughout the year. In a number of encounters with representatives of these movements, ICRC delegates insisted that fundamental humanitarian rules and the obligations which those rules imposed upon the combatants should be respected. They also proposed to undertake a protection action, either by visiting prisoners, Afghan or Soviet, who might be detained by the opposition movements or by arranging for their internment in a neutral country. These discussions had not led however to any such action by the end of the year.

### **Approaches to the USSR**

In view of the fact that Soviet troops were engaged in Afghanistan, the ICRC also made approaches to the Government of the USSR. In a note delivered on 7 March to the Permanent Representation of the Soviet Union in Geneva, the ICRC informed the authorities of the USSR of its action in Afghanistan and offered its services for any humanitarian problems which might arise in connection with the presence of Soviet armed forces on Afghan territory. It also asked for the support of the Soviet Union in carrying out its humanitarian mission for the benefit of all the victims of the conflict. Having received no reply, the ICRC, on 21 July, sent a telegram to the Ministry for Foreign Affairs in Moscow, reiterating its great concern over the fate of many victims of the events in Afghanistan. It pointed out the responsibility, under international humanitarian law, of States whose armed forces participated in an armed conflict, even on the basis of a treaty or other agreements with another State. There was no reply to this telegram or to a second one, sent on 28 August, in which the ICRC asked the Soviet Ministry for Foreign Affairs to state the position of the Soviet Union with regard to its obligations, under international humanitarian law, in Afghanistan.

On the occasion of a mission to Moscow, from 27 to 31 October, at the invitation of the Alliance of Red Cross and Red Crescent Societies of the USSR, an ICRC delegation under the leadership of its Vice-President, Mr. Richard Pestalozzi, raised with representatives of the Soviet armed forces and of the Ministry for Foreign Affairs the subject of the humanitarian problems caused by the armed conflict in Afghanistan. The Soviet spokesmen replied that these problems should be discussed with the Afghan authorities; that they did not concern the USSR because Soviet forces had not participated in any combat.

### **Afghan refugees in Pakistan**

Concerned to assist all victims of the Afghan conflict, the ICRC, the League of Red Cross and Red Crescent Societies and the Pakistan Red Crescent, in mid-February 1980, started an assistance programme for Afghan refugees in Pakistan.

Pursuant to a request from the Pakistan Red Crescent, a joint League-ICRC team, from 8 to 14 January, carried out a

survey in the frontier provinces of northwestern Pakistan, where several hundred thousand Afghan refugees had been given asylum. In the light of the humanitarian needs observed on the spot, the International Red Cross, on 30 January, launched an appeal for 14.5 million Swiss francs to enable the National Society to participate in relief operations under supervision by its Government. The programme of the Pakistan Red Crescent, drawn up with the assistance of the League and the ICRC, provided at that stage for an emergency assistance action for the benefit of 100,000 refugees, over an estimated period of one year. For this purpose, the National Society had immediate need for large quantities of drugs, tents, blankets, shoes, clothing, etc., and for vehicles to permit distribution of this material. The assistance of the International Red Cross was in addition to that supplied by the Office of the United Nations High Commissioner for Refugees, after an appeal for funds on 16 January.

#### **Institution of the medical programme**

Called upon to assume responsibility for medical relief, within the framework of the joint action, the ICRC in mid-February sent to Pakistan a doctor and a delegate, to set up the assistance programme. Local medical personnel were recruited for two mobile teams, one based at Parachinar, covering the Kurram region (for about 100,000 refugees in six camps), and the other at Miram Shah in North Waziristan (for a population of 60,000 refugees in five camps). A stock of drugs and medical material was established at Peshawar.

The two teams, each having a doctor, two nurses and a driver, with all the required vehicles and material, carried out large-scale activities, starting on 8 April. In three months—April through June—they treated 15,624 patients. At the beginning of July a third mobile team, also based at Parachinar, was set up in order to intensify the medical action. The three ICRC medical teams gave about 80,000 consultations during 1980.

In October and November, the ICRC medical co-ordinator made two control visits to the mobile teams. These visits also served the purpose of re-evaluating needs in the frontier camps

and studying means to improve medical services, by setting up and equipping dispensaries in the five principal camps, each to be staffed by one male and one female nurse, locally recruited. The first two dispensaries, for 40,000 refugees, were set up by 30 November in the camps at Tindu and Satin (Kurram).

The ICRC also gave assistance, in the form of parcels of bandaging material and basic drugs, to *Médecins sans frontières* and various other organizations which were helping victims of the Afghan conflict.

#### **Mission by a member of the Committee and expansion of the action**

Professor Gilbert Etienne, a member of the Committee, went on a mission to Pakistan, from 16 to 31 August, to assess the ICRC's medical assistance action and consider possibilities for expanding and improving it. He had talks with the Director of Afghan Affairs in the Ministry for Foreign Affairs and with representatives of the "SAFRON" (States and Frontier Regions Division) responsible for administration of the provinces in northwestern Pakistan. He also met representatives of the UNHCR and made visits to the frontier regions in North Waziristan and Kurram.

As the number of Afghan refugees in Pakistan had increased since the beginning of the action, resulting in ever greater humanitarian needs, the ICRC found it necessary to institute new medical programmes. Accordingly, at the beginning of October, on the basis of the report by a medical mission sent out from Geneva, it proposed to the Pakistan Government an extension of its action to other regions, in addition to Kurram and North Waziristan, and development of an action for the benefit of wounded Afghans.

The last-named project was for the construction of a surgical centre and a workshop for making prostheses in Peshawar, with arrangements for transport by ambulance where necessary. In addition, the ICRC offered to set up, also at Peshawar, another medical centre for the treatment of women and children only. At the end of the year these projects were still being studied by the Pakistan authorities.

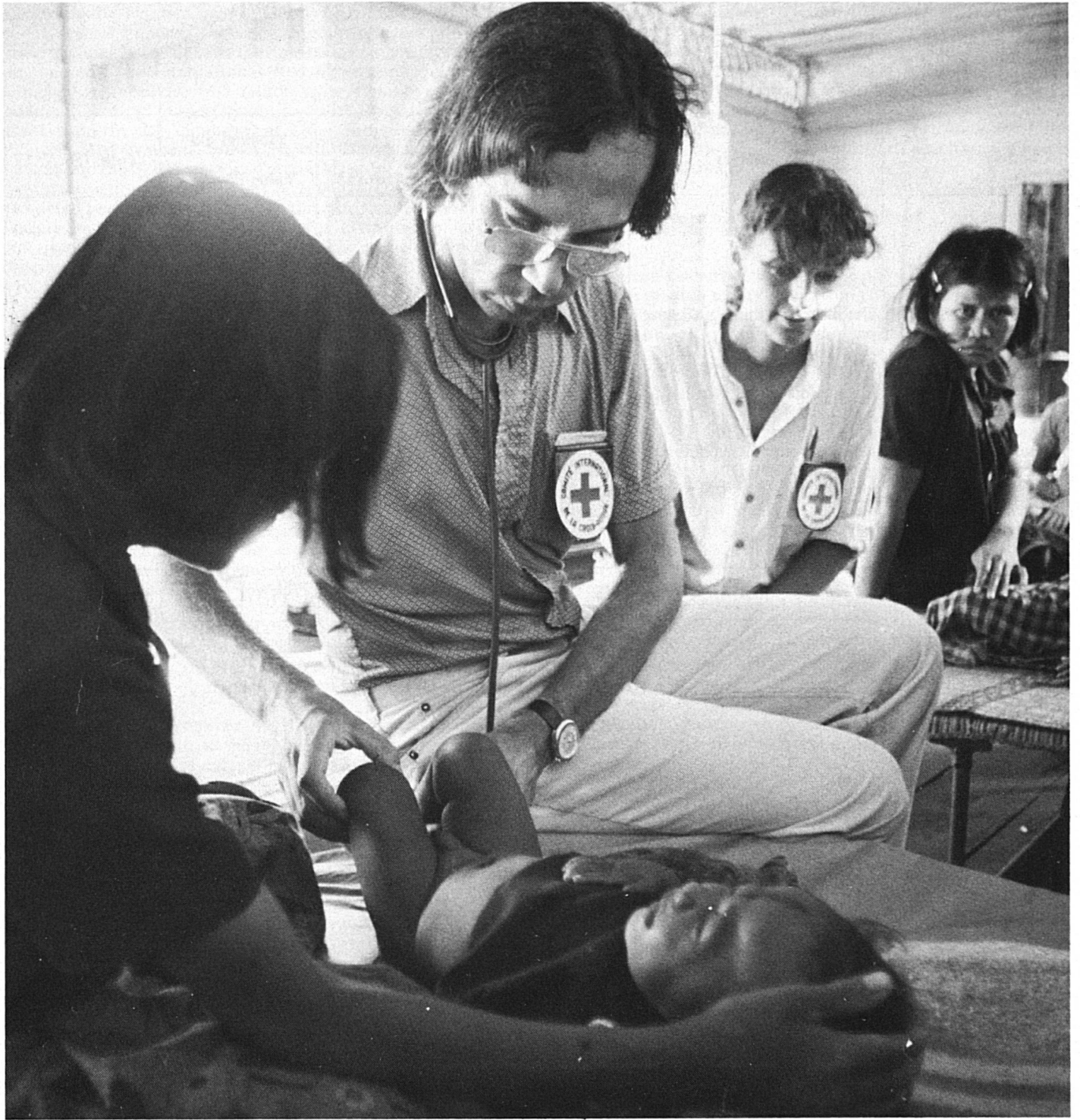
**RELIEF AND MEDICAL AID SUPPLIED OR FORWARDED  
BY THE ICRC IN 1980\***

*ASIA*

Country	Beneficiary	Relief		Medical aid	Total (Sw.fr.)
		Tonnage	Value (Sw.fr.)	Value (Sw.fr.)	
Afghanistan . . . . .	Displaced civilians and sick persons	—	—	75,300	75,300
Indonesia. . . . .	Detainees	—	620	—	620
Kampuchea** . . . . .	Displaced civilians and sick persons	6,578.3	5,077,200	8,800,000	13,877,200
Pakistan . . . . .	Refugees and sick persons	2.-	35,000	210,000	245,000
Philippines . . . . .	Displaced civilians and detainees	1,534.-	3,766,860	—	3,766,860
Thailand** . . . . .	Refugees and sick persons	52.3	140,100	5,600,000	5,740,100
East-Timor. . . . .	Displaced civilians and sick persons	2,100.-	2,007,000	190,000	2,197,000
Viet Nam . . . . .	Displaced civilians	2,729.-	2,599,710	—	2,599,710
<b>TOTAL . . . . .</b>		<b>12,995.6</b>	<b>13,626,490</b>	<b>14,875,300</b>	<b>28,501,790</b>

\* Including food aid donated by the EEC and the Swiss Confederation, aid to National Societies, aid to detainees and their families and aid supplied in the course of specially financed actions.

\*\* Figures relate exclusively to ICRC action.



*Pediatric consultation at Kompong Thom Hospital (Kampuchea)*