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## ASIA AND THE PACIFIC

In 1987, the ICRC remained deeply involved in its various fields of activity in Asia, where two of its biggest medical programmes continued: one, in Pakistan, for Afghan war casualties who managed to reach the border, and the other along the Khmer-Thai border where some 270,000 Khmer and Vietnamese civilians remained stranded. The ICRC also pursued its efforts to protect the civilian victims of armed conflict. Finally, it visited prisoners taken captive in the course of the Afghan conflict and detainees in Indonesia, the Philippines and Viet Nam.

In order to strengthen ties between the ICRC and the National Societies, Mr. Rudolf Jäckli, a member of the Committee, made a series of visits from 31 January to 14 March to six countries in Asia and the Pacific region (Bangladesh, Malaysia, Japan, Australia, New Zealand and Thailand). In each country, he had lengthy discussions with Red Cross and Red Crescent officials on topics such as spreading knowledge of international humanitarian law and co-operation within the Red Cross and Red Crescent Movement.

To carry out its activities in Asia, the ICRC maintained an average of 150 delegates (including medical and administrative staff) assisted by over 880 locally recruited employees in five delegations (Afghanistan, Kampuchea, Pakistan, the Philippines and Thailand) and four regional delegations (Hong Kong, India, Indonesia and Viet Nam):

- The regional delegation in **Hong Kong** was officially opened on 6 October 1987 for increased ICRC contact with China, Japan, the two Koreas and Macao.
- The regional delegation in **New Delhi** covered Bangladesh, Bhutan, Burma, India, Maldives, Nepal and Sri Lanka.
- The regional delegation in **Jakarta** was opened to cover Australia, Brunei, Indonesia, Malaysia, New Zealand, Papua New Guinea, Singapore and the island States of the southern Pacific.
- The regional delegation in **Hanoi** covered Laos and Viet Nam.

The ICRC's work to help victims of the conflicts in Afghanistan and Kampuchea and its programmes in the Philippines and in East Timor were the subject of special fund-raising appeals, whereas the regional activities of the delegations based in Hanoi, Hong Kong, Jakarta and New Delhi were financed from the ICRC's regular budget.

### CONFLICT IN AFGHANISTAN

As in previous years the ICRC, in accordance with its mandate under the Geneva Conventions and the Statutes of the Movement, strove to provide protection and assistance to all the victims, civilian and military, of the Afghan conflict. The ICRC was present in Kabul as from February 1987 and by the end of the year the delegation had eight members. Expatriate staff assigned to ICRC operations in Pakistan totalled at year's end 29 persons, 18 of them with the Peshawar delegation and 11 with the Quetta (Baluchistan) sub-delegation. An average of 510 locally recruited employees worked full-time with expatriate staff.

With a balance in hand of 3,627,000 Swiss francs from 1986, an appeal for 14,041,500 Swiss francs was made in early 1987 to finance ICRC activities in connection with the Afghan conflict.

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#### IN AFGHANISTAN:

##### ICRC activities resumed

During a mission by the ICRC delegate-general for Asia and the Pacific to Kabul in late January, an agreement was reached with the Government of the Democratic Republic of Afghanistan authorizing the ICRC to set up a programme of protection and assistance for the victims of the conflict. Mr. Sultan Ali Keshtmand, the Prime Minister, confirmed that the ICRC was authorized to visit, in accordance with the institution's customary criteria, prisoners captured while bearing arms or arrested in connection with the events. In addition, an agreement on orthopaedic and dissemination programmes was signed between the ICRC and the Afghan Red Crescent Society. Other medical projects were also discussed.

##### Activities for detainees

As agreed during the January mission, a team of five ICRC delegates, including one doctor, began a visit to Pul-I-Charki prison in Kabul in early March. A general tour of the premises took place, but the visit then had to be suspended following a disagreement between the ICRC and the authorities as to the actual visiting procedure.



Negotiations were immediately resumed to allow the visit to Pul-I-Charki to go on in the agreed manner. In particular, the President of the ICRC sent a message on 10 April to the Prime Minister again stating the criteria for visits set out in the memorandum delivered by the ICRC on 29 January (including the necessity of having access to all the detainees and of registering them or checking their identity against a list provided by the prison authorities, of interviewing them without witness and of repeating the visits at regular intervals, to be agreed with the authorities). The delegate-general for Asia and the Pacific returned to Kabul at the beginning of December to discuss this question and obtained the agreement in principle of the Ministries of the Interior, Foreign Affairs and State Security for the ICRC to resume visits, in conformity with its customary criteria, to persons detained in Afghanistan.

### Medical activities

The proposals for co-operation in war surgery and the rehabilitation of lower-limb amputees submitted in a memorandum to the Afghan Red Crescent Society in May 1986 were discussed during the delegate-general's January mission to Kabul; the orthopaedic programme was accepted. Working in close conjunction with the National Society, the ICRC launched several other medical projects in Kabul during 1987.

Mr. Shir Bahadur, Afghan Minister of Public Health, was received at ICRC headquarters on 13 May by the institution's Director of Operations and by the head of its Medical Division.

### Orthopaedic programme

A survey carried out in 1986 by an ICRC orthopaedic

specialist had revealed major needs for the rehabilitation of lower-limb amputees and proposals had been made to the Afghan Red Crescent for co-operation with the ICRC in that area. An agreement was concluded on 29 January between the ICRC and the National Society on an orthopaedic centre for war amputees to be opened in Kabul. Two ICRC orthopaedic technicians then set about converting a factory owned by the Red Crescent and equipping it as a workshop to make prostheses and wheelchairs. This work had almost been completed by the end of the year and nine local staff had been recruited for training by the ICRC as orthopaedic technicians to manufacture the prostheses and as physiotherapists to fit and rehabilitate the amputees. Production of crutches and prostheses was scheduled to start in early 1988.

### *Surgical and medical projects*

To implement the decisions taken during the January talks, an ICRC doctor and nurse went to Afghanistan in March to assess surgical needs there. They visited several hospitals and dispensaries in Kabul, but for safety reasons were not authorized to leave the capital. They noted considerable surgical needs in Kabul itself and in early June the ICRC submitted a series of proposals to the Afghan Red Crescent. These included:

- ☐ setting up a small emergency surgical hospital (50-60 beds) in the capital, to be run under ICRC responsibility;
- ☐ ICRC assistance for Afghan Red Crescent dispensaries;
- ☐ assisting the National Society in the training of its medical staff;
- ☐ ad hoc aid for certain government establishments to meet urgent needs duly noted by the ICRC.

These proposals were well received by the National Society and the authorities and were discussed in detail in August when the President and Secretary General of the Afghan Red Crescent visited Geneva. On that occasion, a second agreement was signed under which the ICRC undertook to provide, in accordance with its criteria, medicaments, essential equipment and logistic assistance in the capital and the provinces to all National Society dispensaries affected by the conflict; it further undertook to train medical staff. In October, two ICRC nurses arrived in Kabul to implement the project.

Finally, also in Kabul, the project to establish a surgical hospital there was approved by the Afghan authorities and confirmation, notably for the conditions under which it

would be run, was received in December. The hospital will be under the sole responsibility of the ICRC; it will be placed under the protection of the emblem and will be open to all wounded people without discrimination.

### *IN PAKISTAN:*

#### **Activities for persons detained by the Afghan opposition movements**

From the beginning of the conflict, the ICRC has done everything in its power to provide protection for prisoners held by the Afghan opposition movements. In particular, it has taken up and maintained contact with the opposition leaders, commanders and combatants in order to remind them of their responsibilities toward their prisoners, both Soviet and Afghan, and to obtain access, in accordance with the ICRC's criteria, to all persons in their hands.

Only two visits were possible in 1987. They were made in April and December to a group of about a hundred Afghan prisoners held by Hezbi II, some of whom had already been seen by the ICRC in 1986. During these visits, which were carried out in the border area, new prisoners were registered and a number of others were released. Fifteen family messages were written by the prisoners to be forwarded to their families in Afghanistan through the Afghan Red Crescent, which obtained seven replies subsequently transmitted to the prisoners by the delegates.

#### **Activities in aid of refugees**

At the request of the UNHCR, the ICRC delegation in Peshawar continued to issue travel documents to refugees of various nationalities enabling them to leave for host countries; 872 such documents were issued in 1987 for 1,158 refugees.

In addition, 157 family messages were forwarded between people in Pakistan and their families abroad.

#### **Medical assistance**

ICRC medical activities in Pakistan continued on a large scale because of the high number of Afghan war casualties who managed to reach ICRC hospitals. These activities were made possible by a total of 60 surgeons, nurses, anaesthetists and other specialized personnel provided by 11 Red Cross Societies (Australia, Denmark, the Federal Republic of Germany, Finland, Great Britain,



Iceland, Italy, the Netherlands, New Zealand, Norway and Sweden), plus locally recruited medical and paramedical staff.

The ICRC's medical programme cost some eight million Swiss francs, including the cost of services provided by the National Societies (1.8 million Swiss francs),

### *Surgical hospitals*

#### *• In Peshawar*

The ICRC's surgical hospital in Peshawar, which has been in constant service since it was opened in 1981, was filled to near capacity during the year (average 80%), with peaks in February, March, July, September and October. It has two operating rooms, an X-ray unit, a laboratory, a polyclinic and a capacity of 100 beds (which can if necessary be increased to 150). As in previous years, it operated with two surgical teams (each with a surgeon, an anaesthetist and a theatre nurse), three nurses, one physiotherapist, one medical administrator and 120 locally recruited employees. A total of 1,632 patients, all war casualties, were admitted in 1987 and 4,070 operations were carried out. The hospital's out-patient department gave 7,737 consultations. The training of local staff was also continued.

#### *• In Quetta*

The ICRC hospital in Quetta was opened in 1983 to treat war casualties arriving from southern Afghanistan, especially the Kandahar area. It has a capacity of 55 beds (which can if necessary be increased to 100 beds) and treated 1,306 war casualties in 1987. Its occupancy rate (average 120%) was particularly high from February on and at times reached 160% to 170%, which placed the medical staff under extreme pressure. In February and again in August, tents had to be put up near the hospital building to increase its capacity. In July the surgical team provided by the Italian Red Cross (two surgeons, an anaesthetist and a theatre nurse) was augmented by a second anaesthetist and another theatre nurse.

Construction of a new building — housing a second operating theatre, an intensive-care unit and a sterilization unit — was begun in March and the building was inaugurated on 26 August. Thus, by the end of the year, the Quetta hospital had the same capacity as the Peshawar hospital.

The training of locally recruited staff was also continued in Quetta.

The two teams carried out a total of 3,169 surgical operations and gave 9,931 out-patient consultations.

### *Blood-transfusion centre*

The blood donation and transfusion centres in Peshawar and Quetta enabled the ICRC surgical hospitals to be self-sufficient in blood for the third consecutive year, despite large influxes of war casualties. This was achieved by a campaign to recruit donors, mainly among the patients' families, the Afghan opposition movements, the local and expatriate medical staff, and refugees.

A new blood donation centre was opened in Peshawar in late June.

In 1987, a total of 2,111 units of blood were collected and used for transfusions under the supervision of a specialist provided by a National Society.

### *Assistance for paraplegics*

The rehabilitation centre for paraplegics, housed since 6 February 1984 in a building with a capacity of 100 beds, continued to rehabilitate Afghan and Pakistan paraplegics under an agreement signed by the ICRC and the North-West Frontier Province (NWFP) branch of the Pakistan Red Crescent Society. This branch was responsible for administration of the centre in 1987, while the ICRC continued to finance it. An ICRC physiotherapist also stayed on as an adviser. In 1987, 204 patients were admitted to the centre and stayed there until they had acquired a measure of independence. The ICRC supplied each rehabilitated patient with a pair of crutches, a wheelchair and the specific appliances required by his condition (all made in the ICRC workshop). The wheelchairs produced at the centre (228 in 1987) are also used by patients treated in the hospitals and the orthopaedic centre. Two consignments of 30 wheelchairs each were sent to the orthopaedic centre run by the ICRC in Kabul; some of these will be used as prototypes for local production.

### *Assistance for amputees*

The orthopaedic workshop in Peshawar, set up in November 1981, continued to supply Afghan amputees with prostheses. In 1987, locally recruited and trained Afghan craftsmen made or repaired, under ICRC supervision, prostheses or orthoses for 400 patients. The centre manufactured 1,583 orthopaedic appliances (677 prostheses, 185 orthoses and 721 rubber feet), many of them for patients who had come back to the centre to continue treatment or have a worn prosthesis replaced. The orthopaedic centre, where the patients stay while their prostheses are made and adjusted and they are trained to use them, has a capacity of 30-35 persons. In addition, the

ICRC helps the amputees to acquire a certain amount of independence so that they can reintegrate more easily into society.

#### *First-aid posts and evacuation of war wounded*

Eight mobile first-aid teams, stationed at key points along the Pakistan border in the North-West Frontier Province (at Alizai, Khar/Bajaur, Miramshah, Parachinar, Thal and Wana) and in Baluchistan (in Badini and Chaman) continued giving first aid to wounded people arriving from the war zones. These posts, run in conjunction with the Pakistan Red Crescent Society, and each comprising a doctor (or an experienced male nurse), a driver and a caretaker, also transported wounded persons requiring hospital treatment to Peshawar or Quetta; in 1987, 60% of the patients treated in the ICRC hospitals had been transferred there from a first-aid post.

The ICRC delegates based in Peshawar and Quetta made regular visits to the first-aid posts to ensure that the ambulance teams' work was going well and to assess their needs. In February, the posts in Miramshah, Alizai and Parachinar were busier than usual. The post in Khar Bajaur, which had been closed in November 1986 (though one local employee had remained there with a vehicle, ready to take any wounded person to Peshawar), was put back into service in May. In June, an ICRC survey was made in Chitral and revealed that there was no requirement in that zone. The posts in Parachinar and Alizai were closed on 26 July for reasons of security. However, a new post was opened in Thal on 17 August to replace the Alizai post, and the post in Parachinar was put back into service on the same day. Finally, an assessment of needs led to a second ambulance being stationed in Baghrar, near the Wana post, in November.

In 1987, 2,107 wounded people were treated at these first-aid posts; 1,746 of them were taken to the hospitals in Peshawar or Quetta, and 351 were treated and then discharged.

#### *First-aid courses and supply of equipment*

The ICRC continued to organize first-aid courses for Afghans returning to Afghanistan, so that once back in their country they would be capable of assisting the wounded and preparing them for their journey to the frontier. In 1987, 18 four-week courses, including one week of practical work, were each attended by some 15 people who had passed the entrance examination. A total of 298 first-aid workers were trained in 1987. On completion of each course, the participants were given first-aid kits.

At the same time, another series of two-day courses, known as "Red Cross and Red Crescent courses", were given to teach Afghans the rudiments of first aid. The courses, which were launched in 1984, continued to have considerable success, not only in Peshawar and Quetta but also at five first-aid posts and in the town of Chitral. In 1987, 155 two-day courses were held for 2,557 participants who also received first-aid kits.

#### **Dissemination and information**

In 1987 the ICRC pursued its efforts to improve Afghans' knowledge of the principles of the Red Cross and Red Crescent and the basic rules of international humanitarian law. The first-aid courses (see above) provided a good opportunity to pass on such knowledge, in particular the rule that prisoners, the wounded and civilians must be respected; six days of tuition during the one-month first-aid courses and two hours during the "Red Cross and Red Crescent courses" were devoted to dissemination backed up by a whole range of teaching aids in Farsi. This material was either used during the lessons (films, posters) or handed out to the participants (comics, booklets).

In addition, lectures were given to various target groups such as disabled patients and their families, staff hired locally by the institution, and journalists.

Finally, contacts were maintained with the Pakistan Red Crescent Society with a view to organizing programmes for the dissemination of international humanitarian law within the National Society and among the Pakistan armed forces.

#### **SRI LANKA**

Deeply concerned by the situation in Sri Lanka, and especially by the intensification of military operations on the Jaffna Peninsula and in the east of the country, the ICRC repeatedly renewed the offer of services which it had made in May 1986. The activities it wished to undertake to protect and assist all the victims of the conflict (civilians affected by the violence and people arrested in connection with the events) were described to the Sri Lankan Minister of National Security and also Deputy Minister of Defence in June, as they had been to the Minister of Health the month before.

Following the peace agreement of 29 July, the ICRC and the League made a joint request to the Sri Lankan authorities for permission to assess needs on the spot and

set up an operation co-ordinated by both institutions. After the situation in the north and east of the country had again deteriorated in mid-October, the ICRC suggested that a team consisting of a doctor, a nutritionist, a logistics specialist and a delegate be authorized to go into those areas to draw up assistance programmes for the population affected.

The Government of Sri Lanka, through its Minister of Foreign Affairs, agreed to consider the offer made by the ICRC and the League. Mr. André Pasquier, ICRC Director of Operations, and Mr. Hubert Bucher, Deputy Secretary General of the League, therefore left for Colombo on 25 October. There they were received by the Sri Lankan authorities to whom they made specific proposals to provide material relief and orthopaedic and other medical assistance. The Sri Lankan Government replied in late November that it was prepared to receive a new Red Cross delegation to discuss the proposals in detail. However, restrictions were imposed, for example concerning access to certain regions. The ICRC therefore made new approaches to the Sri Lankan Government and the Indian authorities in order to be able to launch a programme for the benefit of all victims of the situation in Sri Lanka. Negotiations were continuing at the end of the year.

## **BURMA**

The regional delegate based in New Delhi made regular visits to Burma to monitor the joint orthopaedic projects being carried out there in conjunction with the Burma Red Cross Society, the Ministry of Health and the Ministry of Defence, and to consolidate relations between the ICRC and the Burmese authorities and National Society. During these visits the regional delegate also discussed the dissemination of knowledge of international humanitarian law and Burma's accession to the Geneva Conventions and Additional Protocols.

### **Assistance for amputees**

The ICRC continued its programme to assist civilian amputees. The programme, which is being run in conjunction with the Ministry of Health and the Burma Red Cross Society, was launched in 1985 at the Hospital for the Disabled in Rangoon. In addition, in February 1987 an agreement was signed between the ICRC and the Burmese Ministry of Defence to develop a programme of support for the orthopaedic centre at the military hospital in the

Burmese capital. At both places the ICRC's contribution has consisted in diversifying manufacturing techniques so as to increase the production of orthopaedic appliances (feet and knees) using local materials, and giving the Burmese nursing staff basic training in orthopaedics and physiotherapy. In 1987, five ICRC technicians worked in Rangoon (three at the Hospital for the Disabled and two at the military hospital) where they trained 170 technicians from the capital and the provinces.

These activities cost 1,175,000 Swiss francs and were financed by the ICRC Special Fund for the Disabled.

## **CONFLICT IN KAMPUCHEA**

Throughout 1987, the ICRC pursued its work to help the victims of the conflict in Kampuchea, mainly via its delegations in Thailand and Phnom Penh.

The situation remained tense on the Khmer-Thai border, where some 270,000 civilians were living in a number of camps rendered unsafe both by the conflict and by violence within the camps themselves. While waiting for a solution which will enable these increasingly despairing people to return home to a normal life, the ICRC's activities continued to be focused on protection for detainees and displaced civilians as well as war surgery and other urgent medical care.

In Kampuchea itself, the ICRC carried on its medical, material and logistic support, and sent a new surgical team to the hospital in Kampot. Despite repeated requests, it was not granted access to persons detained in connection with the conflict nor to the areas affected in the west of the country.

### **Financing of the activities**

In January 1987 the ICRC appealed to donors for 10,774,500 Swiss francs to finance its activities in connection with the conflict in Kampuchea. To this end, it regularly attended meetings of donor countries held in New York under the auspices of the United Nations.

### **Personnel**

To perform its work, the ICRC maintained a large delegation in Thailand, both in Bangkok and on the Khmer-Thai border. In December, its staff consisted of 18 delegates (not including the medical personnel provided by National Societies) and 204 locally recruited employees.

The delegation in Phnom Penh continued to number five persons.

## **IN KAMPUCHEA:**

### **Measures to help people affected by the situation**

Since 1981, the ICRC has been trying in vain to obtain permission to visit certain categories of prisoners in Kampuchea (persons captured while carrying arms, civilians arrested in connection with the events and foreign nationals not enjoying diplomatic protection). The ICRC has made many written and oral representations to the Prime Minister and Minister of Foreign Affairs (including an aide-memoire in August 1985 setting out its offer of services). In July 1987 President Sommaruga repeated this offer in a letter. However, at the end of the year under review there was still no reply from the authorities.

During its contacts with officials of the People's Republic of Kampuchea, the ICRC also made known its concern about the serious human consequences — numerous cases of malaria and injuries caused by mines — of the displacement of Kampuchean civilians recruited to perform work of a military nature in the areas near the Thai border.

At their families' request, the ICRC again approached the Kampuchean authorities in connection with three Thai soldiers detained in Phnom Penh, recalling the request made in 1985 to be allowed to register, visit, assist and possibly repatriate them. Family messages were conveyed to the detainees via the National Society and the prisoners wrote replies which were forwarded by the ICRC to Bangkok. However, the ICRC was not able to visit the three prisoners.

In a letter to the Prime Minister of the People's Republic of Kampuchea, President Sommaruga furthermore reiterated the ICRC's willingness to carry out medical activities in the country, in particular in those provinces most affected by security problems.

All these issues were raised by the ICRC's delegate-general for Asia and the Pacific during talks in Phnom Penh and Geneva with representatives of the Government of the People's Republic of Kampuchea and the Red Cross Society.

### **Family reunification**

Of the 18 requests made for next-of-kin reunifications (to enable children to join their parents abroad or aged parents to join their children) submitted to the Govern-

ment of the People's Republic of Kampuchea in 1986, only three received the authorities' consent in 1987. The ICRC delegation accordingly arranged for a young girl to leave for France on 16 July; two other persons were allowed to join their families in France at the end of the year.

### **Activities for the wounded and sick**

#### ***New ICRC surgical team in Kampot***

In late May, the ICRC set up a surgical team at the hospital in Kampot. The team, which was provided by the Polish Red Cross and consisted of a surgeon, an anaesthetist and a nurse, set to work caring for victims of the conflict situation, as well as other patients, and training Khmer staff. From July to December, the surgical services at the Kampot hospital recorded 485 admissions and carried out 370 operations.

#### ***Assistance to hospitals***

As in previous years, emergency medical relief supplies (medicaments and medical equipment) were provided as needed by the ICRC nurse to the three main hospitals in Phnom Penh (the "17th of April" surgical hospital, the "7th of January" paediatric hospital and the "Revolution" general hospital) and to four hospitals in Kandal, Kompong Speu, Kompong Cham and Kampot provinces. This highly selective assistance cost 308,516 Swiss francs. In addition, by giving medical material and equipment, the ICRC continued to support the blood bank run by the Red Cross Society in Phnom Penh, the only blood bank in the entire country.

#### ***Support for National Society surgical teams***

The ICRC continued to provide logistic and administrative support to the surgical teams from the Australian, Swedish and Swiss Red Cross Societies based respectively in Kompong Speu, Kompong Chhnang and Takeo and to the French Red Cross medical team, based in the capital and carrying out an anti-tuberculosis campaign from there. The ICRC's pharmacy supplied the three teams with medicaments and medical equipment on the basis of lists provided by the Societies.

### **Assistance to orphanages**

The ICRC pursued its assistance programme for particularly needy orphanages on the basis of assessments carried out since 1984. Relief in the form of essential goods



for the improvement of hygiene, housing, clothing, food and teaching was distributed directly by the delegates to the orphanages in the provinces of Kompong Cham, Kompong Chhnang, Kompong Speu, Prey Veng, Svay Rieng and Takeo. The relief supplies distributed were worth a total of about 40,000 Swiss francs.

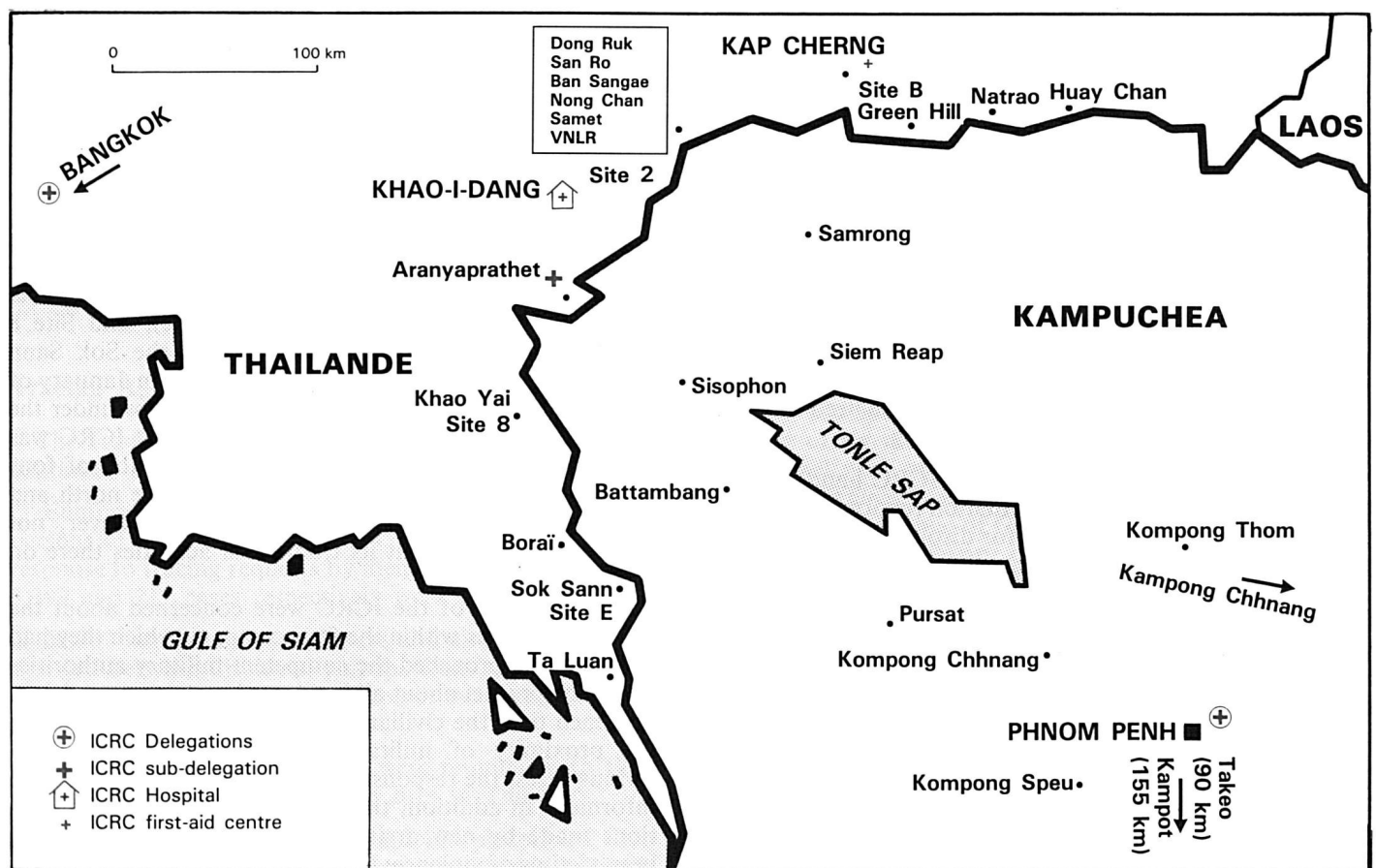
## Logistics

As in previous years, there was a weekly airline service from Bangkok to Ho Chi Minh City, from where a semi-commercial aircraft belonging to Viet Nam Airlines and chartered by the ICRC went on to Phnom Penh. In addition to passengers, these flights carried medicaments and relief supplies, both for the ICRC and for other humanitarian organizations.

## IN THAILAND:

### Representations and activities for the protection of displaced civilians on the border and detainees

For the eighth consecutive year, the ICRC in 1987 made every effort to protect the victims of the conflict, both the civilians displaced on the Khmer-Thai border and persons detained by the various factions of the Coalition Government of Democratic Kampuchea (CGDK) or by the Thai authorities. The institution's role in protecting the civilian population was reaffirmed; it is based on the mandate given to the ICRC by the international community and carried out in co-ordination with the various United Nations agencies working to help the victims of this conflict. Responsibility for assistance is shared between UNBRO (United Nations Border Relief Operation) and the ICRC;



UNBRO provides food aid and basic medical care, whereas the ICRC meets other medical needs: surgery, ambulance services and blood bank.

Although relative calm prevailed on the border throughout 1987, some 270,000 Khmer and Vietnamese, as well as thousands of Thai villagers, continued to live in zones close to the fighting and therefore potentially dangerous. The victims' long period of confinement in the camps, fearing for their safety and despairing of their future, has given a new dimension to their suffering: as a result of the constant uncertainty, the number of incidents among the Khmer increased in 1987, in particular at Site 2 where over 160,000 people live. Very concerned by the situation, the ICRC approached the authorities and negotiated the transfer and reorganization of Site 2 so as to make the camp safer and easier to administer. At the end of the year, the Thai authorities announced that measures would be taken to improve security for the people living in the camps.

### *Representations*

After various representations in recent years (memorandum submitted in 1984, supplemented by an initial situation report in 1985 and two others in 1986) the ICRC in 1987 made several approaches to the Thai authorities and donor countries to draw attention to the difficulties it faces in discharging its mandate for the protection of civilians and detainees:

□ A new memorandum was submitted to the Thai authorities in April restating the ICRC's concern as regards protection for all the civilians in camps on the Khmer-Thai border and for detainees to whom it did not have access. Stress was laid on the imperative need to keep civilians safe from the effects of fighting.

□ In June and again in October, the ICRC handed over to the Thai authorities specific situation reports describing problems relating to protection for displaced civilians and people detained in connection with the conflict. The reports listed the security incidents requiring ICRC action which had occurred in the evacuation sites. As in previous years, these reports repeated the ICRC's desire to have regular access to all the civilian camps on the border and stated once again the necessity of removing civilians to a safe distance from combat zones and ensuring that the civilian character of the camps remains intact. The reports asked that appropriate measures be taken.

□ In addition, a situation report was also sent in late December to the leaders of the Kampuchean People's Na-

tional Liberation Front (KPNLF) stressing the responsibility of (KPNLF) soldiers in the security incidents; it placed particular emphasis on the need to separate the soldiers from the civilians in the camps and prevent weapons from entering.

□ In view of the mounting violence within the camps, the ICRC felt it necessary to make a public statement on the situation. At the donors' meeting in New York on 10 September it therefore described the difficulties encountered and underlined the responsibility of the parties involved and indirectly of the international community as a whole. The ICRC repeated the solutions it advocated for the most urgent problems, in particular a reorganization of Site 2 into smaller units, which would be easier to administer, and greater access for ICRC delegates to all the camps on the border.

The delegate-general for Asia and the Pacific had talks in Bangkok (September, November) and New York (October) with Thai civilian and military authorities and representatives of the Coalition Government of Democratic Kampuchea.

### *Activities*

#### *• Civilians*

The ICRC maintained a regular presence in the three main camps which house the great majority of the displaced Khmer and Vietnamese civilians on Thai soil — Site 2 (160,000 people), Site B (45,000 people), and Site 8 (30,000 people); it also regularly visited the Sok Sann camp (7,500 people). Following the transfer in January of some 2,000 Khmer from Site 8 to other camps under the responsibility of Democratic Kampuchea, the ICRC was allowed to make limited visits to the population of four camps — Natrao and Ban Huay Chan to the north and Borai and Taluan to the south. It was, however, not authorized to carry out its traditional activities there on a regular basis.

The delegates of the ICRC were concerned about the safety conditions within the four camps to which they had access and approached the competent military authorities in Aranyaprathet about all incidents involving armed men and each time the civilian population was endangered by the proximity of military operations. In particularly serious cases, the responsible authorities in Bangkok were informed. In addition, the delegates took note of allegations made by new arrivals who complained of having been victims of violence; they then forwarded those allega-

tions to local officials and national Thai authorities in Bangkok for the appropriate measures to be taken.

In January, the Thai authorities confirmed their decision to close the Khao-I-Dang camp, administered by the UNHCR, and to transfer a number of people living there to a place closer to the border. The ICRC pointed out that such action would be counter to the interests of the people affected, especially their safety.

As in previous years, the ICRC was greatly concerned about the plight of a particularly vulnerable group of persons — the 'Vietnamese land refugees' (VNLR) who travelled overland to reach the border and are now living as refugees in a hostile environment. ICRC delegates continued to transfer these new arrivals to Site 2 and on several occasions approached the Thai authorities and Khmer administrations, urging them to do as much as possible to improve the security and treatment of this group, in particular the new arrivals. In the period under review, the ICRC was no longer involved in the process of VNLR resettlement but continued to help for humanitarian reasons in cases urgently requiring protection.

#### • *Detainees*

The ICRC stepped up its efforts to obtain access to people detained in connection with the conflict by the various factions of the Coalition Government of Democratic Kampuchea (CGDK) and by the Thai authorities. This question was prominent among the subjects of concern raised by the ICRC in its talks. The institution was nevertheless not able to visit any prisoners in 1987.

### Tracing Agency

The Tracing Agency office at the delegation in Bangkok continued its work in 1987:

- Enquiries were made into the whereabouts of 8,049 persons of Khmer origin and 584 Vietnamese refugees, in response to tracing requests by members of their families; 3,399 and 211 cases respectively were resolved.
- 26,967 family messages, letters and air letters were exchanged between displaced persons from the border and their families living in other camps or evacuation sites or in other countries.
- 26 persons of Khmer origin were reunited with their families in camps or evacuation sites in Thailand.
- 89 persons of Khmer origin and 183 persons of Vietnamese origin were transferred from the border to Site 2;

1,342 Vietnamese and 75 Khmer were transferred from Site 2 to the Panat Nikhom transit centre with a view to resettlement in a third country.

- 98 Vietnamese detained at the Aranyaprathet military prison were transferred to the UNHCR camp in Panat Nikhom.
- At Site 2, 115 Vietnamese were born; the approximately 1,900 newly arrived Vietnamese at Site 2 could not be registered by the ICRC because they were awaiting admission to the section reserved for all the Vietnamese, where 2,315 refugees were living at the end of the year.

### Medical activities

As in previous years, the ICRC continued its medical work along the Khmer-Thai border; it is the only organization performing war surgery in this region and transferring the wounded to Khao-I-Dang hospital by means of its fleet of ambulances.

The ICRC provided medical assistance on the Khmer-Thai border in several ways:

#### *Khao-I-Dang emergency surgical hospital*

Opened in 1980, this ICRC emergency surgical hospital remained the treatment centre to which serious cases were referred from among the Khmer and Vietnamese (270,000 people) living on the border. It has a capacity of 100 beds and in 1987 admitted 2,384 patients, 450 of them war casualties. The hospital was kept in constant service by a medical co-ordinator, six nurses and three surgical teams (each comprising a surgeon, an anaesthetist and a theatre nurse) provided by National Societies for an average period of six months. In 1987, a total of 53 specialized personnel were made available to the ICRC in this way by the Red Cross Societies of Austria, Belgium, Denmark, the Federal Republic of Germany, Finland, France, Great Britain, Iceland, Japan, the Netherlands, New Zealand, Norway and Sweden. With the help of some 100 locally recruited Khmer and Thai medical personnel, these teams carried out 6,144 operations during the period under review.

To make its hospital more self-sufficient, the ICRC continued to encourage the population to give blood. The blood-donation campaign begun at Site 2 in 1985 was extended to Site B in 1986 and further to Sok Sann in 1987. Under the programme, a total of 4,222 units of blood were collected which covered most of the hospital's medical and surgical needs. The programme's success made it possible



to cut down imports of blood from the Australian Red Cross Society, which needed to supply only 2,088 units in 1987.

The Khao-I-Dang surgical hospital also has a physiotherapy service run by an ICRC physiotherapist, who is assisted by staff trained on the spot.

### *Kap Cherng first-aid post*

Since June 1985, the Kap Cherng surgical hospital has been a first-aid centre. The centre operated in 1987 under the responsibility of an ICRC nurse who gave first aid and prepared serious casualties for transfer to Khao-I-Dang.

### *Presence on the border*

Throughout the year, the ICRC was in charge of transferring emergency cases and war wounded from the border to Khao-I-Dang hospital. The ICRC fleet of 10 ambulances, stationed in the daytime at several locations along the border (Kap Cherng, Site 2, Aranyaprathet, Khao-I-Dang, Site 8, Sok Sann), transferred 2,244 persons in 1987.

To monitor medical needs and be ready for any emergency, two ICRC nurses maintained regular contact with Khmer medical and paramedical personnel along the border. They also supplied ad hoc medical relief to dispensaries there. In addition, the ICRC doctors based at Khao-I-Dang regularly went to Site 2, Site B, and Site 8 to examine people possibly requiring surgery.

Finally, following lengthy negotiations, the ICRC medical co-ordinator was able to visit Khmer Rouge camps at Natrao and Ban Huay Chan in March, Borai in April and Taluan in May.

Several emergency patients were transferred from Natrao to Khao-I-Dang.

### *First-aid courses*

In addition to its traditional medical activities, the ICRC organized first-aid courses for Khmer combatants at Site 2, Site B, Site 8 and Sok Sann. A total of 43 one-week first-aid courses were thus given by ICRC nurses to 718 people from the three factions of the Coalition Government of Democratic Kampuchea. At the end of each course, the graduates received basic medical kits.

### **Dissemination and information**

In 1987, the ICRC continued its efforts to spread knowledge of international humanitarian law and the fun-

damental principles of the Red Cross among Khmer civilians and soldiers, the Thai armed forces and the staff of voluntary agencies working on the border. With the assistance of the Thai Red Cross Society, the dissemination delegates gave talks in the border camps. A particular effort was made by all the delegates, nurses and Thai and Khmer employees to spread awareness of humanitarian rules among children and adolescents and people receiving first-aid training from the ICRC.

In addition to the films and printed matter traditionally used for dissemination, drawing contests with Red Cross themes were organized for children. Posters were made of the winning entries and distributed in the military and civilian camps. In conjunction with the Thai Red Cross, the ICRC went on with its programme to spread knowledge of international humanitarian law among members of the Thai armed forces, in particular those units deployed along the border. It did this by giving a series of talks and distributing the booklet "Rules for Behaviour in Combat" in the Thai language.

Lastly, the ICRC Directorate's legal adviser responsible for promoting accession to the Additional Protocols visited Bangkok in order to make them better known and understood and encourage their ratification.

### **VIET NAM**

The ICRC maintained its presence in Viet Nam throughout 1987. In addition to the regional delegate's regular contacts on the spot, the delegate-general for Asia and the Pacific went to Hanoi in March to meet the authorities and senior Red Cross officials. In addition, Mr. Tran Cuan Co, Vietnamese Deputy Minister of Foreign Affairs, was received at ICRC headquarters in December by the Vice-President of the ICRC and the Director of Operations.

During these talks, the ICRC repeated its previous offers of services to undertake a protection programme for people detained in the re-education camps and to visit people captured during incidents on the Sino-Vietnamese border. Only the latter request met with a favourable response, and on 30 September an initial visit was made by the ICRC to ten Chinese prisoners in accordance with the institution's customary criteria.

In addition, the ICRC informed the government authorities of its concern about the situation of civilians living close to the Khmer-Thai border, pointing out that both the civilians and the medical staff and installations in the area had to be kept safe from the effects of the fighting.

## Repatriating residents of Chinese origin

Since 1975, the ICRC has been arranging the repatriation of foreign citizens without diplomatic representation in Viet Nam. This operation mainly involves repatriating or reuniting with their families in Taiwan persons of Sino-Vietnamese, Sino-Khmer or, in exceptional cases, Vietnamese origin. A repatriation flight enabling 155 persons to travel to Taiwan, via Bangkok, was organized under ICRC auspices in April 1987. Since the first such flight in 1976, the ICRC has repatriated 5,765 persons.

## Dissemination

The ICRC continued its programme, launched in 1985, to disseminate knowledge of international humanitarian law, organizing seminars in June and August 1987 in conjunction with the Red Cross of Viet Nam. The first was held in Hanoi for some 60 leading officials from Vietnamese Red Cross branches in the northern provinces and the second in Ho Chi Minh City for some 50 leading officials from branches in the southern provinces. The seminars were also attended by many guests representing the armed forces, the government and the Vietnamese Press Agency. The regional delegate gave several talks on international humanitarian law, the history of the Red Cross and the role and activities of the ICRC. Five ICRC films translated into Vietnamese were also shown.

## Support for the Red Cross of Viet Nam

The ICRC gave technical support to the National Society for the opening on its premises of a tracing office and submitted ten tracing requests to it. By 30 December, a positive reply had been given to three requests.

## REFUGEES IN SOUTH-EAST ASIA

In 1987, the ICRC continued its activities on behalf of the Vietnamese "boat people", mainly through the Central Tracing Agency (CTA) which, as in the past, played a co-ordinating role for the whole range of tracing activities in close conjunction with the Tracing and Mailing Services network set up within the Red Cross and Red Crescent Societies of south-east Asia. In 1987, this network operated through the National Societies of Indonesia, Malaysia, the Philippines, Thailand and the Hong Kong branch of the British Red Cross. The head of the CTA and the person in charge of its Asia section visited the above-mentioned National Societies in May and

December to ensure that their activities were being well co-ordinated. The system continued to demonstrate its usefulness; in the course of the year, it made possible the exchange of 272,518 letters and received 7,968 tracing requests, of which 3,898 were resolved.

## MALAYSIA

The ICRC made several requests to the Malaysian authorities for permission to carry out a fresh series of visits, in accordance with the April 1986 agreement between the ICRC and the Malaysian authorities, to persons held under the Internal Security Act (ISA). These people had been visited by the ICRC in 1986 and annual visits had been made to some of them between 1979 and 1983. At the end of the year, the ICRC had received no reply from the authorities.

Mr. Rudolf Jäckli, a member of the Committee, went on mission to Malaysia in February. The ICRC legal adviser responsible for promoting accession to the Additional Protocols also went to Kuala Lumpur to make them better known and understood and to encourage their ratification. The ICRC's regional delegate based in Jakarta subsequently took up these questions again with the Malaysian Red Crescent Society and government authorities.

## INDONESIA

The ICRC maintained a regional delegation in Jakarta which covered the following countries: Indonesia/East Timor, Australia, Brunei, the Cook Islands, Fiji, the French Pacific territories, Kiribati, Malaysia, the Marshall Islands, (Federated States of) Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Solomon Islands, Singapore, Tonga, Tuvalu, United States Pacific territories, Vanuatu and Western Samoa. The ICRC's presence in Jakarta was made official on 20 October with the signing of a headquarters agreement between the institution and the Indonesian Government, confirming the delegation's establishment. In addition to its activities in East Timor, the ICRC approached the Indonesian authorities to propose a fresh series of visits to prisoners of the category Ex-G.30/S/PKI (persons arrested following the attempted *coup d'état* of 30 September 1965). The ICRC also expressed its desire to visit other categories of detainees in Indonesia, more particularly in Irian Jaya. At

the end of the year, no reply had been received to these requests.

The regional delegate based in Jakarta took advantage of his contacts with the Indonesian authorities and the Indonesian Red Cross Society to promote international humanitarian law and encourage dissemination. The ICRC legal adviser responsible for promoting the Additional Protocols went to Jakarta to take part in a meeting of the interministerial committee assigned to prepare Indonesia's ratification of those instruments. He also met the Minister of Foreign Affairs to discuss the subject.

## **East Timor**

In 1987, the ICRC continued its activities to assist the population of East Timor still affected by the situation, i.e., detainees, displaced persons, separated families and certain groups that are particularly vulnerable in medical and nutritional terms.

### **Activities for detainees**

Pursuant to the discussions conducted with the Indonesian authorities in March 1985, the ICRC was able to continue its visits to persons detained in connection with the situation in East Timor (GPK prisoners). Three series of visits were carried out, in accordance with ICRC criteria, by two delegates and a nurse (and, for the final series, a doctor). The visits took place in March-April, August and November and gave the ICRC access respectively to 230, 172 and 122 GPK detainees in four places of detention: Cipinang and Tangerang in Jakarta, and Becora and Comarca in Dili. In all, 13 new detainees were registered.

The ICRC nurse carried out intermediate visits to the prisons in order, among other things, to check on certain medical cases examined by the ICRC doctor during the complete visits and to bring additional material assistance to all of the detainees. Food and other material assistance was also provided to needy families of the prisoners visited. Finally, in conjunction with the Indonesian Red Cross, the ICRC organized a visit in January by families from East Timor to relatives detained in Jakarta, over 2,000 kilometres from their villages. At the same time, the ICRC continued requesting that these detainees be transferred to places of detention in East Timor where they could be regularly visited by their families; the only person detained in Tangerang was thus transferred from Jakarta to Dili in 1987.

## **Tracing Agency**

Exchanges of family news by way of Red Cross messages carried on throughout the year in accordance with the procedure established by the ICRC and the Indonesian Red Cross. The detainees visited by the ICRC, as well as displaced persons, made particular use of this service. About 2,800 Red Cross messages were exchanged in 1987.

The ICRC continued its programme to reunite families and transfer people for humanitarian reasons to Portugal and Australia. During the period under review, four persons left East Timor for Portugal and two for Australia. The ICRC also pursued its programme, set up in 1986 at the request of the Indonesian and Portuguese authorities, for the repatriation to Portugal of former officials of the Portuguese Administration in East Timor and their families. During the year, 22 former officials and their families (162 persons) travelled to Portugal under ICRC auspices in this way, in eight groups. As in the past, the ICRC also organized the return to their villages of origin on the main island of groups of civilians displaced by the Indonesian army for security reasons between 1975 and 1983. This operation was carried out in conjunction with the National Society and made it possible to bring together many separated families. A total of 578 people were transferred in this way in 1987, 430 of them from Atauro. The latter group received food assistance upon their departure which was enough to cover their needs for three months.

Finally, the ICRC was concerned about the fate of persons presumed missing and made renewed enquiries of the authorities about 12 such persons whose cases had been submitted to the authorities in previous years and about whom no reply had yet been received. Fifteen new cases were submitted in 1987 on the basis of information given by their families.

### **Nutritional survey**

An ICRC nurse based three weeks per month in Dili monitored the health of families who had been taken back to their home villages on the main island. In all, some 2,500 people in four places were visited from time to time. In addition, an ICRC team made up of a nutritionist, a delegate and a nurse carried out a medical and nutritional survey in December on the main island, in particular in regions which were judged on the basis of previous observations to be at risk; 13 places in five districts were visited. The ICRC's findings during these surveys were communicated to the Indonesian authorities with recommen-

dations for action to be taken in certain villages where problems could arise and careful attention was required.

With the return to East Timor in early 1987 of the last people who had been displaced to the island of Atauro, the ICRC ended its medical and food assistance programme on that island. Some 200 people who had chosen to stay on Atauro had become more or less self-sufficient and, in any case, were receiving assistance from the authorities. They nevertheless continued to receive occasional visits from the ICRC nurse as did the more vulnerable groups living on the main island.

## PHILIPPINES

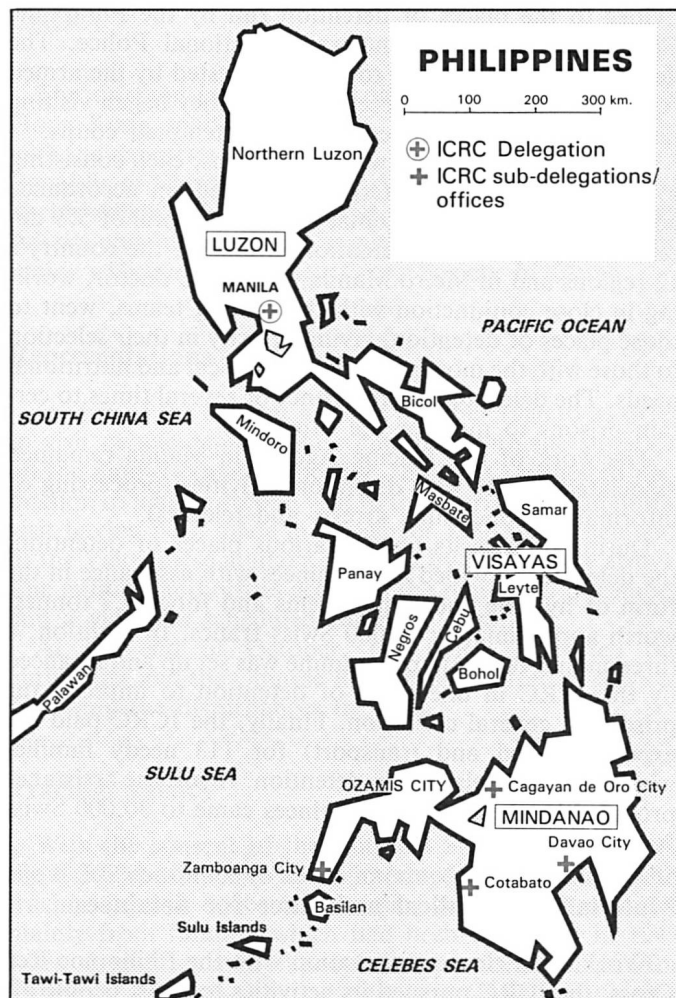
In 1987, the ICRC continued its visits to people arrested in connection with insurgency-related incidents and held in civilian and military places of detention. It also continued, in close conjunction with the Philippine National Red Cross, to provide food and medical assistance to civilians affected by armed incidents, particularly on Mindanao but also in areas of unrest on the islands of Luzon and the Visayas. Finally, the ICRC and the Philippine National Red Cross persevered in their work to disseminate knowledge of international humanitarian law and the Red Cross principles, viewing this activity as essential to the success of their humanitarian programmes and as a way to reduce violence.

At the end of the year, the ICRC's delegation in the Philippines comprised 16 delegates in Manila and 12 on Mindanao as well as 90 Filipino employees.

Generally speaking, the delegates had regular contact with representatives of the country's highest authorities to discuss ICRC activities. They also endeavoured to establish contact with the main opposition groups, in particular on Mindanao, in order to make the principles and activities of the Red Cross known to them and convince them of the importance of respecting the emblem.

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A team comprising two ICRC delegates and five nurses from the Philippine National Red Cross was abducted on 5 May by unidentified armed men while returning from a distribution of relief supplies in Lanao del Sur province in central Mindanao. The nurses and one of the delegates were released between 5 and 10 May; the other delegate was released on 26 May as a result of measures taken by the ICRC and those taken nationally and locally by Philippine civilian and military authorities.



## Activities for detainees

Following the change of regime in February 1986 and Mrs. Aquino's decision to release people detained in connection with public order violations (POV), the ICRC suspended, for the time being, its visits to places of detention. However, these were resumed, with the agreement of the authorities (Ministries of Justice and Local Government), in July 1986 because new arrests had been made in connection with insurgency-related incidents and because there were still a number of detainees arrested before the change of government who had previously been visited by the ICRC and who had not yet been released. These visits continued in 1987.

Beginning in January 1987, the ICRC extended its ac-



tivities to the places of detention run by the Philippine Constabulary and the Integrated National Police. The delegates also had access to people arrested by the armed forces. In addition, in December 1987 they began visiting people detained in connection with attempted coups.

Throughout the year, two ICRC teams, each consisting of a delegate and an interpreter, visited, in accordance with the institution's customary criteria, a total of 579 detainees at 90 places of detention in nine of the country's 12 regions and in Metro Manila. An ICRC doctor, working in close conjunction with the visiting teams, went to those places of detention, giving priority in their selection to those with the most pronounced medical and nutritional needs. The delegates returned once or several times to certain prisons to monitor the situation.

The work of the Tracing Agency in Manila remained associated chiefly with detention activities (processing of information concerning arrests and releases).

During their visits to the various places of detention, the delegates provided the detainees with assistance in the form of hygiene and leisure items and food (4.7 tonnes) worth approximately 17,000 Swiss francs. In addition, a three-month food-aid programme was set up and financed by the ICRC in one place of detention to improve the prisoners' general condition. Finally, the ICRC paid the expenses (food and transport) for 113 needy families wishing to visit relatives in detention. In all, the assistance provided by the ICRC to detainees came to 30,000 Swiss francs.

### **Material and medical assistance for detainees**

Working in close co-operation with the Philippine Red Cross, the ICRC pursued its activities to assist people affected by disturbances or armed incidents, mainly on the island of Mindanao. These activities were conducted according to very strict procedures approved by the National Society in 1986, whereby an assessment of the needs is carried out on the spot as soon as the ICRC or the National Society learns of civilians being displaced by insurgency-related events, and, if assistance proves necessary, it is provided by specialized ICRC/Philippine Red Cross teams and consists of the following:

- ☐ A general distribution of rice and cooking oil (rations for three weeks), soap and, in some cases, blankets.
- ☐ A medical and nutritional survey (study of sanitary conditions; anthropometric measurements) which, where necessary, lead to either health-care courses or the opening of "Red Cross centres" to meet more specific needs by providing supplementary food, basic medical care and

hygiene and public health training. Three "Red Cross centres" were in operation on Mindanao at the beginning of the year but were later shut down to make way for a programme of follow-up visits to people who had received assistance. This new system was more flexible and better adapted to local needs.

- ☐ A dissemination meeting (see below).

Following reports of incidents or disturbances, the ICRC visited a number of provinces on the islands of Luzon and Visayas in order to establish contact with the military, civilian and religious authorities and, following an assessment of the needs, to provide ad hoc assistance (general distributions only) to the people affected by armed incidents. In addition, the ICRC delegate explained to officials of Philippine National Red Cross chapters in those regions their basic role of supplying information to help determine the need for an assistance programme and to ascertain the situation of people affected by insurgency-related incidents.

In 1987, the ICRC in the Philippines distributed a total of 509.4 tonnes of food aid and 15.3 tonnes of non-food relief supplies to almost 110,000 people, 98,000 of them on Mindanao, 7,000 on Luzon and 5,000 on the Visayas.

The institution carried out 143 medical surveys on the island of Mindanao during which 5,116 people received treatment. A similar mission was undertaken in March on the island of Palawan and led the ICRC to provide the National Society with the relief supplies necessary to open a feeding centre there for undernourished children. Finally, 84 visits were made to displaced people after an assistance programme had been conducted for them. Estimates were made of remaining needs and in 14 cases supplementary assistance was provided.

### **Support for the Philippine National Red Cross**

As part of the joint relief and medical assistance operation, several courses were organized for the 22 Philippine National Red Cross nurses working as part of the mobile ICRC/National Society teams on Mindanao. This training gave them new skills in first aid, public health, nutrition and treating the illnesses most often encountered there. Four technical courses were also set up for 168 administrators and relief officials from 83 Philippine National Red Cross chapters.

The ICRC financed the printing of various dissemination booklets published by the Philippine National Red Cross.

The ICRC also sought to increase the National Society's operational capacity by making ad hoc donations for the

latter's own activities (blood bank, relief to victims of natural disasters, social services). In 1987, the ICRC provided medical equipment (blood bags, kits for detecting hepatitis and determining blood groups), food stocks (rice, powdered milk, oatmeal, sugar and cooking oil) and cross-country vehicles, worth a total of about 1.7 million Swiss francs.

## Dissemination

The ICRC continued its programmes to spread knowledge of international humanitarian law and the fundamental principles as well as information about the role and activities of the various components of the International Red Cross and Red Crescent Movement, considering such dissemination as necessary to the success of its protection and assistance activities.

For the fourth consecutive year, the delegates responsible for dissemination spent much of their time in 1987 preparing and launching a campaign for pupils in the sixth year of primary school (11 to 14 years of age). Under this programme, Red Cross comics in English and Pilipino as well as a teachers' guide were distributed. It was put into effect in close conjunction with the Philippine National Red Cross and the Department of Education, Culture and Sport (DECS). From July to September, 10,120 schools in 31 provinces (i.e., 566,000 pupils) took part in the programme. At the end of this fourth campaign, all public elementary schools in the country had been covered. Each distribution was preceded by information meetings for the teachers. The comics were also used in other dissemination programmes, for example for detainees visited by the ICRC and displaced persons, and in dissemination work with the armed forces and opposition movements.

During the period under review, 39 talks were given to a total of some 3,400 members of various Philippine armed forces units, mainly on Mindanao, to familiarize them with international humanitarian law.

In addition, the delegates visited many villages to make the residents and displaced people living there aware of what the Red Cross does. Lastly, in spite of difficulties, the ICRC was able to organize six dissemination sessions for armed opposition movements on Mindanao attended some 1,280 people, mostly combatants.

ICRC delegates also explained the ideals and principles of the Red Cross to various other audiences such as university students, human rights groups, journalists and National Society members.

## CHINA

The opening in 1987 of a new regional delegation in Hong Kong enabled the ICRC to establish closer links with the countries of the region, in particular the People's Republic of China. Several missions were made to Beijing during which talks were held at the Ministries of Foreign Affairs and Justice as well as with military authorities and senior officials of the Red Cross Society of China.

## Representations

In view of the consent given in October 1986 to its offer to visit people captured in connection with the situation on the Sino-Vietnamese border, the ICRC requested permission to make a second visit to those prisoners (an initial visit having been made in December 1986 to 14 members of the Vietnamese military captured by the Chinese army). The military authorities accepted the request in December and a visit was scheduled for early 1988.

At the end of October, the ICRC contacted the authorities and the Chinese Red Cross to offer its services following the disturbances in Tibet.

## Tracing Agency

With the consent of the National Societies concerned, the ICRC continued to act as intermediary in dealing with tracing requests concerning missing persons. These came mainly from families which had been separated in 1949 when almost two million people left continental China for Taiwan.

Following the decision by the Taiwan authorities to make it easier for people to obtain authorization for family visits in continental China, the number of tracing requests grew steadily from mid-October on. The ICRC delegation in Hong Kong received a total of 4,643 tracing requests and 718 family messages to be forwarded to the Red Cross organizations in the People's Republic of China and in Taiwan. These requests and messages were written on standard ICRC forms available from the Red Cross organizations in the two countries and it was those organizations which carried out most of the actual work involved (enquiries and gathering of tracing requests).

By the end of 1987, more than 50 people sought in continental China and Taiwan had been found by the Red Cross.

An ICRC delegate based in Hong Kong regularly went to Beijing and Taipeh to discuss these matters with of-

officials of the respective Red Cross organizations and advise them on how to proceed.

## Dissemination

An initial seminar on international humanitarian law and Red Cross principles, organized jointly by the ICRC and the Red Cross Society of China, took place in Beijing from 11 to 16 May. The League and the American Red Cross also took part. The seminar's purpose was to present several aspects of international humanitarian law and explain the role and activities of the Red Cross. The ICRC was represented by its Director General and three delegates who gave several talks. The ICRC also arranged for the translation of many documents into Chinese and produced Chinese-language versions of the five ICRC films shown at the seminar. The films and the equipment used were then given to the Red Cross of China. Some 100 people from the armed forces, various ministries, universities, the press and the National Society took part in the seminar.

## OTHER COUNTRIES

The regional delegate based in Jakarta went to **Australia** in July and again in August to take part in a seminar organized by the Australian Red Cross Society at Melbourne University on humanity in armed conflict.

□ Mr. Rudolf Jäckli, a member of the ICRC, went to **Bangladesh** in early February in order to strengthen links with officials from the National Society. While he was there, he also had talks with government authorities, in particular Mr. Nurul Islam, Vice-President of Bangladesh, and the Ministers of Foreign Affairs, Home Affairs and Education. On 31 August, Mr. Nurul Islam was received at ICRC headquarters by President Sommaruga. Their talks centred mainly on promoting and spreading knowledge of international humanitarian law as well as the possibility of an ICRC mission being carried out in co-operation with the Bangladesh Red Cross Society to the troubled district of Chittagong Hill Tracts in order to assess any needs for material assistance or tracing work. These proposals were contained in a note sent to the authorities in August but at the end of the year no action had yet been taken.

The regional delegate based in New Delhi visited Bangladesh in February, April and August.

□ The regional delegate based in Jakarta and the ICRC's

legal adviser travelled in November to the Sultanate of **Brunei Darassalam** where they had talks with the authorities on the question of ratifying the Geneva Conventions and their Additional Protocols. Contacts were also established with representatives of the Red Crescent organization which is emerging in that country to offer them the ICRC's advice and support in the process of creating a National Society.

□ During the events of May and September which resulted, on 2 October, in the new Republic of **Fiji** being proclaimed, the ICRC remained in close contact with the the Fiji Red Cross Society and the National Societies of Australia and New Zealand. The regional delegate based in Jakarta went to Fiji in May-June and again in July to assess the situation and lend support to the National Society, which was engaged in large-scale activities to meet the basic needs of the population. On 10 October, an ICRC delegate specialized in disseminating knowledge of international humanitarian law began a two-month mission to launch a dissemination programme for the armed forces of Fiji. He gave 16 lectures, followed by discussions, to 1,350 military personnel, representing half the strength of the armed forces, and five dissemination sessions for members of the National Society. This work was to be continued in 1988 by the Fiji Red Cross with support from the ICRC. Two National Society volunteers were trained by the delegate for this work.

□ A new ICRC regional delegation began work in **Hong Kong** in April. The delegation, which was officially opened in October, included three expatriates by the end of the year, two of them regional delegates.

□ In **India**, the delegates based in New Delhi worked with local branches of the National Society to co-ordinate activities in the areas of dissemination and tracing. They travelled to several Indian States and visited local National Society branches in Orissa, Andhra Pradesh, West Bengal, Assam, Bihar, Uttar Pradesh and Madhya Pradesh. In May, the regional delegate went to Calcutta to take part in a dissemination seminar which was organized by the West Bengal branch and brought together National Society representatives from 12 districts.

A second seminar on tracing and dissemination was organized by the ICRC in Hyderabad from 5 to 11 December. Fourteen Indian Red Cross Society representatives from six States took part. The aim of the seminar was twofold: to present the principles of international humanitarian law and the activities of the ICRC to National Society members and to encourage the Indian Red



Cross to become part of the international Red Cross and Red Crescent tracing services network.

The ICRC Tracing Agency office in New Delhi issued 738 travel documents for 1,144 persons, mostly Afghan nationals. Some 50 family messages were exchanged in connection with the conflict between Iran and Iraq.

Finally, the delegates based in New Delhi remained in contact with the Indian Red Cross and government authorities concerning events in Sri Lanka and the activities which the ICRC wishes to carry out in that country.

□ Mr. Cornelio Sommaruga, President of the ICRC, made an official visit to **Japan** from 6 to 14 December in order to attend a symposium organized by the Japanese Red Cross Society and entitled "From small peace to large peace". The discussions at this symposium, in which eminent university professors took a major part, underscored the positive role played by the Movement and its contribution to peace.

While in Japan, Mr. Sommaruga was received by Mr. Sosuke Uno, Minister of Foreign Affairs. In his talks with Mr. Uno, the ICRC President stressed the importance which the institution attaches to more substantial financial support from the Japanese Government. In addition, he expressed his hope that Japan would soon ratify the Protocols additional to the Geneva Conventions. Mr. Sommaruga also met Mr. Yasuhiro Nakasone, the outgoing Prime Minister, senior officials of the Japanese Red Cross and leading Japanese industrialists to provide them with information on the ICRC's humanitarian activities.

The regional delegate based in Hong Kong made several visits to Japan (July, September, October, December) for discussions with National Society officials.

□ The regional delegate based in New Delhi made several visits to **Nepal** (April, August, November) to establish closer links with the National Society and the Nepalese authorities and to discuss spreading knowledge of interna-

tional humanitarian law among members of the armed forces as well as ratification by Nepal of the Additional Protocols.

□ The regional delegate based in Jakarta went to **Papua New Guinea** from 26 to 30 September to maintain contacts with the authorities and the National Society. The main subjects dealt with were the country's accession to the Additional Protocols, disseminating knowledge of international humanitarian law and the question of the refugees from Irian Jaya.

□ The opening of a regional delegation in Hong Kong enabled the ICRC to establish closer links with the Red Cross Societies of the **Republic of Korea** and the **Democratic People's Republic of Korea**. The regional delegate carried out missions to Pyongyang and Seoul in order to become better acquainted with officials there and discuss topics such as Korean families separated by the border between the two countries since the Korean War (1950-1953).

□ The ICRC's first mission to the **Solomon Islands** took place in September. The regional delegate based in Jakarta was received there by government authorities and representatives of the country's emerging Red Cross Society. Their talks dealt mainly with the question of the Solomon Islands' accession to the Additional Protocols and recognition of the National Society.

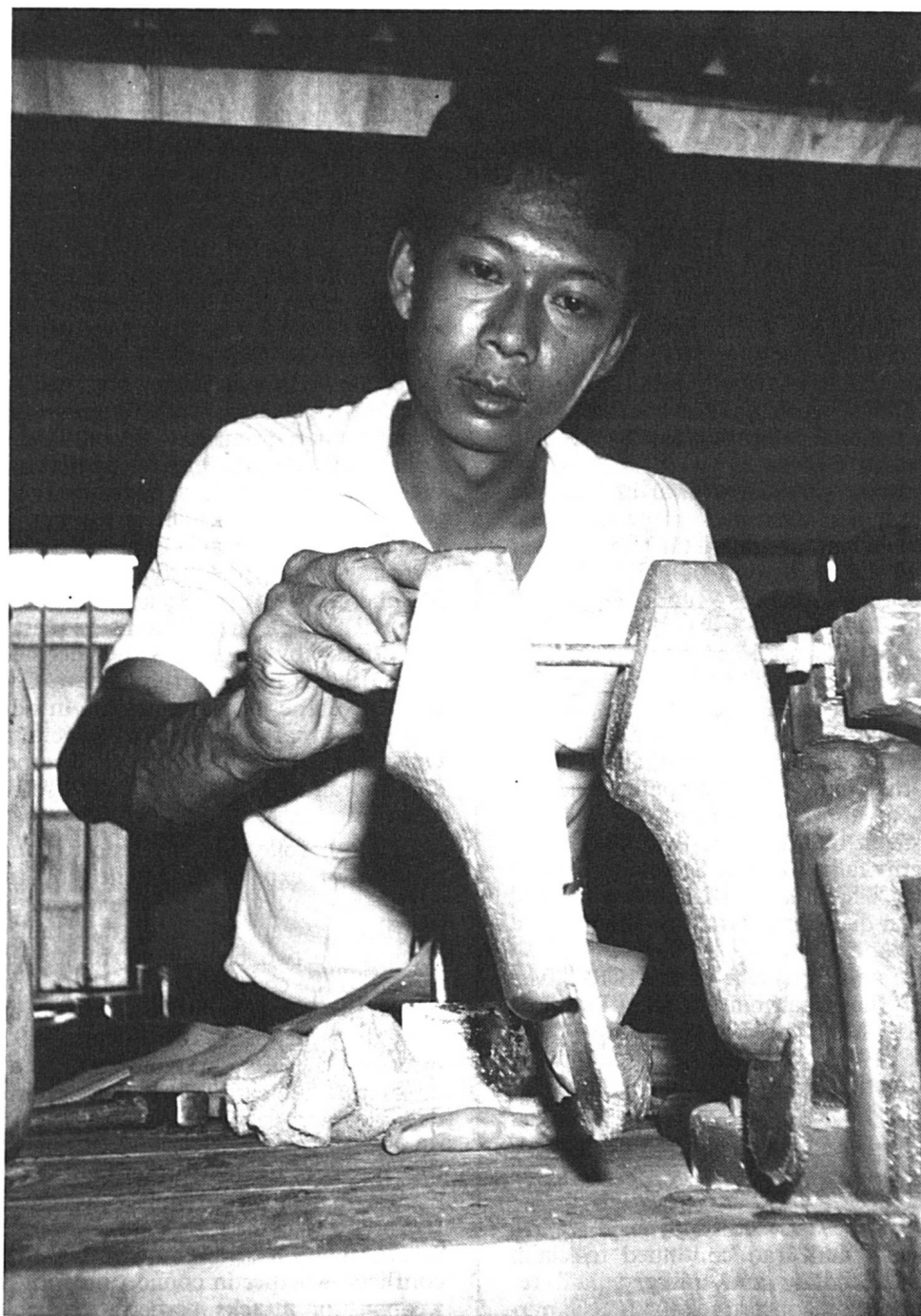
□ Beginning in late June, the regional delegate based in Jakarta visited **Tonga** and **Western Samoa** to renew contact with government authorities and National Society officials and to encourage Tonga to accede to the Additional Protocols. He also went to **New Zealand** in July and **Singapore** in August for talks with the respective National Societies and government authorities, in particular on ratification by the two countries of the Additional Protocols. The ICRC's legal adviser responsible for the matter also went to Singapore in December.

# RELIEF SUPPLIES DISTRIBUTED BY THE ICRC IN 1987

## ASIA

Country (in French alphabetical order)	Recipient	Relief		Medical assistance	TOTAL Sw. fr.
		Tonnes	Value in Sw. fr.	Value in Sw. fr.	
Afghanistan .....	Civilians	—	—	218,924	218,924
Burma .....	The disabled	—	—	250,583	250,583
Indonesia (East Timor conflict) .....	Displaced civilians and detainees	91	99,512	5,978	105,490
Kampuchea .....	Civilians and National Society	213	45,585	307,668	353,253
Pakistan (conflict in Afghanistan) .....	War-wounded and the disabled	150	198,005*	1,304,024	1,502,029
Philippines .....	Displaced civilians, detainees, their families and National Society	1,256	1,851,500	313,821	2,165,321
Thailand (conflict in Kampuchea) .....	War-wounded	10	116,852*	671,942	788,794
TOTAL .....		1,720	2,311,454	3,072,940	5,384,394

\* Including relief-related items supervised by OP/MED.



(Photo: ICRC BIRM 1/6)

*Manufacturing prostheses in the orthopaedic workshop  
at Mingaladon Military Hospital in Rangoon (Burma).*