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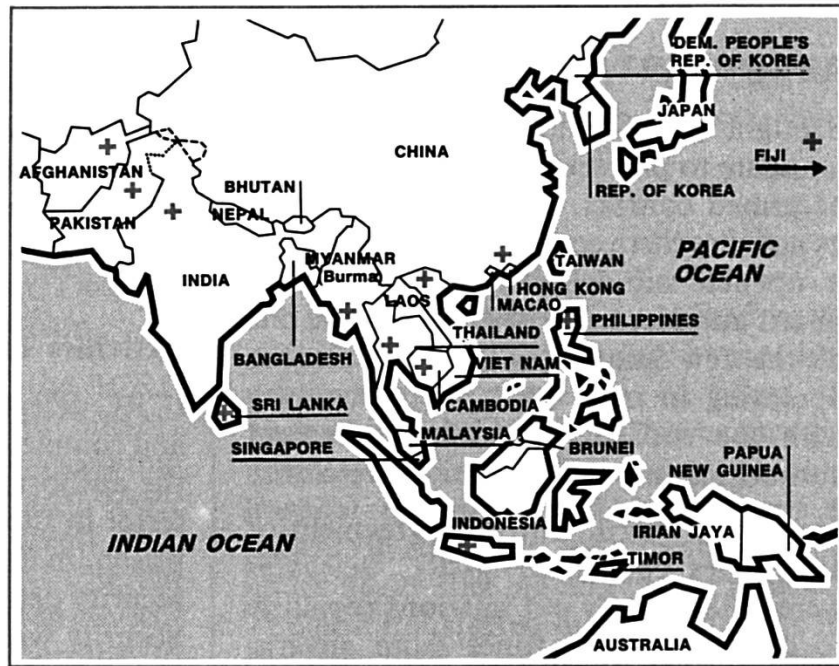
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## ASIA AND THE PACIFIC

*ICRC action in Asia and the Pacific in 1990 adapted to the rapid succession of events in the different political contexts during the year. The ICRC was able to further develop detention-linked activities in many of the continent's countries: ICRC delegates visited security detainees in Afghanistan and Pakistan, Sri Lanka, Indonesia, and the Philippines. President Sommaruga's mission to Phnom Penh led the ICRC to hope that it would be able to visit security detainees in Cambodia. This*



*hope was not fulfilled in 1990. Visits should have taken place in Malaysia in 1990, but were postponed by the authorities. Visits to the remaining Vietnamese prisoners of war in China were also postponed. Discussions of the possibility of detention-related ICRC work in Viet Nam went on. As required by its mandate, the ICRC also continued to provide specific medical care for conflict victims, including war surgery, to cover their needs. It continued running its hospitals in Kabul, Peshawar, Quetta, and Khao-I-Dang (Thailand), and had teams working at the government hospitals of Pursat, Kampot and Mongkol Borei in Cambodia. Orthopaedic projects were kept up or introduced in Peshawar, Kabul, Mazar-I-Sharif, Yangon, Mandalay and Ho Chi Minh City. In the course of many missions ICRC representatives maintained and intensified negotiations with governments and National Societies in Asia and the Pacific to promote the dissemination of international humanitarian law and encourage ratification of the Geneva Conventions and/or their Additional Protocols.*

*At the end of 1990, the ICRC had 323 expatriate personnel (including medical and administrative personnel and staff seconded by National Societies) and more than 2,100 locally recruited employees working in six delegations in Afghanistan, Pakistan, Sri Lanka, Cambodia, Thailand and the Philippines. There were also the four regional delegations of New Delhi, Hong Kong, Hanoi and Jakarta, to which a fifth one was added later in the year in Suva.*

*To finance all its activities in Asia and the Pacific in 1990, the ICRC made a regional fund-raising appeal for 108,416,500 Swiss francs, which took into account donations in kind and the balance brought forward from 1989. It also made an appeal for further*

*funds following an extension of its budget for the operation in Cambodia/Thailand, prompted by an expansion of ICRC activities there. Total expenditure for the region in 1990 was 76,526,800 francs.*

## **AFGHAN CONFLICT**

### **AFGHANISTAN**

Brought to Afghanistan in 1987 by its mandate to protect and assist the victims of armed conflict, the ICRC developed its activities there considerably. As a result, it opened sub-delegations in Mazar-I-Sharif and Herat in 1989 and became one of the few humanitarian organizations operating in most parts of the country with the consent of both government authorities and opposition movements.

Starting in April, with the agreement of all parties concerned, ICRC delegates were able to carry out missions regularly to opposition-held zones from government-controlled towns and areas. During such missions, they treated war-wounded and evacuated the most serious cases to the surgical hospital in Kabul. After treatment the wounded were brought back across the lines from where they had been evacuated. Another significant step forward was made in April/May, when the first of a number of "joint missions", which were to become an almost regular feature of ICRC activities, took place. This meant that one group of delegates, coming from Peshawar or Quetta in Pakistan, met up with another team, coming from Kabul, and both groups together administered emergency medical assistance to war-wounded. Several other joint missions took place throughout the year, and ICRC activities also included visits to detainees held by various opposition groups.

The number of field missions from Herat and Mazar-I-Sharif multiplied during the year.

The delegation in Kabul and the two sub-delegations had nearly 700 Afghan employees and over 100 expatriate staff, some two-thirds of whom were medical staff. Most of the medical personnel were sent from the National Societies of various European countries, Australia, Canada and New Zealand.

### **Activities for detainees**

ICRC delegates carried out tracing visits and complete visits to detainees held under the authority of the Ministry of the Interior in Blocks 3 and 4 at Pul-i-Charkhi prison, in Kabul. Access to non-sentenced security detainees held by the Ministry of Security was granted in August, but the visits had to be suspended as they could not be carried out according to ICRC standard criteria. The ICRC immediately took measures to renegotiate access. The question was also raised, among others, during a working meeting between President Najibullah and ICRC President Sommaruga at Geneva headquarters in November, but remained unresolved.

The visits to Blocks 3 and 4 of Pul-i-Charkhi prison took place in November and December. Visits also took place to Dar-ul-Tadib detention centre in Kabul (run by the Ministry of State Security) in May, and to provincial prisons under the Ministry of the Interior in Mazar-I-Sharif in April and October and in Herat in May and November. Since delegates were permanently based at the sub-delegations in those two cities, the ICRC was able to make *ad hoc* intermediary visits to both prisons on Tracing Agency matters, as they also did twice monthly to Blocks 3 and 4 of Pul-i-Charkhi prison in the

capital. In the course of missions outside Kabul, the ICRC extended its activities by visiting the following prisons under the jurisdiction of the Ministry of the Interior for the first time: Baghlan provincial prison in Pul-i-Khumri, Charikar prison (Parwan province), Jalalabad prison (Nangarhar province), Kunduz prison (Kunduz province), Maimana prison (Faryab provincial jail) and Samangan provincial prison in Aibak. They also visited the following prisons which had already been visited in previous years: Faizabad prison, Farah prison, Quala-I-Nau prison and Shibirgan prison.

During their prison visits, the ICRC delegates regularly distributed one-off assistance to the detainees, amounting to 61,451 Swiss francs' worth of food, clothing, blankets and other items, half of which was distributed at Pul-i-Charkhi prison. All ICRC visits to Afghan government prisons took place according to customary ICRC criteria, and confidential reports on all of them were sent to the detaining authorities.

In 1990, for the first time, delegates based in government-controlled territory were able to visit people held by opposition forces. Delegates from the Mazar-I-Sharif sub-delegation visited people detained by two opposition groups in May and July.

Other visits to persons detained by the Afghan opposition were conducted from Pakistan and are listed under that heading.

### Tracing Agency

Tracing delegates forwarded Red Cross messages between Kabul and Pakistan, where many people have sought refuge from the conflict, and enabled prisoners and their families, in Kabul or in different provinces, to exchange messages.

Altogether 7,968 Red Cross messages were distributed in Afghanistan in 1990.

The ICRC also brought 18 ex-detainees, including a Saudi and an Afghan national, released from Pul-i-Charkhi prison, to Peshawar. Some 266 tracing enquiries were opened, and tracing requests submitted to the Ministry of Security received the first positive replies. Ninety-eight tracing requests were solved.

### Medical programme

On 6 March 1990, an attempted *coup d'état* took place, causing about 100 deaths and 300 casualties, of whom 46 were admitted to the ICRC's war surgery hospital in Kabul. Admissions to this hospital reached a record high of over 500 patients in August, when the capital came under heavy shelling and rocket attacks. The hospital started out with 50 beds in October 1988, and by the end of 1990, had increased the number to 280. March 1990 saw the arrival of a third surgical team, which, in view of rocket raids on Kabul and intensive combat around the capital, was followed by a fourth team in June.

Between January and December 1990, the ICRC hospital in Kabul admitted 4,088 patients. The medical teams carried out 8,724 surgical interventions, gave 7,189 consultations for out-patients, and collected 2,321 blood units during the reporting period.

From March 1989, with the authorization of both the Afghan and the Pakistani Ministries of Foreign Affairs, an ICRC aircraft carried out flights between Peshawar and Kabul twice weekly to keep the ICRC hospital in the capital supplied with medical supplies. As from November 1989 these flights included Herat and Mazar-I-Sharif. The aircraft, based in Kabul, was also used occasionally to



evacuate war-wounded or disabled persons to the Afghan capital. Thus, on average 15 amputees were flown from Mazar-I-Sharif and Herat to Kabul each month to be fitted with artificial limbs as part of the ICRC's rehabilitation programme.

Starting in February 1990, ICRC delegates increased their field trips from Herat and Mazar-I-Sharif, and later also from Kabul, to areas controlled by the opposition. War-wounded patients encountered during these missions were evacuated by ambulance or occasionally by air. The ICRC opened two more first-aid posts, north and south of Kabul respectively. At these posts, the wounded received immediate treatment or, if necessary, were evacuated to the surgical hospital in Kabul. Other first-aid posts were in the process of being made operational.

The ICRC's surgical dispensary in Herat gave 304 consultations for war-wounded and about 3,000 for other patients since opening on 24 October 1989.

On the basis of an agreement concluded with the Afghan Red Crescent Society in April 1989, the ICRC continued to support the 10 Afghan Red Crescent dispensaries in Kabul, where six expatriate nurses were working regularly, and dispensaries run by the Afghan Red Crescent in Herat and Mazar-I-Sharif. Where necessary, the ICRC provided medical assistance for civilian hospitals and the Afghan Red Crescent hospital in the capital, as well as in several provinces.

The orthopaedic centre in Kabul, operational since 1988, produced 3,682 pairs of crutches, 1,333 prostheses, and fitted 1,213 new patients in 1990. It also continued to train local orthopaedic technicians and physiotherapists. The construction of a larger orthopaedic centre to replace the existing one was begun, with

a view to enabling ICRC and local staff to meet growing needs. An orthopaedic field unit was set up in Mazar-I-Sharif, where each month 20 to 40 amputees were fitted or had artificial limbs repaired.

Throughout 1990, the ICRC continued its efforts to help develop the National Society. Thus, the dispensaries programme received sizeable support. The ICRC took part in reconstructing the Red Crescent administrative centre which had been damaged by a rocket. National Society dispensaries were made operational in Herat and Mazar-I-Sharif. The Red Crescent received four vehicles (two of them given by the Netherlands Red Cross) to help upgrade its logistic capacity and develop its ambulance service, and received other medical assistance.

### **Dissemination**

Within the framework of their extended cooperation with the delegation in Pakistan, the delegates in Afghanistan focused their dissemination activities in Kabul and further afield on local ICRC employees, Afghan Red Crescent (ARCS) staff, beneficiaries of ICRC activities (patients and their families at ICRC and ARCS medical facilities in Kabul and in the field), schools and universities (international humanitarian law having been part of the syllabus since autumn 1990), representatives of government ministries, and officers and members of the government armed forces. The programme also reached combatants in opposition-controlled areas.

Dissemination work, which grew considerably in 1990, included talks and conferences for various audiences, presentation of ICRC films translated into local languages, and preparation and distribution of printed matter and other visual material.

## PAKISTAN

### Field missions

In 1990, as in the previous year, ICRC delegates based in Pakistan carried out missions across the border into Afghanistan. They reached the provinces of Paktia, Paktika, Ghazni, Wardak, Logar, Badakhshan, Takhar, Parwan, Kapisa, Helmand, Uruzgan, Kandahar, Nimroz, and Zabul. They also carried out joint missions with delegates from Afghanistan (*see under Afghanistan*). In June, they managed, for the first time, to enter the city of Kandahar, where they established contacts, took stock of humanitarian needs and brought support for the local medical infrastructure. Later in the year, following other missions, they also opened a first-aid post in the city for evacuation of wounded civilians to the ICRC hospital in Quetta (since the civilian hospital in Kandahar had been destroyed).

### Activities for detainees

As in the past, ICRC delegates carried out visits to Afghan nationals detained for security reasons by Pakistani authorities in central jails in North West Frontier Province and in Baluchistan. During field and cross-border missions, delegates visited prisoners held by different factions of the Afghan opposition in Pakistan or Afghanistan. As in the past, regular talks were held with Pakistan government officials, to whom the ICRC gave a full account of its activities in the Afghan conflict and of whom it requested support for its major concern of gaining access to all those detained because of the conflict.

### Tracing Agency

By visiting detainees ICRC delegates managed to give them some protection, improve their living conditions, and pro-

vide news to and from their families. Hundreds were thus informed of the fate of their imprisoned relatives, and detainees were able to communicate with each other and with the outside world.

The delegates distributed 3,369 Red Cross messages in Pakistan in 1990, more than twice as many as in 1989. The Tracing Agency handled 141 tracing requests, carried out 28 repatriations and one family reunification. The delegates made 181 money transfers on behalf of detainees and issued 342 travel documents, on the basis of UNHCR files, enabling refugees to depart once they had received a visa from a country of resettlement.

### Medical activities

Compared with previous years, especially the peak year of 1989, medical activities remained at a stable level.

### *ICRC hospitals in Peshawar and Quetta*

At the ICRC hospital in Peshawar, which had opened in 1981 and had reached a capacity of 390 patients, medical activities remained at a stable level. The hospital in Quetta, operative since 1983 and equipped with 150 beds (which could be increased to 250), had to recruit on a temporary basis a third emergency surgical team to cope with the rising number of war casualties at the end of the year. An ICRC physiotherapist was permanently present.

A total of 2,545 patients were admitted to the hospital in Peshawar and 2,017 in Quetta in 1990. The two teams permanently based in Peshawar carried out 4,013 operations and saw 8,139 out-patients in consultations, the three in Quetta performed 4,446 operations and treated 9,904 out-patients.

### *First-aid posts and evacuation facilities*

Between 1981 and 1988, ten first-aid posts were opened, situated as closely as possi-

ble to the border, near the combat zones. At these posts, first aid was administered to war-wounded, who were, if necessary, evacuated to the ICRC hospitals in Peshawar and Quetta. Occasionally, former hospital patients received out-patient treatment there.

In 1990, seven of the 10 first-aid posts existing in Pakistan in 1989 were left, staffed by Pakistan Red Crescent workers and financed and coordinated by the ICRC. The three others were reopened on Afghan territory, so that there were altogether six advanced first-aid posts operating in Afghanistan (the most recent one in the city of Kandahar in December 1990).

These evacuation structures had to remain flexible as they were constantly adapted to changing needs, and required a maximum of coordination between the ICRC delegations in Afghanistan and Pakistan.

First-aid posts moreover served the purpose of dissemination, reaching not only those treated there, but also many other Afghans who came to attend specially organized first-aid courses.

### ***Orthopaedic centre***

The centre, open since 1981, was structurally improved so that the monthly production of prostheses in 1990 rose from 60 to 100. The centre also manufactured 283 orthoses, and fitted 692 new patients.

### ***Paraplegic centre***

This centre was first opened in 1981 in Peshawar, then moved to Hyatabad on the outskirts of Peshawar and enlarged to 100 beds in 1984. The centre was taken over by the Pakistan Red Crescent in 1986, but continued to be financed and supported by the ICRC. Half of the patients were Pakistanis.

In 1990, 282 patients were admitted; 294 wheelchairs, 372 orthoses/callipers, and 46 pairs of crutches were produced; and 183 patients were fitted with orthoses for the first time.

### **Dissemination/first-aid**

The ICRC delegations in Pakistan continued to hold two types of first-aid courses for Afghans going to war-torn areas: one-month courses with strict selection of the participants, and two-day courses open to everyone. These courses taught participants how to administer first aid and prepare patients for transportation to a hospital, as well as the fundamental Red Cross and Red Crescent principles, particularly respect for the emblem, and the treatment and respect due to prisoners, wounded and civilians.

The delegates also helped the Pakistan Red Crescent to organize first-aid courses in Peshawar and Quetta in connection with the United Nations de-mining programme. In February 1990, delegates started holding first-aid courses during cross-border missions in Afghanistan.

In 1990, for the first time, a seminar on war surgery and international humanitarian law was held at Rawalpindi for officers and doctors of the armed forces.

## **CONFLICT IN CAMBODIA**

The tragic situation of displaced persons in camps on the Thai/Cambodian border and civilians living inside Cambodia continued unresolved in 1990. International efforts to find a lasting solution that would guarantee peace, as well as satisfy the requirements of the four Cambodian parties to the conflict, failed to bring decisive results.

At the end of July, an ICRC representative held high-level talks with representatives of three of the four factions involved in the conflict, who had come to Paris for a conference on Cambodia.

In November, the ICRC sent delegates to participate in the Jakarta conference on Cambodia, attended by the five permanent members of the United Nations Security Council, the Cambodian factions and most of the countries in the region. During the conference, the delegates submitted to the participants a paper summing up the ICRC's concerns about the situation of displaced people in the border region, calling on their governments to intervene to ensure that conditions of asylum be respected.

Fighting went on, moving away from the border region further into Cambodia. Consequently, the number of war-wounded admitted to the ICRC's hospital in Khao-I-Dang remained lower than in 1989. The shift of the battle scene also resulted in tens of thousands of displaced persons in Cambodia and ensuing new humanitarian needs. At the same time, a number of civilians (at least 80,000) living in camps on the western border under Khmer Rouge control had disappeared. It was questionable whether they had left of their own free will. The result was that they could not be protected and assisted by international organizations. These camp populations had to face harsh conditions in their new environment, were exposed to the dangers of malaria and land mines, and lacked adequate food and medical care.

At the beginning of September 1990, after a series of high-level negotiations, the ICRC was allowed to establish a permanent presence in western Cambodia, at the hospital of Mongkol Borei where a surgical team immediately took up work, and in Battambang, where a logistics base was to be set up.

## **CAMBODIA**

### **Activities**

#### **for people affected by the conflict**

Although the Cambodian authorities announced, during an official visit to Phnom Penh by the ICRC President in September, that, in principle, the ICRC would have access to detainees arrested in connection with the situation in the country, the conditions for such visits were still being discussed at the end of the year.

The tracing service set up by the local Red Cross in Cambodia showed increased strength and efficiency in 1990. The tracing missions carried out in the provinces continued to help build up a nationwide tracing network. In 1990, the delegation received 5,428 tracing enquiries concerning persons in Cambodia and in the border area. Some 4,200 of them had been located by the end of the year.

### **Medical assistance**

The extension of ICRC activities to western Cambodia greatly increased the possibility of responding to the needs of the war-wounded and people displaced within the country. The number of expatriate doctors and nurses rose to 20. These included a blood bank technician in Phnom Penh, a general practitioner and a ward nurse in Mongkol Borei, and a field nurse working for displaced people in camps near the city of Sisophon.

Throughout the year, the ICRC kept up its medical assistance to several hospitals in Phnom Penh and in the provinces, and provided logistic and administrative support for four Red Cross teams working in Cambodia, namely from the Swedish, Australian, Swiss and French National Societies. Beginning on 31 August, evaluations were made regularly in the



camps for displaced people in the Sisophon region.

A team comprising two doctors, three nurses and a sanitation engineer visited the military and the provincial hospitals in Battambang during a mission in January.

In May, the head of delegation and the medical coordinator took part in a United Nations mission in the provinces of Battambang, Banteay Meanchey and Pursat to assess the situation in the event of a repatriation.

The ICRC took charge of rehabilitating the government hospitals of Kampot and Pursat. At the end of August, the ICRC started surgical work in the provincial hospital of Mongkol Borei. An ICRC nurse based in Pursat gave a first-aid course in December for about 100 local health workers in the district. The Ministry of Health agreed to support the ICRC's plan to revive the National Blood Transfusion Centre in order to overcome problems caused by the chronic blood shortage.

Each of the three hospitals where the ICRC was active in Cambodia in 1990 recorded about 1,000 admissions and performed 2,000 operations.

A seminar on war surgery took place in Phnom Penh in June, with the participation of medical personnel, the local Red Cross and the ICRC. It was attended by 150 doctors.

In October, for the first time since 1980, an ICRC-chartered aircraft brought 4.7 tonnes of medical supplies in two journeys directly from Bangkok to Phnom Penh.

### **Dissemination**

Various ICRC productions were broadcast on national television. For the first time since 1974, the local Red Cross held

an event on the occasion of 8 May (International Red Cross and Red Crescent Day). Two officers of the Cambodian armed forces were the first among their group to participate in the annual course on the law of war in San Remo.

## **THAILAND**

The delegates concentrated particularly on monitoring living conditions of the people whom the various resistance factions had brought back into Cambodia, and, as in the past, concerned themselves with the situation in the camps for displaced people. The ICRC noted signs, especially towards the end of the year, that more of the camp populations accessible to international and non-governmental organizations were at risk of being forcibly shifted to Cambodia.

Contact between the Thai government and the ICRC in 1990 included a mission by the ICRC President to Thailand, and a visit of General Chatichai Choonhavan, the country's Prime Minister, to the institution's headquarters in Geneva. Among the topics discussed on those occasions were the dangers inherent in any premature small- or large-scale repatriation of Khmer displaced people. The possibility of visits to persons detained by the Thai authorities in connection with the Cambodian conflict was also discussed.

### **Activities for displaced people**

In view of various plans to speed up the repatriation of displaced people to Cambodia, the ICRC reminded the Thai and Khmer authorities that:

- ☐ such a repatriation should not take place before safety guarantees for the civilians were given by all parties;
- ☐ displaced persons should be given a free choice as to whether they wanted



to return to Cambodia, and where they wanted to settle. There was no genuine freedom of choice unless every camp dweller was presented with clear alternatives, and could make his or her choice without any form of outside pressure;

- ☐ basic health conditions should be provided for these voluntary returnees.

Other questions worrying the ICRC at the end of 1990 were:

- ☐ the Thai authorities continued refusal to accept at the Khao-I-Dang camp people who, for reasons of protection, needed to be transferred there from other border camps;
- ☐ Khmer camp administrators' refusal to allow a number of border camp inmates to be reunited with their families in Cambodia.

### Tracing Agency

In Thailand, the question of ICRC access to Khmers and Vietnamese detained in camps on the border or interned by the Thai authorities remained an unresolved issue, in spite of some encouraging signs given by the Thai Prime Minister during a visit to ICRC headquarters in the autumn. Tracing activities in the camps for displaced people along the Thai border were conducted as before, and activities in Cambodia grew significantly in 1990. It was thus possible to ensure a continuous flow of Red Cross messages between those living on the border and their families in the country. About 4,000 messages were exchanged in 1990.

The Tracing Agency handled tracing requests concerning 14,978 Khmers. As usual, tracing work took place in various camps on the Thai/Cambodian border (a new office was opened at Site K), inside Cambodia and abroad through the

National Red Cross and Red Crescent Societies of the countries concerned. ICRC tracing staff were able to locate 8,150 Khmers in camps, in Cambodia and abroad, i.e. 55 per cent of the almost 15,000 Khmers it was looking for.

### Mailing

The ICRC, the only official channel for inter-camp mail at the disposal of Khmers, continued to provide a mailing service in the camps, mainly for internal purposes, but also for mail abroad.

Thanks to this service, families were able to keep in touch. In 1990, 17,895 letters and family messages were distributed to the Khmers.

### Transfers/family reunifications

With the consent of the Thai authorities, the ICRC was able to transfer 201 Khmers from one camp to another. All in all, the ICRC reunited 230 Khmers (93 families) with their relatives in 1990.

### Medical activities

The ICRC hospital at Khao-I-Dang remained the only hospital along the border to provide emergency surgical services for the 300,000 displaced Khmer and Vietnamese living in the area. The hospital was manned by three surgical teams. October had the lowest admission rate of war-wounded in 1990 (25 cases). This was due to a let-up in fighting because of the rainy season. At the same time, the number of other patients admitted reached the annual peak of 182. In 1990, 2,797 patients (war-wounded and others) were admitted, 5,110 operations performed, and 5,768 consultations, including post-operative care, given.

The Khao-I-Dang blood bank, the only one in the region, went on supplying

blood units to the hospitals on the border. Blood collection programmes took place regularly in the camps. In May 1990, a blood donation centre opened at the Khao-I-Dang hospital. On average, 470 blood units were collected each month.

The ambulance service continued to operate all year, carrying out evacuations from anywhere along the 800-km border to the Khao-I-Dang hospital.

### ***Kab Cherng first-aid station***

This station remained an important link in the evacuation chain from remote but accessible camps in the north (Otrao, Site B) to the ICRC hospital in Khao-I-Dang. Up to 50 per cent of the war-wounded transferred to the hospital transited through it.

### **Dissemination and cooperation with the National Society**

The ICRC continued to cooperate with the Thai Red Cross in spreading knowledge of fundamental Red Cross principles and international humanitarian law, emphasizing the importance of respect for human dignity to various military and civilian audiences, both Khmer and Thai.

Owing to the shift of fighting further into Cambodia, the situation of Thai villages located close to the border improved considerably in 1990. The ICRC continued assisting the Thai Red Cross in its activities for these villagers.

## **PHILIPPINES**

The need for direct overall ICRC involvement in the Philippines was found to have lessened, as training and development acquired through the operation increasingly allowed the Philippine National Red

Cross (PNRC) to act independently and raise its efficiency.

In 1990, an ICRC expatriate and a PNRC worker were murdered by gunmen in Buldon (Mindanao). This tragic event underscored the importance of dissemination activities and the need to spread knowledge about the Red Cross and its work and purpose as widely as possible in order to increase the safety of humanitarian missions.

### **Activities for detainees**

The delegates concentrated on protection work for detainees and civilians in the field, continuing to monitor cases of alleged violations of international humanitarian law, checking allegations of ill-treatment with both the government's armed forces and the New People's Army (NPA), and pressing for stricter observance of basic principles applicable to armed conflicts.

ICRC delegates kept on providing protection for security detainees in Manila and the provinces, including those held in connection with the coup attempt in December 1989, by making frequent visits. Between September 1989 and December 1990, they visited 1,651 detainees, of whom 1,189 were newly registered, whose cases they followed up in visits to 155 places of detention. Regional Disaster Action Team nurses assisted ICRC delegates in carrying out medical follow-up visits to places of detention. The delegates also visited persons held by the NPA, and these visits were held in accordance with ICRC standard criteria for such activities.

### **Tracing Agency**

The Tracing Agency in Manila went on collecting, processing and filing information concerning detainees and people allegedly detained.

Together with the National Society, the ICRC financed and organized family visits to relatives in detention. In 1990, this programme enabled 106 beneficiaries to receive family visits.

### **Assistance for displaced persons**

In 1990 more responsibility and the major share of the workload connected with the Philippine National Red Cross/ICRC Joint Relief Operation was handed over to 12 Regional Disaster Action Teams. By the end of the year, this had proved to be a step towards increasing National Society self-sufficiency.

In addition to their relief work, the regional teams, along with the administrators of National Society branches, played an important part as an information network throughout the Philippines. They pointed out to the delegation cases of families displaced because of insurgency-related incidents wherever they encountered them in their field work. By the end of 1990, 79 such cases had been reported. The ICRC donated nine radio-equipped pick-up trucks and provided three it had previously given with radios, so that all regional teams had radio-equipped cars, which made for easier communication in emergencies.

### **Field distributions**

In 1990, distributions took place mostly in Mindanao and Luzon/Visayas. About 53,400 people, including detainees and persons displaced by fighting between government troops and the NPA and other disturbances, received 308 tonnes of rice, oil (or sardines) and soap. Altogether 1,100 blankets were provided during occasional distributions throughout the year.

### **Medical assistance**

The ICRC medical team intervened in cases of displaced persons, and whenever necessary assisted the war-wounded and the hospitals where they were treated.

### **Dissemination**

Throughout the year, increasing emphasis was laid on dissemination activities carried out not by expatriates, but by Filipinos. Local employees in the field received basic training, and a PNRC worker took over from the expatriate coordinator of the delegation's dissemination unit.

The armed forces began to introduce international humanitarian law in their instruction courses for high-ranking officers. The delegation held lectures and seminars on the subject for police, army, navy and air force services, and in the case of high-ranking commanders also explained how it should be taught to the troops.

ICRC and National Red Cross representatives, along with 80 journalists, took part in a round table discussion in Manila at the end of June. The topic was "journalists and international humanitarian law", and the event was part of the World Campaign for the Protection of Victims of War.

### **Cooperation with the National Society**

Following several major natural disasters, the ICRC, in agreement with the League of Red Cross and Red Crescent Societies, which was not represented in the Philippines, provided some immediate logistic and relief support to the National Red Cross in its efforts to help the many people affected.

## **SRI LANKA**

Following the opening of its delegation in Colombo in October 1989, the ICRC concentrated on protection work in the centre and south-west of the country for detainees suspected of belonging to the Janatha Vimukti Peramuna (JVP).

In mid-June 1990, tension between the Sri Lanka government armed forces and the Liberation Tigers of Tamil Eelam (LTTE) sparked off a new armed confrontation in the north and east of the island. The ICRC immediately extended its operation to include protection and assistance for detainees, displaced people and civilians in isolated areas. Within only a few weeks, the ICRC was present in almost all of the country with nearly 60 delegates. About half of this workforce engaged in activities in the north-east or shuttling between Colombo and the ICRC's various offices in the region. The other half carried out ongoing detention-related work in the south.

The ICRC opened sub-delegations in Kandy, Jaffna, Batticaloa, and Colombo-South, as well as offices in Trincomalee, Ampara, Mannar, Matara and Anuradhapura.

### **Activities for detainees**

ICRC delegates carried on visiting persons detained in connection with the JVP-insurrection and with LTTE activities in the north and east, where numerous civilians had been arrested. It obtained access to a number of detainees held by the government in the context of the conflict there. Delegates also visited 15 policemen, captured in June by the LTTE and held in Jaffna. They were later released by the LTTE into the care of the ICRC to be handed over to the Sri Lanka police authorities.

From the beginning of its detention-related work in November 1989 up to the end of 1990, the ICRC registered 20,655 people in over 400 places of detention in the country. Allegations of ill-treatment, the disappearance of people following arrest, and summary executions remained sources of considerable concern in 1990.

Despite fairly wide access to many places of detention and the high level of cooperation noted on the part of the authorities concerned, the ICRC was very concerned about the relatively high number of disappearances among civilians arrested by the armed forces in the east and similar problems persisting in the south, albeit involving a smaller number of cases. The institution was equally concerned at the constant difficulty it faced when trying to visit and protect civilians and combatants allegedly detained by the LTTE.

### **Tracing Agency**

The Tracing Agency continued its activities in connection with the JVP insurrection in the south while endeavouring to meet the pressing needs in the north-east. It received more than 16,000 tracing requests during the year mainly concerning the south, some of which it submitted to the authorities.

In the south, delegates carried on registering persons in detention. A total of 590 detainees were able to resume contact with their families through the ICRC.

In the north-east, owing to the large number of displaced persons and separated Tamil families, the delegates laid emphasis on restoring links between dispersed family members in Sri Lanka and abroad. As basic postal services were not working in most areas in the eastern provinces and on the Jaffna Peninsula, the ICRC on many occasions transported mail bags of the Sri Lankan postal ser-



vices to and from several destinations in the north-east.

In addition, during the last six months of 1990, the ICRC received 4,200 tracing requests, and distributed 3,300 Anxious-for-News and Red Cross messages. It also evacuated 136 foreign nationals, mostly expatriate Tamils visiting the country when the fighting broke out, by boat from Jaffna to Colombo, where they were handed over to their respective embassies.

Tracing activities in the field proved to be extremely difficult on account of the conflict situation and population movements. By the end of the year the Tracing Agency had registered information concerning 314 people detained in connection with the conflict in the north-east.

### **Medical activities**

Throughout the heavy shelling and fighting around Jaffna Fort from July to September, which led to the closing of the Jaffna Teaching Hospital, the ICRC extended protection to the Manipay hospital in Jaffna. Once the Jaffna Teaching Hospital had been re-opened, the ICRC put it under its protection as well. The hospital was soon able to restore its capacity to 600 beds (of its usual 1,000 beds). At the end of the year, repair work was still going on. With the re-opening of the Jaffna Teaching Hospital, the ICRC established close cooperation with the Medical Association of Jaffna so as to help with any problems encountered in running the hospital and keeping it supplied.

The ICRC laid in emergency stocks of medical supplies in Jaffna, and made them available to health care facilities in need. It assisted the Ministry of Health by conveying medical supplies to places which had become inaccessible by or-

dinary means of transport. When necessary, the ICRC lent support to the mobile health units the National Society operates on the Jaffna Peninsula and Ampara.

During curfews in Jaffna, the ICRC helped to transport hospital and National Society personnel to protect them on their way to and from work so that the hospital could continue to function.

### **Assistance to the affected population**

Following the total interruption of regular public and commercial transport towards and within the northern part of Sri Lanka the ICRC played a key part in protecting government-sponsored road or sea relief convoys by conferring neutral status on them. In this way, food, other essential goods, and mail reached hundreds of thousands of civilians affected by the fighting, especially in the Jaffna peninsula, where there are over one million people.

Initially, several hundred tonnes of goods were sent to the Jaffna Peninsula by road. Land convoys were then abandoned because of security problems and because they could transport only small amounts of goods, whereas the population's needs were estimated at 8,000 to 10,000 tonnes per month. Instead, relief goods were carried by sea. Between late July and the end of the year, about 30,000 tonnes of goods were shipped under ICRC protection to Jaffna.

In December, however, an ICRC road convoy of 18 lorries managed to reach Kilinochchi, bringing 160 tonnes of essential goods, mainly food, for the resident population in and around Kilinochchi and for displaced people. The goods were then distributed by the local branch of the National Red Cross Society. This was a precedent for further road convoys to be



carried out to specific problem areas in the north-east.

In close cooperation with the National Society, the ICRC financed and participated in the purchase and construction of traditional temporary shelters (cadjans) for about 4,000 particularly hard-hit families (between 20,000 and 30,000 people). It also assisted the National Red Cross in providing food parcels and clothing as needed.

At the end of the year, the ICRC also sent a relief specialist to Sri Lanka to cooperate with the National Society and the League of Red Cross and Red Crescent Societies, which was active in the other non-conflict areas.

### **Dissemination**

While carrying out its activities in the north-east, south and centre of Sri Lanka, the ICRC also endeavoured to spread knowledge of basic humanitarian principles among officers and soldiers as well as LTTE combatants and their leadership.

Sessions on the law of war were held in all districts for members of the Sri Lanka armed forces. Furthermore, the ICRC produced dissemination material in English, Sinhalese and Tamil, which it distributed as widely as possible.

## **REGIONAL DELEGATIONS**

**NEW DELHI:** (*Bangladesh, Bhutan, Myanmar, India, the Maldives, Nepal*)

**BANGLADESH** — Negotiations with the country's authorities concerning a possible joint ICRC/League of Red Cross and Red Crescent Societies/National Society survey in the Chittagong Hill Tracts were at a standstill.

**BHUTAN** — Following a first ICRC mission to Bhutan and contact with the Ministry of Foreign Affairs, the government decided to accede to the Geneva Conventions of 12 August 1949.

**MYANMAR** — Persistent problems requiring humanitarian assistance and the ongoing conflict on the country's eastern borders raised ICRC concern, as in previous years. No headway was made regarding the situation of security detainees, despite the institution's continuing representations with a view to obtaining permission for protection visits.

Following the signature of an agreement with the Ministry of Health, the Ministry of Defence and the National Society, the ICRC continued its activities aimed at helping to develop orthopaedic programmes in progress (manufacturing artificial limbs, training local staff). Its work focused on civilian amputees in four orthopaedic centres in Myanmar. At these centres 1,149 patients were fitted with prostheses for the first time, and 292 with orthoses. The centres also manufactured 1,232 prostheses, 297 orthoses and 1,047 pairs of crutches.

**INDIA** — The ICRC continued to help the Indian Red Cross with the development of a nationwide tracing network and dissemination activities. It monitored the situation in different parts of the country to obtain a clearer picture of medical, relief and protection needs, particularly in the State of Jammu and Kashmir, and to be prepared in case ICRC intervention was required.

**NEPAL** — The ICRC maintained its dialogue with the government about questions concerning the protection of those detained under emergency regulations. During several ICRC missions following the disturbances in Kathmandu in April,

delegates evaluated the general and medical situation, and handed emergency medical supplies over to the National Society. Together with the Nepal Red Cross Society, the ICRC organized a dissemination meeting in Dharan, in the south-east of the country, which was attended by National Society members and representatives of various ministries.

**JAKARTA:** (*Indonesia, Brunei, Malaysia, Singapore*).

**INDONESIA** — ICRC delegates carried out a series of visits to 39 detainees arrested in connection with the events of 30 September 1965 (ex-G 30 S/PKI) in 11 places of detention. In March, the ICRC had made a written protest against the execution of four of these detainees the previous month. The ICRC undertook steps to obtain the authorization for an evaluation mission to be carried out in the province of Aceh, where disturbances had been reported. The ICRC maintained financial and technical support for the Indonesian Red Cross Society in its activities on behalf of Vietnamese boat people, as part of the Tracing and Mailing Service coordinated by the Central Tracing Agency at ICRC headquarters in Geneva.

**Irian Jaya** — ICRC delegates made registration and follow-up visits to security detainees in seven places of detention, during which they also distributed medical and material assistance. Of 52 detainees visited, 44 were newly registered.

For the first time, six security detainees held at Kalisosok prison in Surabaya (Java) were able to receive family visits from Irian Jaya (a distance of almost 3,000 kilometres). The ICRC organized and financed these visits.

During registration visits to "returnees", the ICRC distributed material assistance

to 553 people who had made their way back to Irian Jaya from places in Papua New Guinea where they had sought refuge. Their situation after their return continued to be monitored through regular follow-up visits.

### **EAST TIMOR**

An ICRC nurse and a delegate had been present in Dili since 1988 and March 1989, respectively. In 1990, the Ministry of Foreign Affairs received an ICRC report on the situation of the civilian population and of detainees, and on ICRC activities in East Timor as well as the problems the institution had encountered in its work there in 1989.

Registration and follow-up visits to persons detained in relation with events in East Timor took place all year round. A series of complete visits was carried out in three places of detention in Jakarta and Dili. In all, 148 detainees were visited, of whom 99 were newly registered. Among those prisoners were six who had previously been transferred to prisons in Jakarta, far from their families. They received family visits in January, with the ICRC covering the cost of the air transport for family members.

In the framework of the ICRC's sanitation programme, launched in 1989 to improve water supply and sanitary conditions in isolated villages, a sanitation engineer carried out a four-month mission in East Timor.

The ICRC repatriated 147 Timorese to Portugal. Of these, 28 were former Portuguese civil servants, and 119 hardship and family reunification cases. Six of those cases were transferred to Australia.

**MALAYSIA** — According to an agreement negotiated with the Malaysian authorities in 1989, the ICRC began car-

rying out a new series of visits to people detained under the Internal Security Act, thus following up visits made in 1988. However, the visits had to be suspended in May as they could not be conducted in accordance with ICRC criteria and the aforementioned agreement. The ICRC proceeded to clarify the conditions for ICRC visits to detainees with the Malaysian authorities so as to be able to resume its detention-related activities in the country. No progress was registered.

*FIJI* — The ICRC discussed the opening of a regional delegation in Suva (Fiji) and a dissemination programme with representatives of the Ministry of Foreign Affairs of Fiji and the National Society, respectively. At the end of the year the headquarters agreement necessary for the opening of the delegation was awaiting signature by the authorities. The regional delegation was to cover Australia, New Zealand, Fiji, Kiribati, Nauru, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu, Western Samoa, and autonomous States, territories and colonies in the Pacific.

*PAPUA NEW GUINEA* — In 1990, the ICRC regional delegate undertook three missions to Papua New Guinea in connection with the rapidly deteriorating situation on Bougainville. The ICRC made efforts to monitor the developments so as to be able to intervene if humanitarian needs required. The ICRC also visited several camps for refugees from Irian Jaya. A dissemination programme for the armed forces and other audiences was set up in cooperation with the National Society. In the framework of this programme, a delegate conducted a mission from April to August in Port Moresby, during which she trained a National Society member in dissemination work.

#### *HANOI: (Viet Nam, Laos)*

*VIET NAM* — At the invitation of the Vietnamese Red Cross, the ICRC President had meetings with the Minister of the Interior, the Minister of Foreign Affairs, the President of the Council of Ministers, and the Prime Minister. He received the agreement in principle that the ICRC would have access to security detainees and those detained in re-education camps, a matter which the ICRC discussed further with the Ministry of Foreign Affairs and the Ministry of the Interior throughout the year, along with various tracing requests.

Activities continued at the workshop producing orthopaedic components in the rehabilitation centre of Ho Chi Minh City, set up in December 1988 in cooperation with the ministry responsible for labour and the war-disabled. While the Vietnamese Red Cross was in charge of identifying and transporting patients, the ICRC took care of managing the centre, and producing and fitting orthopaedic devices. Between 31 August and 31 December 1990, the workshop produced 683 prostheses.

In cooperation with the League of Red Cross and Red Crescent Societies and the Vietnamese Red Cross, the first dissemination courses were held for representatives of various ministries.

Through the Tracing and Mailing Services for Vietnamese boat people in four countries, namely Thailand, Malaysia, Indonesia, and the Philippines, and Hong Kong, 748,494 letters were distributed. The service was coordinated and financed by the Central Tracing Agency in Geneva, and implemented by the National Societies concerned. Some 8,500 tracing requests involving boat people were also handled, of which 3,481 were solved.

**LAOS** — In 1990, the ICRC on several occasions held talks with National Society and government representatives about detention-related topics and tracing agency matters.

**HONG KONG:** (*China mainland, Taiwan, Hong Kong/Macao, Japan, Democratic People's Republic of Korea, Republic of Korea* and since September 1990, *Mongolia*)

**CHINA/TAIWAN** — The regional delegate in Hong Kong carried out several missions to mainland China and Taiwan. In January, he travelled to the Sino-Vietnamese border to participate in the simultaneous repatriation of five Chinese prisoners of war (liberated by the Hanoi authorities) and 17 Vietnamese prisoners of war formerly held by the Chinese authorities. The delegate was able to talk freely without witnesses with the Vietnamese POWs before their repatriation. Later on in Beijing, he discussed the situation of the remaining Vietnamese POWs with representatives of the armed forces and various ministries. With the Red Cross in Taipei, he raised repatriation issues (concerning people from mainland China who had entered Taiwan illegally).

Tracing activities concerned mainly families separated during the events of 1949. The ICRC received tens of thousands of tracing requests from both mainland China and Taiwan, which it then, as required by its mandate as a neutral intermediary, transmitted to Beijing and Taipei. In 1990, it received 4,337 tracing enquiries from mainland China and Taiwan. In December 1990, the Chinese National Society and the Red Cross in Taipei resumed direct contact so that the majority of tracing files were treated without ICRC involvement.

**HONG KONG** — The Hong Kong branch of the British Red Cross continued to receive technical and financial support for its activities on behalf of Vietnamese boat people, as part of the Tracing and Mailing Service coordinated by the Central Tracing Agency at ICRC headquarters in Geneva.

**JAPAN** — During missions in February, May and December, the regional delegate met with representatives of the Ministry of Foreign Affairs, the National Defence Agency and the National Society. The variety of topics discussed included dissemination among executive officers of the National Defence Agency, ratification of the Additional Protocols and the ICRC's observer status in the United Nations General Assembly.

**DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA** — The regional delegate went on a mission to Pyongyang, where he met representatives of the Ministry of Foreign Affairs and the National Society. Together with a dissemination delegate from Geneva and in cooperation with the National Society he organized a dissemination seminar for 25 Red Cross representatives, the first of its kind to be held in the Democratic People's Republic of Korea.

**REPUBLIC OF KOREA** — The regional delegate met representatives of the National Society and the Ministry of Foreign Affairs in the Republic of Korea, with whom he exchanged views about dissemination, visits to security detainees, and the north-south dialogue. He also gave a presentation on the ICRC to the Neutral Nations Supervisory Commission.



**RELIEF SUPPLIES DISTRIBUTED BY THE ICRC IN 1990**  
*ASIA AND THE PACIFIC*

| Country<br>(in French alphabetical order) | Medical<br>assistance | Relief              |              | Total            |
|---|-----------------------|---------------------|--------------|------------------|
|   | Value<br>in Sw. fr.   | Value<br>in Sw. fr. | (Tonnes)     | Sw. fr.          |
| Afghanistan .....                         | 1,713,445             | 531,831             | 320.5        | 2,245,276        |
| Cambodia .....                            | 1,420,085             | 59,194              | 20           | 1,479,279        |
| Indonesia .....                           | 3,071                 | 16,570              | 8.5          | 19,641           |
| Myanmar .....                             | 95,413                |                     |              | 95,413           |
| Nepal .....                               | 9,050                 |                     |              | 9,050            |
| Pakistan (conflict in Afghanistan)        | 1,355,373             | 199,141             | 151          | 1,554,514        |
| Philippines .....                         | 203,042               | 268,804             | 307.9        | 471,846          |
| Sri Lanka .....                           | 217,617               | 48,382              | 6.7          | 265,999          |
| Thailand (conflict in Cambodia)           | 708,949               | 57,829              | 8            | 766,778          |
| Viet Nam .....                            | 86,985                |                     |              | 86,985           |
| <b>TOTAL .....</b>                        | <b>5,813,030</b>      | <b>1,181,751</b>    | <b>822.6</b> | <b>6,994,781</b> |