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International Humanitarian Law and Arms Control

by Daniel Frei†

*On 1 August 1988 Professor Daniel Frei, who had been a member of the ICRC since 1 March 1986, died suddenly.**

A professor of political science at the University of Zurich, Director of the Swiss Institute for International Research, and an eminent specialist on questions of disarmament, neutrality and international co-operation, he placed all his knowledge and experience at the service of the Red Cross whose cause he shared with deep conviction. His death was a great loss for the ICRC, the International Red Cross and Red Crescent Movement and the academic world.

Shortly before his death he had written an article for the International Review of the Red Cross on the relations between international humanitarian law and arms control. He dealt in a masterly manner with this complex subject which, despite its current relevance, had been studied very little to date.

In paying tribute to Professor Frei's memory, the Review publishes this article below which immediately poses an important question: to what extent can efforts to promote and implement international humanitarian law be considered as a contribution towards arms control?¹

* See *International Review of the Red Cross (IRRC)*, No. 265, July-August 1988, pp. 388-389.

¹ The author acknowledges helpful comments on a first draft, especially by Jean-Luc Blondel, René Kosirnik, Zidane Mériboute, Raymond Probst and Yves Sandoz.

The views expressed in this article, however, are personal and do not necessarily reflect the views of the International Committee of the Red Cross.

1. Introduction

1.1. The problem

For almost two decades, the International Red Cross Movement has been engaged in a continuing process of self-examination regarding its contribution to peace and disarmament². At the same time, public attention is being focused on, and sometimes even captivated by, various bilateral and multilateral efforts to achieve progress in nuclear and non-nuclear arms control in fields such as the reduction of strategic and intermediate-range nuclear weapons, nuclear and chemical weapon-free zones, confidence- and security-building measures, and so on. The two lines of action are usually dealt with individually without proper consideration of the manifold interconnections existing between them. Only recently have efforts been made to clarify the relationship between the two³. The purpose of this article is to bring them together and to do so by asking the question: *To what extent can the effort to promote and implement international humanitarian law be seen as a contribution in terms of arms control?*

² Cf. for a comprehensive view the article "The International Committee of the Red Cross and Disarmament", in: *IRRC*, vol. 61, March-April 1978, pp. 90-100; for an up-to-date collection of resolutions and other texts cf. *To Promote Peace*, Geneva 1986: ICRC and League of Red Cross/Red Crescent Societies; for another, although very general, approach cf. T. Wulff: "International Humanitarian Law as a Means to Promote International Peace and Security". In: *Proceedings of the Thirty-First Pugwash Conference on Science and World Affairs*, London 1981, pp. 315-319. For the latest "state of the art" of Red Cross thinking on this subject cf. Yves Sandoz: "The Red Cross and Peace: Realities and Limits", in *Journal of Peace Research*, vol. 24, 1987, pp. 287-296.

³ Cf. the pioneering contribution by Allan Rosas/Pär Stenbäck: "The Frontiers of International Humanitarian Law", in: *Journal of Peace Research*, vol. 24, 1987, pp. 219-236. Rosas/Stenbäck conclude: "We would tend to believe that possible future efforts at developing humanitarian law should focus upon the *human rights* perspective rather than attempt to regulate warfare and methods and means of combat. Thus the direct links between humanitarian law and disarmament should at least not be strengthened further." (p. 233) While agreeing with the first conclusion, the present contribution is based on the conviction that the second conclusion is not necessarily imperative—at least not before having examined the relationship between international humanitarian law and disarmament/arms control more systematically (which will be done on the following pages).—By contrast to Rosas/Stenbäck, Ove Bring: "Regulating Conventional Weapons in the Future—Humanitarian Law or Arms Control?" (*ibid.* pp. 275-286) concludes that the "fruitful relationship between international humanitarian law and disarmament... should be explored more vigorously in the future."

1.2. The yardstick: dimensions and purposes of arms control

According to a familiar definition, arms control is “restraint internationally exercised upon armaments policy. whether in respect of the level of armaments, their character, deployment or use”⁴. Arms control of course does not preclude complete disarmament—on the contrary, it represents a step towards the reduction and, ultimately, the elimination of armaments, preferring, however, a specialized, piecemeal approach⁵. This proceeds in a specialized way by dealing with individual weapons categories rather than aiming at a general and complete ban of armaments, and progresses piecemeal by envisaging a variety of constraints. Such constraints may occur in four dimensions⁶:

- geographically, by reducing the area and/or space in which certain categories of weapons may be deployed or used;
- materially, by reducing the means of warfare, i.e. by imposing restraints on the quantity and/or quality of the weaponry deployed and/or used;
- operationally, by limiting the methods or types of acts performed with these weapons;
- objectwise, by practising restraint in the targets selected for attack.

As far as its basic purpose is concerned, arms control serves a fourfold purpose⁷:

- reducing the likelihood of war, especially by trying to impose limits on the evolution and proliferation of weapons that may destabilize strategic relationships and thus create incentives for preventive attacks;
- reducing the suffering and damage in the event of war;

⁴ Hedley Bull quoted in Ken Booth: “Disarmament and Arms Control”, in: John Baylis et al. (Eds.): *Contemporary Strategy*, 2nd ed., vol. I, London, 1987: Croom Helm, p. 140.

⁵ For a more elaborate analysis of the relationship between disarmament and arms control cf. Booth, *op. cit.* pp. 140-146, and Alessandro Corradini: “Disarmament Education as a Distinct Field of Study”, in: Marek Thee (Ed.): *Armament, Arms Control and Disarmament*, Paris, 1981: UNESCO Press, pp. 328-377.

⁶ Cf. John Garnett: “Limited War”, in: Baylis et al., *op. cit.* pp. 187-208.

⁷ This is a summary of various contributions such as Christoph Bertram: “Arms Control and Technological Change”, in: Thee (Ed.), *op. cit.*, pp. 144-156; Jozef Goldblat: *Arms Control Agreements. A Handbook*, London, 1983: Taylor & Francis, pp. 300 f.; Booth, *loc. cit.*

- reducing expenditure on armaments and saving resources;
- contributing to conflict management by providing a framework for negotiation between opposing sides, by reducing suspicion and by generally contributing to an atmosphere conducive to relaxation of tensions.

It is obvious that what has been achieved by international humanitarian law, in providing for a number of constraints on the waging of war⁸, conforms perfectly well to the definition of arms control quoted above and to its specific elaboration in terms of the four dimensions. The principles of proportionality and discrimination underlying the evolution of the rules of war and international humanitarian law comprise a variety of aspects that might be described by referring to constraints of a geographical, material and operational nature and to the types of objects to be targeted. On the other hand, the four purposes intrinsic to arms control may serve as a kind of a yardstick to assess the contribution offered by international humanitarian law.

2. The contribution of international humanitarian law to the cause of arms control

Bearing in mind the fourfold purpose of arms control, what may be said about the specific contribution made by international humanitarian law to that cause? Clearly, the emphasis has to be put on the second purpose, i.e. the reduction of suffering and damage if war occurs, and on the last purpose, i.e. the political function of providing a means for dialogue even under conditions of extreme adversity. Still, it might be worthwhile examining the scope of international humanitarian law systematically by looking at each of the four purposes one by one.

2.1. Reducing the likelihood of war by coping with destabilizing weapons

International humanitarian law does not deal explicitly with nuclear weapons and their delivery systems, which are in fact the type of weapons envisaged when we talk about the possible destabilizing effect

⁸ That is how Kalshoven coins the essence of the international law of armed conflict; cf. Frits Kalshoven: *Constraints on the Waging of War*, Geneva, 1987: ICRC.

of armaments. Even if—as many lawyers argue⁹—the use of nuclear weapons can be said to be banned by existing law, the more crucial question of the destabilizing or stabilizing effect of their existence constitutes a different issue not dealt with under any component of the international law of armed conflict; whether or not nuclear weapons tend to stabilize or destabilize a strategic relationship depends almost entirely on the type of delivery systems and the vulnerability of certain targets, such as military and political command centres, and of weapons carrying the threat of retaliation (so-called C³ invulnerability and second-strike capability).

However, there might still be some **non**-nuclear weapons that can be said to have a certain relevance for strategic stability and which do fall within the subject-matter of international humanitarian law. This may be said to be the case with asphyxiating, poisonous or other gases, the use of which is prohibited under the 1925 Geneva Protocol. In a situation where two adversaries heavily equipped with offensive chemical warfare capability are confronting each other, it is quite conceivable that each side might feel the urge to benefit from the advantage of striking first. In view of recent developments in the field of precision-guided missiles and new types of highly efficient lethal chemicals, such a situation may be becoming less and less hypothetical. A massive full-scale attack employing chemical weapons and carried out with the most modern, fast and precise delivery systems may easily have an incapacitating impact on the entire political and military leadership of a nation comparable with the consequences of an anti-C³ nuclear attack.

This situation becomes even more of a nightmare if one considers the easy availability of chemical weapons and the relatively low cost of their development and deployment, which makes such weapons candidates for rapid proliferation¹⁰. If C-weapons are newly introduced into a regional context characterized by a high degree of international tension, they may be conducive to hasty escalation and unleashing of

⁹ E.g. Mohammed Bedjaoui: "Humanitarian Law at a Time of Failing National and International Consensus", in: *Modern Wars. The Humanitarian Challenge*. A Report for the Independent Commission on International Humanitarian Issues, London, 1986: Zed Books, pp. 13-18; for a comprehensive bibliography on the current legal debate cf. *Commentary on the Additional Protocols of 8 June 1977 to the Geneva Conventions of 12 August 1949*, Geneva, ICRC, 1987, p. 594, footnote 35, and Guy B. Roberts: "The New Rules for Waging War", in: *Virginia Journal of International Law*, vol. 26, Nr. 1 (Fall 1985), p. 163, footnotes 275-279.

¹⁰ Cf. the list of States possessing or allegedly possessing C-weapons, in: J. P. Perry Robinson: "Chemical and Biological Warfare". In: *SIPRI Yearbook 1987, World Armaments and Disarmament*. London, 1987: Oxford University Press, pp. 97-115.

a ferocious armed conflict—whether on the part of the power having just acquired such weapons and wishing to profit from this advantage before it is too late, or on the part of the potential victim who has an interest in striking first before its enemy has the new weapons fully deployed. Furthermore, the situation is becoming more and more alarming as a number of countries is acquiring or building medium-range missiles which might easily be armed with chemical warheads. The combination of missile technology with a CW capacity lends itself to precisely the kind of strategic instability described above.

For this reason the future evolution of international humanitarian law will play a crucial role also with regard to concerns about strategic stability. In particular, it is imperative that substantial progress be achieved with respect to prohibition of chemical weapons, an issue currently being dealt with by the Geneva-based Conference on Disarmament (CD).

2.2. Reducing suffering and damage in the event of war

This second purpose of arms control relates to an area where international humanitarian law obviously fulfils its primordial task. The general Article 35 of Protocol I additional to the Geneva Conventions (1977) goes to the very heart of the matter: “In any armed conflict, the right of the Parties to the conflict to choose methods or means of warfare is not unlimited.” This basic rule has been implemented and elaborated by a series of international contractual instruments, beginning with the signing of the first Geneva Convention (1864) and the Declaration of St. Petersburg (1868), up to the aforementioned 1977 Protocols and the 1980 Convention on “inhumane” weapons¹¹.

It cannot be denied that no other current in arms control has been so powerful and productive with respect to mitigating the consequences of armed conflict in terms of human suffering and material damage. Based on the principles of proportionality and discrimination, international humanitarian law has constantly strived to make full use of the potential inherent in the four dimensions of restraint: geographical restraints (e.g. the prohibition on extending military operations to demilitarized zones); restraints regarding means of combat (e.g. prohibition or restriction on the use of certain conventional weapons which may be deemed to be excessively injurious or to have indiscriminate effects); restraints regarding methods of combat (e.g. prohibition of

¹¹ For a systematic inventory of these instruments, cf. Goldblat, *op. cit.*, pp. 81-89.

indiscriminate attacks, obligations regarding precautions in the course of an attack and against the effect of attack, prohibition on taking hostages, etc.); and restraints regarding the selection of targets for attack (e.g. protection of persons *hors de combat*, prisoners of war, civilians, objects indispensable to the survival of the civilian population, works and installations containing dangerous forces).

Since the adoption of the first Geneva Convention in 1864, the scope, substance and number of such restraints have gradually been extended. Looking at the progress achieved in the past 125 years, therefore, one might conclude that this evolution represents triumphant progress in the field of arms control, steadily limiting the area, means, methods and targets of warfare, thus efficiently taming the tragedy of war and reducing the amount of suffering and damage it brings about. No other approach to arms control can claim to have had such a decisive and substantive impact.

However, although it would be mistaken to deny the very substantial progress achieved so far, such a conclusion must be said to be rather premature and one-sided. The most dreadful of all weapons, the nuclear bomb, has not yet been the object of any clear-cut and universally acknowledged legal doctrine. And, viewed in a dynamic perspective, the evolution of constraints reducing the suffering and damage of warfare must always be seen in conjunction with the lethal and destructive power of the means and methods of combat available. In this connection a far less positive evaluation seems appropriate: While international humanitarian law has made undeniable progress, the “progress” made in terms of killing and the destructive power of the weapons available has also kept growing and seems to have grown even faster. The resulting “differential” may explain the sad fact that the amount of human suffering, especially if measured in terms of casualties among the civilian population, and the amount of destruction resulting from armed conflict, has tended to double every twenty years during this century. Nevertheless, one cannot but conclude that in the absence of the extension and consolidation that has taken place in the field of international humanitarian law the consequences would be unimaginably more tragic.

This contribution may be said to be even more important as it does not relate only to the past and present state of arms development and deployment. According to Protocol I, Article 36, the High Contracting Parties are under an obligation also to determine, “in the study, development, acquisition or adoption of a new weapon, means or method of warfare, whether its employment would, in some or all circumstances,

be prohibited". Thus a "safety fence" has been established, imposing constraints on future evolution as well.

2.3. Reducing expenditure on armaments

As far as the third purpose of arms control is concerned, the question to be addressed to international humanitarian law is this: Does it contribute to reducing the burden of military expenditure? At a first glance, the answer probably has to be in the negative. Maybe it is even justified to say that it does the opposite. For example, the obligations regarding the management of prisoners-of-war camps and the prohibition of methods of warfare defined as perfidy hardly make warfare "cheaper"—on the contrary. Some other obligations also clearly require additional investment; such is the case with precautions against the effects of attacks, for example, refraining from locating military objectives within or near densely populated areas. Unfortunately, some prohibited means and methods of warfare may also seem particularly attractive precisely because they are highly cost-efficient, like spreading terror among or starvation of the civilian population.

Still, such "bookkeeping" would be not only cynical but shortsighted as well. As a matter of fact, most measures of restraint are applied reciprocally, which means that all parties to a conflict may profit from them on a mutual basis. If the potential parties to a conflict had to fear the unrestricted use of all permitted and prohibited means and methods of warfare, they would most certainly feel compelled to take extensive measures to protect their respective civilian populations and cherished objects against such cruel acts, and this would call for immense investment. The burden of military expenditure, in such a case, would be considerably heavier; it might be double or even triple that required in the absence of such a threat.

In other words, the standards set by international humanitarian law, by restraining the means, methods and targets of warfare, and by way of reciprocity, tend to lower expectations regarding certain acts in the event of war; thus they render costly defensive measures against such acts largely unnecessary, and this results in a marked decrease in parts of the military burden. Again this leads to the conclusion that the impact of international humanitarian law is second to no other achievement so far on the record of international arms control; in financial terms, the modest steps taken towards preventive arms control (e.g., by the ABM treaty, temporarily avoiding the spending of resources for ballistic missile defence) rate quite poorly in comparison with this contribution.

2.4. Contributing to conflict management by providing a framework for negotiation

By definition, international humanitarian law provides for the observance of a minimum of rules even in “worst case” situations, when dialogue has broken down and is replaced by the *ultima ratio* of armed conflict. The significance of this fact must not be underestimated. Even if only a minuscule subset of rules is respected, this represents an element of ritual, and ritualization means that the conflict is given a formal structure. And even if the rules are not respected, having rules is quite different from having no rules at all to break¹². Thus, although confronted in a deadly quarrel where no common ground seems to remain, the adversaries share a minimum of communality. This fact may constitute a framework for conflict management, albeit a symbolic one.

On a more operational level, the very nature of the provisions of international humanitarian law offers a specific point of departure for the resumption of dialogue and thus for a gradual transformation of the armed conflict. This point of departure results from the fact that inevitably the question of respecting or disregarding the rules of warfare becomes an issue for negotiation—both tacit and explicit—between the adversaries. Tacit negotiation takes place owing to the principle of reciprocity. Each side will carefully watch the other side to assess the extent to which it is complying with the provisions, and will make its own behaviour conditional upon the other side’s behaviour. In order to ensure reciprocity, parties to an armed conflict tend to exchange all kinds of signals and cues although they may be far from negotiating formally, bilaterally or via a third party. Such tacit bargaining may relate, for instance, to the renunciation or cessation of indiscriminate bombing of civilians and civilian objects: it may constitute a nucleus of a more far-reaching dialogue which can eventually end up in an informal or formal ceasefire, which in turn triggers more substantive efforts to solve the conflict by peaceful means. In other words, the very existence of the international law of armed conflict serves as a frame of reference for a dialogue indicating ways out of the armed conflict. Thus international humanitarian law promotes peace, and does so systematically when the need for peace is felt most urgently. The relationship between the law of armed conflict and the resolution of conflicts has been explicitly acknowledged by the International Confer-

¹² For a further elaboration of the meaning of such symbolic interaction cf. Stan Windass: *The Rite of War*, London, 1986: Brassey’s Defence Publishers, pp. 120-127.

ence on the Relationship between Disarmament and Development (1987); the Final Document of this Conference reads:

“They [the States participating in the International Conference] also stress the importance of respect of the international humanitarian law applicable in armed conflicts. Respect of this law makes it easier to pave the way for a solution to conflicts...”¹³.

It does so even more specifically with respect to the institution of the Protecting Power provided for in Article 8/8/8/9 common to the Geneva Conventions and in the Protocols additional thereto¹⁴. These provisions, especially those on the role of the International Committee of the Red Cross (ICRC) as a substitute, guarantee the omnipresence of an offer of services to be addressed automatically to the parties to the conflict. Although there is no guarantee that both sides will accept such an offer, these provisions nevertheless constitute a crucial element of potential bridge-building and reanimation of communication between the adversaries.

The ICRC has cultivated this function in a very careful way and enshrined it in an elaborate doctrine regarding the foundations, conditionality and practice of the “right of initiative”¹⁵, its cornerstone being the principle of neutrality. It is probably right to say that there is no other body of arms control agreements outside the field of international humanitarian law where the conflict management function enjoys such an elaborate status and such a high degree of institutionalization, and where its immediate political impact on restoring peace is so clearly structured.

3. What about verification and sanctions?

3.1. Purposes of verification and sanctions

Ideally, every arms control treaty also comprises provisions for ensuring compliance with the rules laid down therein. They basically serve a twofold purpose:

¹³ A/CONF. 130/39, Article 35(c)(ii).

¹⁴ Cf. Kalshoven, *op. cit.* pp. 61-64, 126-129 and 145.

¹⁵ Yves Sandoz: “Le droit d’initiative du Comité international de la Croix-Rouge”, in: *German Yearbook of International Law*, vol. 22, 1979, pp. 352-373.

- giving access to information as to whether or not a party is complying; and
- in case of non-compliance, triggering sanctions to repair the violation.

Apart from monitoring and sanctioning, such verification provisions, to a greater or lesser extent, may also serve three additional purposes:

- providing reassurance through confirmation that a treaty is being implemented;
- serving as a convenient channel of communication through which States may identify and deal with potential or actual disputes; and
- establishing precedents and patterns of trust and co-operation preparing the ground, politically and psychologically, for more extensive provisions to be worked out in the future¹⁶.

In practice, a variety of arrangements can be observed, ranging from, as in most cases, simple reliance on “national technical means of verification” (i.e. unilateral inspection by satellites and “legal”, or sometimes illegal, espionage) to a comprehensive system of inspection and sanctions, as in the case of the safeguard regime set up in connection with the Nuclear Non-Proliferation Treaty, where the International Atomic Energy Agency (IAEA) may sanction violations by curtailment or suspension of assistance¹⁷.

3.2. Approach to sanctions and verification in international humanitarian law

When examining international humanitarian law from the viewpoint of arms control, the question has to be asked as to the scope and efficacy of its verification and sanction provisions. As far as prohibited weapons are concerned, no special verification procedures can be found in any of the documents from the 1868 Petersburg Declaration to the 1981

¹⁶ Andrzej Karkoska: *Strategic Disarmament, Verification, and National Security*, London, 1977: Taylor & Francis, pp. 34f; Allan S. Krass: *Verification—How Much is Enough?* London, 1985: Taylor & Francis; William F. Rowell: *Arms Control Verification*. Cambridge Mass., 1986: Ballinger; Kosta Tsipis (Ed.): *Arms Control Verification*. Washington D.C., 1986: Pergamon/Brassey's.

¹⁷ Cf. Goldblat, *op. cit.*, pp. 90-111; William C. Potter (Ed.): *Verification and SALT*, Boulder, 1980: Westview Press, pp. 52f.

Conventional Weapons Convention; maybe they are not required, because the victims will immediately realize when a violation occurs. Nor are there any provisions for sanctions, which in this case remain confined to deterrence by the reciprocal threat to use the same weapons in return and/or the wish to avoid worldwide public disapproval, provided the party concerned is sufficiently sensitive to it. Where detection of compliance or non-compliance may be more ambiguous, *ad hoc* international (usually UN) fact-finding commissions have been appointed; such has been the case in connection with the alleged use of chemical weapons in the war between Iraq and Iran.

The Geneva Conventions and the Protocols additional thereto, however, go much further in this respect. Compliance with the "Law of Geneva" is promoted by a whole bundle of provisions such as an International Fact-Finding Commission, periodic International Conferences of the Red Cross where the application of international humanitarian law is discussed, and, chief among all these provisions, the institution of the Protecting Power and its substitute, the ICRC "or any other organization which offers all guarantees of impartiality and efficacy", which are given the right of initiative and, once accepted, have considerable supervisory power. Supervision mainly refers to the provisions regarding treatment of prisoners of war and civilians detained in places of internment, detention and work; according to the Third Geneva Convention, Article 126, and the fourth Convention, Article 143, delegates of the ICRC have permission to go to all places where such protected persons may be, and they shall be able to interview them without witnesses, having also full liberty to select the places, duration and frequency of these visits. Beyond that, the ICRC, as a rule, also pays attention to cases of gross and systematic violation of provisions governing means and methods of warfare actually used at the front.

Thus the ICRC has succeeded in pushing its efficacy to the maximum extent possible by evolving a highly refined practice of conditionality associated with accepting mandates and of a reporting system characterized by precision, rigour, reliability and discretion¹⁸. In rare cases, which are clearly defined by guidelines based on the ICRC mandate and practice, the ICRC resorts to public declarations condemning general deficiencies, and, in case of very grave violations, also naming

¹⁸ For published details regarding CICR operational practice in accepting and executing its mandate and dealing with cases of grave breaches of obligations cf. "Action by the International Committee of the Red Cross in the event of breaches of International Humanitarian Law" in *IRRC*, no. 221, March-April 1981, pp. 76-83.

the non-complying parties. In the period from 1946 to 1987 the ICRC issued no less than 74 such public appeals.

Even if it is hard to determine with precision the degree of the “deterrent” effect emanating from such supervisory activities and even if the ensuing reciprocity mechanisms and pressure of public opinion cannot be assessed reliably, the least that can be said is that these activities have a beneficial impact with respect to the third, fourth and fifth of the purposes of verification mentioned above: ICRC activities clearly reassure the parties in cases where the ICRC is able to report positive compliance; as such reports are known to be impeccably reliable they may be conducive to rebuilding confidence between the parties. ICRC “interposition” furthermore guarantees a minimum of communication, as mentioned previously. And finally, the 125-year record of international humanitarian law clearly pays dividends in terms of credibility which make this law a suitable candidate for continuous development, i.e. extensions in both scope and relevance, as mirrored by the grandiose progress made from the modest 10 articles of the 1864 Geneva Convention to the comprehensive set of 127 articles agreed upon in Protocols I and II. In sum, it seems justified to say that the ICRC represents *mutatis mutandis* a verification institution that goes far beyond the mandate and efficiency of any verification mechanism established so far by other disarmament and arms control accords.

4. International humanitarian law, arms control and peace: Summary and conclusions

International humanitarian law can justly be seen as part of the arms control process. In imposing constraints on warfare it shares the same fundamental motives underlying all efforts towards disarmament and arms control. When its basic aims and practice are examined systematically from the viewpoint of arms control, not only does its intimate proximity to other arms control endeavours become evident, but also it can quite pertinently claim to represent one of the most successful cases of arms control. No doubt its success story can be expected to continue, thanks to the momentum now solidly established for 125 years.

Nothing would be more wrong therefore than to regard this effort as contradictory to efforts towards disarmament and arms control or, worse, as if it implied neglect or indifference for the cause of peace. In

no way whatsoever does international humanitarian law hinder the quest for disarmament and peace. On the contrary, it offers direct and substantive support for that noble task, and it does so in a variety of ways: by reducing the likelihood of war in dealing with destabilizing weapons, by contributing to conflict management and providing a framework for negotiation, by contributing to the rebuilding of confidence between parties at war and by further evolving its own scope and relevance.

This leads to the conclusion that international humanitarian law deserves to be promoted by every possible means, and any effort to do so represents a contribution to the cause of arms control and, implicitly, to the cause of peace. More specifically, two lines of action ought to be pursued: first, the further consolidation of relevant provisions, mainly through advocating the signing and ratification of existing law; secondly, the dissemination of knowledge of this law among those who are called upon to implement it, i.e. the armed forces, government departments, schools and universities, the media and the public at large, with a view to making the application of the existing rules more effective. In this respect, much remains to be done. However, promotion of international humanitarian law also means its further expansion by the development of new law; a number of ideas meeting this demand are already on the agenda of preliminary international discussions¹⁹, and many more ideas may still be forthcoming. Thus, the field of international humanitarian law offers ample room for a variety of both practical and relevant initiatives and activities.

Daniel Frei†

¹⁹ Cf. Bring, *op. cit.*

Underwater acoustic identification of hospital ships

by Philippe Eberlin

At the Twenty-fifth International Conference of the Red Cross (Geneva, 1986) the ICRC presented its report on the identification of medical transports, including the action taken to implement Resolution VIII of the previous International Conference. The report stressed that in a naval conflict the protection of medical transports at sea largely depended on the technical means of identification available.

By adopting its Resolution III entitled "Identification of medical transports", the Twenty-fifth Conference recognized the need for continuous efforts to ensure that the means used to signal and identify medical personnel, units and transports keep pace with technical advances.

The development and testing of equipment for the underwater acoustic identification of hospital ships are described in the following article.

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* *

I. Introduction

The subject of underwater acoustic identification of hospital ships was first raised almost 75 years ago during the First World War. At the Tenth International Conference of the Red Cross in 1921, the Netherlands Red Cross reported that:

"Thanks to the good offices of the Dutch Government, a reciprocal agreement was reached on 2 July 1917 between the British and German Governments under which a certain number of prisoners of war would be interned in the Netherlands; the transport of these prisoners, both civilian and military, would henceforth be combined with the exchange of invalid soldiers and medical staff. To ensure that

the ships transporting them were not torpedoed, the German Government wanted them to consist of at least two paddle-steamers sailing in convoy, because only the noise made by paddle-wheels can be recognized by submarines over great distances. The Zélande and the Koningin Regentes of the Zélande company were chosen and with them the Sindoro of Rotterdamsche Lloyd. They were marked with the distinctive emblems specified for hospital ships under the 1907 Convention and were converted to transport 900 sick, wounded or mentally ill people. Normally it would have been possible to make the voyage to the English port of Boston in 19 hours but, because of the danger involved, the voyages took longer.”

At the time, the protection of hospital ships was governed by the Xth Hague Convention of 10 October 1907 for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention of 1906. This Convention provided only for the visual identification and localization of hospital ships, in spite of the fact that radio communications—wireless telegraphy (WT)—had been used aboard ships since the turn of the century. In 1906, the International Radiotelegraph Conference adopted the Radio Regulations which, among other things, established the universal distress signal SOS. This new signal replaced the CQD distress signal used prior to the 1906 Conference but still sent out, along with the SOS, by the TITANIC when it sank in 1912.

Article 8 of the Xth Hague Convention of 1907 allowed WT to be used aboard hospital ships but did not lay down any rule for their radiocommunications in wartime or impose any restriction on the use thereof. In 1915, the hospital ship OPHELIA was involved in a naval incident related to the transmission of messages in secret code. The experts consulted by the ICRC in 1937 for the planned revision of the Xth Hague Convention of 1907 were probably influenced by this incident in drafting their texts.

Their proposed ban on the use by hospital ships of secret codes for wireless or other means of communication was adopted. It is now contained in Article 34 of the Second Geneva Convention of 1949 which, under Art. 58 of this new “maritime” Convention, replaced the Xth Hague Convention of 1907.

Apart from this provision placing restrictions on radio communications, the 1949 Diplomatic Conference did not embrace the proposals which the experts had made on the use of technical means of identifying and locating hospital ships. Such means were mentioned in the final paragraph of the new maritime (Second) Convention’s draft Art. 40, which provided for both underwater acoustic and radar identification:

“As soon as technically possible, all hospital ships shall be provided with radar and underwater sound apparatus, to permit their identification by the detecting apparatus of belligerents and neutrals...”

Long discussions took place on these technical matters at the 1949 Conference. In its report to the plenary meeting, Committee I, which had the task of studying them, stated that:

“As regards marking, the Committee dealt mainly with those on medical aircraft and hospital ships.

There was general agreement that in the present conditions of aerial warfare, the red cross on a white ground no longer constituted an easily recognizable emblem and therefore no longer afforded effective protection. Aircraft at present speeds can be recognized only by their general shape; moreover, the most distinctive signs are quite unrecognizable at night and a fortiori by wireless controlled projectiles.

A new conception was therefore embodied in the Conventions; belligerents are required to agree between themselves on the routes to be followed by military aircraft, and also the altitude and times of flight. Aircraft will only be entitled to respect in so far as there has been previous agreement on these points.

The Committee was unable to agree to a condition of a similar kind applicable to hospital ships, as it feared that in notifying the enemy of the course they were to follow, this would give valuable information regarding the safety of navigation in certain maritime zones. Be this as it may, there was unanimous agreement that the best means of ensuring protection is to inform the enemy of the exact position of the formation requiring protection. There is no question, therefore, of camouflage; on the contrary everything will be done to facilitate recognition. Further, the recommendation, in the Maritime Convention, that belligerents shall only employ vessels of over 2,000 tons gross as hospital ships on the high seas is to be interpreted in this sense, since the greater visibility of vessels of that size tends to increase security.”

The experts in 1949 did study the question of technical means of marking and identification for medical aircraft and hospital ships, but this resulted in nothing more than the suggestion that the parties to a conflict should reach separate agreements on how to proceed. The experts did not go into detail about the technical means to be used.

For the use of radiocommunications, the 1949 Conference adopted Resolutions 6 and 7 which are annexed to the four Geneva Conventions. The preamble to Resolution 6 explains the limits to the Conference's work in the technical field:

*“...the present Conference has not been able to raise the question of the technical study of means of communication between hospital ships, on the one hand, and warships and military aircraft on the other, since that study went beyond its terms of reference...”*¹.

As regards other technical means of identification—underwater acoustic and radar—the final paragraph of Art. 43 of the Second 1949 Convention recommends their use without actually specifying them. The Conference wished to provide the possibility of preparing for the use of such devices, which at least took into account the concerns of the ICRC.

II. Underwater acoustics and acoustic signatures

Acoustics is the scientific study of sound, and underwater acoustics studies, in particular, the propagation of sound waves under water. Sound waves, which are produced by a vibrating body—quartz, ceramic, a bronze bell, etc.—travel through water at a speed of 1,500 metres per second. The speed of sound through water was measured for the first time in 1827 by two scientists, Jean-Daniel Colladon and Charles Sturm, who were studying the use of underwater sound signals in Lake Geneva. Their work was published by the Geneva Physics and Natural History Society, established in 1790.

Unlike electromagnetic waves which can travel through a vacuum because they are produced by the vibration of an electromagnetic field, the propagation of sound waves requires a material substance—air, water, metal, etc. Thus, while sound cannot travel through a vacuum, radio, radar and light can travel unhindered.

The spectrum of electromagnetic frequencies is considered to be a natural resource, the joint property of all humanity. The International Telecommunication Union (ITU) was created to manage this resource on the basis of the International Telecommunication Convention. Nothing like it exists at present for acoustic, infrasound, sound or ultrasound waves. For underwater acoustic purposes, civilian and military transmitters and receivers can therefore use whichever wavelengths they prefer to obtain the desired result.

¹ See *Geneva Conventions of August 12, 1949, Resolution 6, and Commentary on the Additional Protocols of 8 June 1977 to the Geneva Conventions of 12 August 1949*. ICRC, Martinus Nijhoff Publishers, Geneva, 1986, p. 318, par. 1144-1145.

Beneath its surface, the sea is a noisy environment and this background noise can make it difficult to receive an acoustic signal. The signal can be disrupted or even blocked by changes in water temperature as the signal travels. Other factors—variations in depth, salinity and the nature of the seabed—also affect the propagation of sound under water. For example, in some parts of the Baltic and North Sea, both of which are relatively shallow, acoustic propagation is a very complex process, especially in winter. In addition to such conditions hindering sound propagation, and the various sources of underwater background noise, there is also the noise produced by surface vessels and submarines. These are becoming less and less noisy in an attempt to evade acoustic detection; nuclear-powered submarines can attain very high speeds (in the order of 30 knots)² at a depth of several hundred metres, but still produce very little noise for such a large craft.

When a ship sails, noise is produced by its bow cutting through the water, the propeller turning, its main and auxiliary engines, etc. The combination of these noises constitutes the ship's "acoustic signature". Each ship theoretically has its own unique acoustic signature, a sonic fingerprint as it were, serving as a passive means of identification. However, shipowners of various nationalities sometimes combine in a joint venture to order several ships of identical design from the same shipyard and thereby reduce construction costs. As a result, several ships sailing under different flags can have identical characteristics and thus acoustic signatures which are so similar as to be very easily confused.

Moreover, a ship's acoustic signature is not immutable. When a ship's load changes, so does its draught; this changes the acoustic signature as do the ship's age and any damage or modifications made to it, especially to the propeller. Some experts believe that the acoustic signature should be measured and recorded every six months to make reliable identification possible. The recording is made with hydrophones—special microphones for receiving sound under water. A hydrophone converts the sound into electrical oscillations which can be displayed as vertical lines on a screen or printed on a graph. It is then possible to "read" the acoustic signature and, theoretically, to identify it by comparison with a pre-recorded specimen signature.

Given the complexity of an acoustic signature and its propagation, only specialists with sophisticated equipment can make a reliable identification. The specimen signature is prerecorded by having the ship

² 1 knot = 1 nautical mile (1,852 metres) per hour.

sail across an “acoustic range” where an array of hydrophones has been installed on the seabed. The recording could also be made by a submarine with an array of hydrophones installed on its hull.

Modern navies have the specialized equipment and personnel necessary to provide their ships at all times with up-to-date recordings of acoustic signatures. However, recording the signature of a civilian ship can be very difficult, even impossible, if that ship sails under the flag of a State which does not have a navy or the necessary technology.

The question arises whether, in the event of armed conflict, the acoustic signatures of hospital ships and ships converted into hospital ships on the one hand, and neutral ships chartered by the ICRC on the other, could be recorded periodically and communicated to the belligerents and neutral parties. As there is nothing regulating the recording methods, nor any international standards for acoustic signatures, it would be impossible in practical terms to record acoustic signatures simultaneously among the belligerents and neutral parties.

Finally, when submarines are on station, it would be out of the question to send them recordings of the acoustic signatures of ships converted into hospital ships or neutral ships chartered by the International Red Cross. The acoustic signature is therefore, very probably, a sort of IFF “identification friend or foe” system, that is, passive and reserved for the identification of “friendly” warships but unusable by neutral ships or hospital ships.

III. Systems for active underwater acoustic identification

Experience during the Second World War and subsequent armed conflicts has demonstrated the need for hospital ships and neutral ships to have a reliable system of underwater acoustic identification. The idea of an active underwater identification system took shape in the years preceding the 1970 ICRC meeting of technical experts, convened in preparation for the 1974-77 Diplomatic Conference which was to create the Protocols additional to the Geneva Conventions of 1949. This idea was supported by the Swiss Transport Office, the authority responsible for Swiss maritime transport in wartime, and by the ICRC, which is concerned with the safety of hospital ships and other vessels protected by the Geneva Conventions.

Three ships sailing under the Swiss flag were equipped with the first active identification system. They were:

the REGINA—a cargo ship of 1,100 DWT³
 the RHÔNE—a chemical tanker of 3,600 DWT
 the CERVIN—a chemical tanker of 6,900 DWT.

The system comprised an electronic control unit connected to a fixed acoustic transmitter, composed of four transducers, emitting the ship's callsign in Morse code. The callsign was preceded by the prefix NNN. The transmission was automatically repeated either continuously or at set intervals. The transmitter, housed in a watertight box, was located in a water-ballast in the double bottom of the ship's hull, where there was an opening through which the transducers came into contact with the sea.

A ship's callsign, which is used for all communications, is a group of letters assigned to it under the ITU Radio Regulations. The callsign gives the ship's nationality and a group of letters from which its individual identity can be derived by matching them against lists published by the ITU.

The tests carried out on this system aboard the three ships showed that it worked, though it was not possible to have its range confirmed by monitoring stations or submarines.

TESTS ON THE ACOUSTIC IDENTIFICATION SYSTEM
 INSTALLED IN THE HULL

Period	Ships	Morse signal	Frequencies	Geographical areas
18.08.79 to 27.08.86	REGINA	NNNHBDR	5-5.1 kHz	North Sea Atlantic Pacific
<i>Report:</i> met various warships; no monitoring report; normal transmission of signal.				
29.09.80 to 16.07.87	RHÔNE	NNNHBDO	5-5.1 kHz	Mediterranean Atlantic Baltic
<i>Report:</i> transmission verified by hydrophone arrays installed on seabed; submarine surfaced close to <i>Rhône</i> in the Baltic; no monitoring report; normal transmission of signal.				

³ DWT = deadweight tonnage.

19.05.82 to 18.09.87	CERVIN	NNNHBFJ	5-5.1 kHz	North Sea Atlantic Baltic Mediterranean
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Report: no monitoring report; normal transmission of signal.

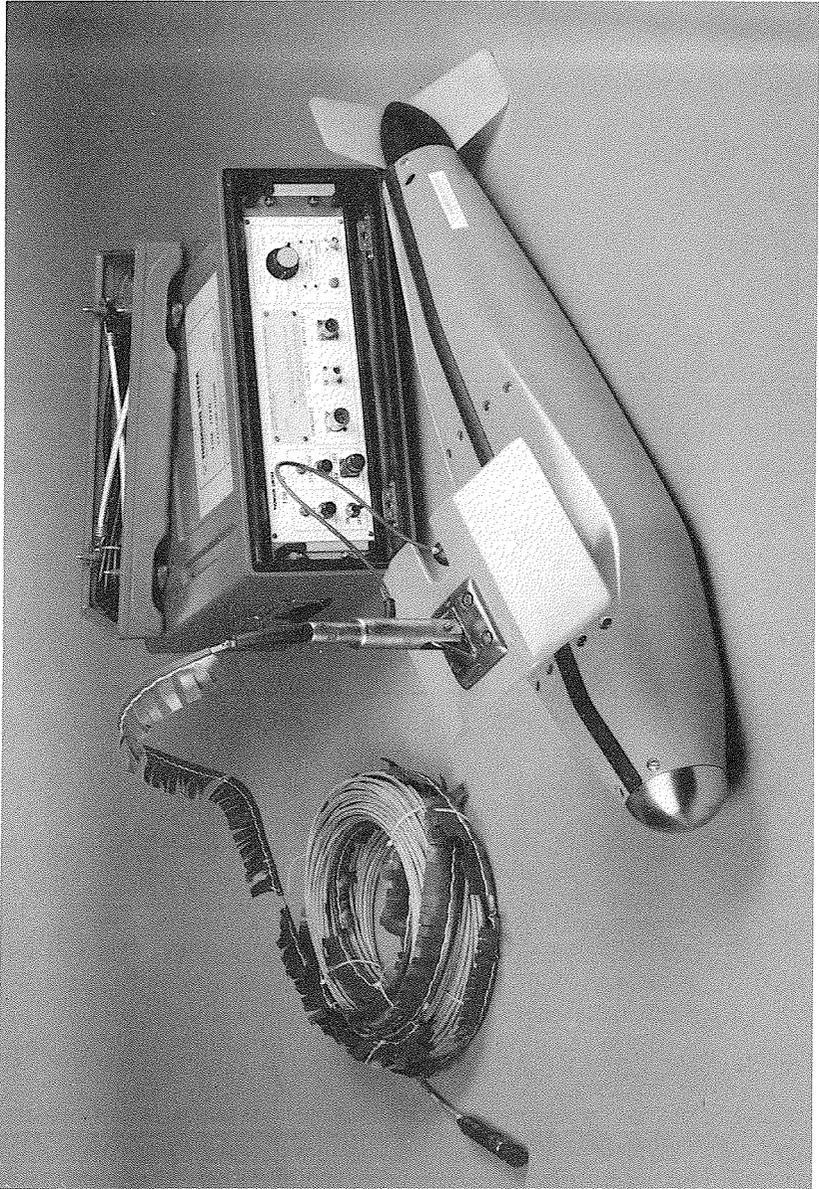
Generally speaking, the monitoring of underwater signals is classified. For civilians wishing to monitor non-military underwater signals, not only are one or several hydrophones and a recording device required, but also a vessel to go out to the open sea and check the range and the acoustic radiation. Difficulties arose, however, and this project had to be abandoned. Since a fixed transmitter could be installed in a ship's hull only when the ship was in dry dock, installation proved to be too slow and costly. So another solution was sought.

IV. The TRaine system—a towed acoustic transmitter

The search for a solution led to construction by a specialized firm of an acoustic transmitter installed in a "fish" and towed behind the ship, using a single transducer to transmit a Morse signal consisting of a prefix followed by the ship's callsign. The electronic control unit uses microprocessors which make it small enough to be carried like a suitcase. The TRaine system has the following advantages:

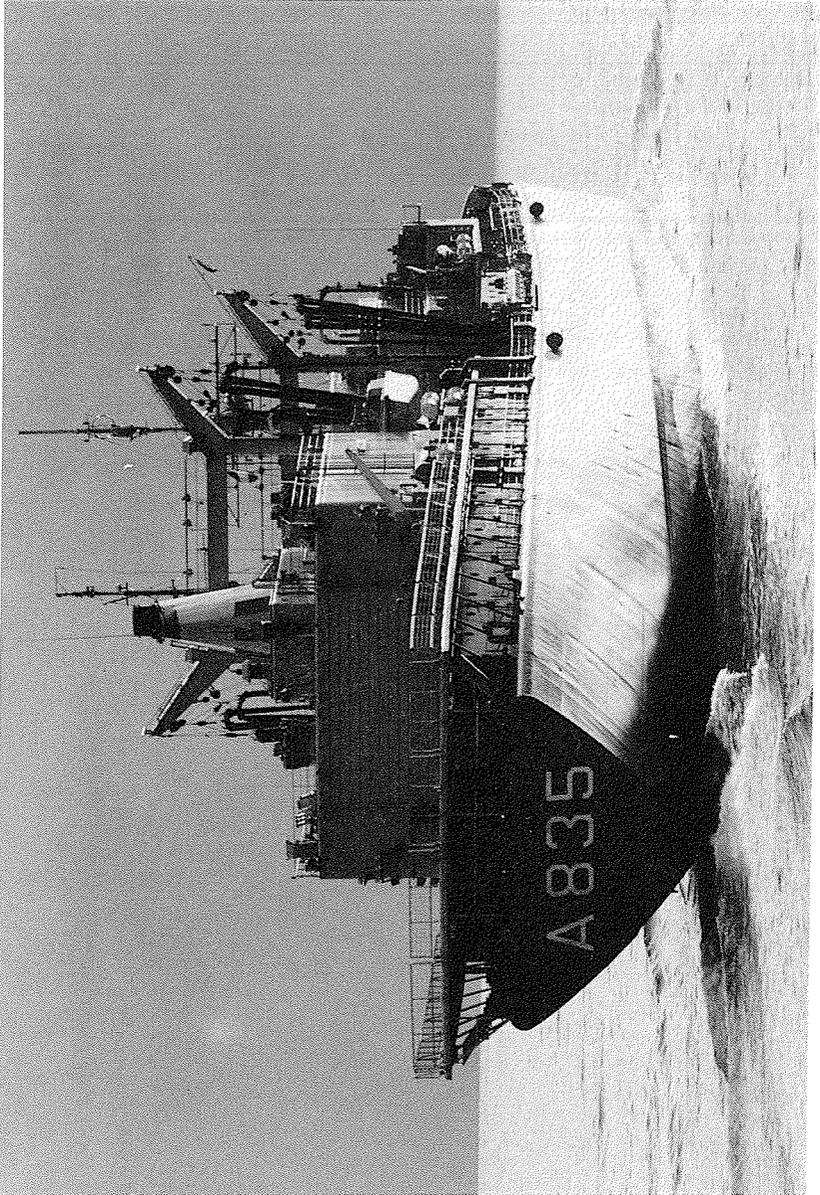
- modest price;
- size and weight such that it can be handled by one or two persons;
- to install it, no equipment other than the ship's already existing towing, hoisting and mooring equipment is needed;
- the transmission interval can be set;
- it can be towed at an economic speed of 14 knots.

The ICRC and the Swiss Transport Office in Berne arranged for the TRaine system to be tested on board the Swiss ships FRIBOURG and GÉNÉRAL GUISAN in the North Sea and the Atlantic. However, as in the case of tests carried out on the transmitter fixed in the ship's hull, no reception report was received from the various navies informed of the TRaine system tests.



The TRAINER system for the underwater acoustic identification of hospital ships (the "fish" containing the acoustic transmitter, the cable which tows it and controls its transmission, and the electronic control unit).

Photo: Thomson Sintra Activités sous-marines.



The *Poolster* (16,800 GT) of the Royal Netherlands Navy and placed by the Netherlands government at the ICRC's disposal to conduct tests on the TRAINER system for the ICRC.

Photo: Royal Netherlands Navy.

In addition, with the help of the Federal German Ministry of Transport, the TRAINER system was installed in a Federal German naval vessel and tested with a submarine in August 1987 off the coast of Norway. The Norwegian Sea rarely presents favourable conditions for sound propagation. This limited the range of the sound produced by the ship as well as the YYY TEST signal emitted by the TRAINER system. The submarine received the signal at distances of up to 8.5 nautical miles. The signal's sound level and the signal radiation pattern matched the specifications for the TRAINER system. Technicians who monitored the tests were able to give useful advice on using the system.

The acoustic identification of hospital ships had already been raised at the Twenty-fifth International Conference of the Red Cross (Geneva, 1986). The government delegation from the Netherlands informed the ICRC that the Netherlands wished to contribute to the ICRC's efforts in this area and was therefore willing to have the Royal Netherlands Navy (RNLN) carry out tests free of charge on the TRAINER system, using a submarine to monitor the signal propagation.

These tests were carried out from 23 October to 6 November 1987 between Plymouth and Barcelona, with the TRAINER system installed on board the Royal Netherlands Navy supply ship POOLSTER. The signal transmitted consisted of the prefix YYY, reserved for hospital ships under Chapter XIV of the International Maritime Organization's Code of Signals. This was followed by the word TEST. The signal was transmitted continuously in Morse code.

In an area near Cartagena, off the coast of southern Spain, where temperature variations in the water make for less than ideal acoustic propagation, the range of the underwater acoustic signal was well above 25 nautical miles, sometimes going beyond 35 miles. The main points of the RNLN report on the tests are given below. Thanks to the excellent co-operation of the Netherlands authorities and the skilled assistance of the POOLSTER's Commander M. C. Bakker and his officers, detailed results were obtained which demonstrated that active underwater acoustic identification is possible.

TESTS CARRIED OUT ON THE TRAINE SYSTEM—
TOWED ACOUSTIC IDENTIFICATION TRANSMITTER

Period	Ships	Morse signal	Frequencies	Geographical areas
12.11.84 to 09.07.86	FRIBOURG 3,500 DWT	NNN HBFF	5-5.1 kHz	North Sea Norwegian Sea Baltic Atlantic
<i>Report:</i> no monitoring report; technical incidents when starting up the system, normal transmission of signal; 100 m cable too short in heavy weather.				
28.08.86 to 16.09.86	GÉNÉRAL GUISAN 55,000 DWT	NNN HBFS	5-5.1 kHz	North Sea South Atlantic
<i>Report:</i> no monitoring report; met warships; on 06.09.86, "Traine" fish damaged after striking submerged object (transducer recovered intact).				
22.08.87 to 24.08.87	WALTER V. LEBEDUR	YYY TEST	5-5.1 kHz	Norwegian Sea
<i>Report:</i> monitoring report from submarine: signal received up to 8.5 nautical miles. Unfavourable propagation profile.				
23.10.87 to 06.11.87	HNLMS POOLSTER 10,000 DWT	YYY TEST	5-5.1 kHz	Atlantic Mediterranean
<i>Report:</i> monitoring report from submarine: signal received at a distance of over 25 miles (see following extract from Royal Netherlands Navy report); used 300 m cable which was damaged while ship was moving at 20 knots (transmitter intact).				

EXTRACT FROM REPORT ON TESTING TSM 7070 TRAINE SYSTEM
ISSUED BY THE MINISTRY OF DEFENCE—
ROYAL NETHERLANDS NAVY—MARCH 1988.
TRIALS CARRIED OUT O/B HNLMS POOLSTER

Results

1. Acoustic effectiveness of Traine signal

- Proved discernable at a distance of at least 25 NM (nautical miles).
- Bearing of the signal was obtainable at the same distance.

- Was detected before the ship's noise.

- Readability proved reasonable during all runs.

NOTE: Due to the great speed of the transmissions the separation between points and bars could only be deciphered by *trained* Morse operators. In order to enhance the readability of the Morse signals, the speed of the transmissions should be lowered such as to allow less qualified operators to perform the job.

- With a detection range of at least 25 NM, it is recommended to increase the repetition time (interval) of the transmitted message because it is expected that the radial velocity of the approaching vessels can be greater than or equal to 25 NM/hour.

2. *Mechanical handling characteristics*

- *Inboard handling*

- TRAINER proved easy to handle inboard although several adaptations had to be made to facilitate operations.
- Several electronic indications need readjustments to improve easy monitoring of the functioning of the fish.

- *Towing characteristics*

- The fish tends to break out of the water at speeds greater than 12 kts when 100 metres of cable is streamed. With 260 metres of cable streamed the fish tends to break out at 15 kts speed.
- It is recommended to use a heavier type of cable. Also a longer cable should be used.
- The attachment of the towing point needs reconsideration.

- *Paying out and hauling in*

It is recommended to use markings on the towing cable each 50 metres.

- *Mechanical strength of body and cable*

Generally the towed body is of too weak a construction for continuous use. Also the fish should be more streamlined.

IV. Conclusion

The problem of protection for hospital ships and neutral vessels in times of armed conflict goes beyond the actual technical development

of modern means of identification. It is also up to naval experts to help find solutions for it, for their observations and experience on board surface vessels and submarines can show exactly where the problem lies.

The final paragraph of Article 43 of the Second Geneva Convention of 1949 states that “parties to the conflict shall at all times endeavour to conclude mutual agreements, in order to use the most modern methods available to facilitate the identification of hospital ships”.

By promoting the TRAINER system, the ICRC and the Swiss Confederation (Switzerland is the depositary State for the Geneva Conventions) have demonstrated that it is possible in peacetime to find more modern and effective means of protection for non-belligerent ships and hospital ships.

Philippe Eberlin

The author, **Philippe Eberlin**, served as an officer on neutral merchant vessels during the Second World War, then as an ICRC delegate on board a ship chartered to carry relief supplies. In 1945, and until the end of the war, he accompanied relief convoys to the combat zone in eastern Germany. He has since carried out several missions on ships and aircraft chartered by the ICRC in the Far East, the Middle East and Africa, and on board ships on the Mekong in connection with relief operations in the region and in the South China Sea to combat piracy and bring assistance to Boat People. He was an ICRC delegate on board Argentine and British hospital ships during the South Atlantic conflict.

He has written several articles for the *International Review of the Red Cross* on the marking and identification of medical transports. He is also the author of the Commentary on the Regulations Concerning Identification, Annex I to Protocol I, and has written on the subject of arms limitation and the rules applicable to maritime warfare. He himself invented the underwater acoustic identification system. Although he has now retired from the ICRC, he still takes active part in matters concerning safety at sea.

Health Care Ten years after Alma Ata*

by **Dr. Andrei K. Kisselev** and
Dr. Yuri E. Korneyev

I. Introduction

In 1977 the Thirtieth World Health Assembly decided that the main social goal of governments and WHO should be “the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life”.¹

The International Conference on Primary Health Care (PHC), meeting in Alma Ata, USSR, in 1978, asserted that health is a human right and that health care should be accessible, affordable and socially relevant.²

According to the Alma Ata Declaration, PHC furnishes the key to the attainment of the goal of “Health for all by the year 2000” (HFA/2000). At that conference, all governments were called upon to adopt the PHC programme as part of a comprehensive national health system. Since the programme required promotion and further support for its implementation, all non-governmental organizations (NGOs) were invited to participate.

As a member of the “NGO Group on Primary Health Care”, the League of Red Cross and Red Crescent Societies (LRCRCS) took an active part in the preparation of PHC strategies for consideration at the Alma Ata Conference. Since then, the National Societies have been further encouraged to increase their involvement in health promotion.

The International Red Cross Seminar on PHC for Developing Countries, sponsored jointly by the Alliance of Red Cross and Red Crescent Societies of the USSR and the League of Red Cross and Red Crescent Societies, was held in Frunze, USSR, in 1979. The seminar

* This article is based on the text of a working document prepared for the Henry Dunant Institute (HDI, 1:88).

¹ Thirtieth World Health Assembly, Resolution WHA/30.43 (1977).

² WHO, UNICEF, *Alma Ata 1978: Primary Health Care*, WHO, Geneva (1978).

was held in pursuance of Resolution V of the Thirty-third Session of the LRCRCS Board of Governors in 1975. At this session, the objective of increasing the effectiveness of the League and its national member societies in meeting the needs for basic medical care was laid down. Emphasis was placed on the League's task of helping the respective National Societies to plan and implement new programmes, especially in the field of primary health care (PHC).³

A draft plan of action to implement, monitor and evaluate the Global Strategy for HFA/2000 was prepared by the WHO Executive Board in May 1981, reviewed by WHO Regional Committees and approved by the Thirty-fifth World Health Assembly in 1982.^{4, 5}

In 1988, six years after approval of this plan of action, and ten years after the Alma Ata Declaration, it was concluded at a meeting held in Riga, USSR, under the slogan "Alma Ata to the year 2000: a midpoint perspective" that the HFA concept had made an important contribution to the health and well-being of people of all nations. Nevertheless, problems remained, necessitating an increased commitment, including action to ensure a more effective implementation of PHC.

During these years efforts have been made to increase the involvement of the National Red Cross and Red Crescent Societies in the effort to improve PHC. In this article, a brief review will be made of the progress of the HFA/2000 programme to date and an attempt will be made to assess the prospects of the objectives set by the year 2000. In addition, consideration will be given to ways and means of increasing the effectiveness of the contribution of the League of Red Cross and Red Crescent Societies to public health.

II. An overview of current government health policies and primary health care implementation strategies

The Report on the first evaluation of the Health-for-All strategies⁶ for the period 1978-1984 concluded that most States have evolved from a phase of doubt, uncertainty and scepticism to one of active participation, showing confidence, courage and commitment. By 1988, practically all countries participating in the programme had made significant strides in developing national health policies and strategies consistent with the HFA/2000 Global Strategies.

³ International Red Cross PHC Seminar for Developing Countries, Frunze, USSR (1979).

⁴ WHO, *Plan of Action for Implementing the Global Strategy for Health for All*, WHO, Geneva (1980).

⁵ Thirty-fifth World Health Assembly, Resolution WHA/35.23 (1982).

⁶ Evaluation of the Strategy for Health for All by the year 2000. *Seventh report on the world health situation, Global Review*, WHO, Geneva (1987).

While the great majority of the countries involved have indicated that their overall national health policies and strategies reflect the basic principles of the Health for All strategy, varying degrees of emphasis are evident, depending upon the particular public health situation prevailing in each country and region.

At the Riga meeting held in 1988 and referred to above, it was concluded that most participating countries had been largely successful in their efforts to make their health services more equitable and effective and in improving the health and well-being of their respective populations since the Alma Ata Conference was held.

The following examples were given of improvements in the coverage, effectiveness and quality of public health programmes:

- the immunization rate has increased in most countries of the world, rising from about 5% in developing countries in 1970 to more than 50% in the late 1980s;
- remarkable progress was noted in many countries, reflected in decreasing infant, under-five and maternal mortality rates; this was particularly true in some of the least developed countries (LDCs), which showed a more than 50% decline in the mortality rate for children under five since 1950;
- many countries have based their national health policies on the “Health for All” concept. They have emphasized health promotion, including improvements in life-styles, and have also decentralized their PHC administration to district, town and local community levels.

It was to be noted, however, that progress in the implementation of HFA/2000 strategies and development of its key element, PHC, was far from uniform, either between countries or within them. This holds true especially in the LDCs.

III. A brief assessment of how NGOs have interpreted their roles in response to the Alma Ata Declaration

Even prior to the Alma Ata Declaration, the Non-Governmental Organizations (NGOs) as a whole had taken an active interest in working out the PHC concept and their respective roles in the programme.

A special group called the Non-Governmental Organization Joint Planning Exercise in PHC was set up in 1978 to promote PHC among NGOs at national level. Later on this group developed into the "NGO Group on Primary Health Care" and, in 1981, prepared a position paper on the role of NGOs in PHC, with the active participation of the League of Red Cross and Red Crescent Societies.⁷

Following the Alma Ata Conference, the above-named group held a series of meetings in which the discussions centred on the following main points: promotion of broad participation by the people, strengthening the means of communication at all levels, encouraging joint planning among the NGOs within each country, and working towards a new style of co-ordination at local, regional and international levels.

Since then many NGOs have become actively involved in activities leading to the development of public health care. Co-operation with WHO has been intensified in all priority programme areas through a growing number of activities. These include the dissemination of information and the collection of data in connection with specific activities, the publication of instruction pamphlets and handbooks, the organization of training courses for all categories of health workers, collaboration in specific health programmes such as health education, and measures to combat cancer. The NGOs also collaborate actively with WHO in PHC and more particularly in the areas of infant and young child feeding, control of diarrhoeal diseases, maternal and child health care (CHILD ALIVE Programme) and family planning, nutrition, prevention of blindness, ageing, alcohol and drug abuse, rehabilitation and prevention of permanent disability.

Implementation of the Global Strategy for Health for All by the Year 2000, with further development of the PHC programme as a whole, will require continued efforts on the part of NGOs, governments and communities. Although NGOs have played an important role in the PHC programme at the international level, their role at the national level, especially in planning, has been more modest than it should be. When they are involved, it is often in a haphazard, unco-ordinated way.

The overall position of NGOs with regard to the principles of the Alma Ata Declaration is set forth in a document which is still valid, entitled "Position Paper elaborated by the NGO Group on Primary Health Care".⁸

⁷ "The role of NGOs in formulating strategies for Health for All by the year 2000" *Position paper elaborated by the Non-Governmental Organizations group on Primary Health Care*, Geneva (1981).

⁸ *Ibid.*

IV. Evaluation of approaches to primary health care within the International Red Cross and Red Crescent Movement

The Red Cross role in primary health care may be summed up as follows:

1. As part of its mission to prevent and relieve human suffering, the Red Cross is directly involved in the development of primary health care. This has been confirmed in resolutions adopted at several international Red Cross meetings, and by the growing number of Red Cross and Red Crescent Societies already taking an active part in PHC programmes.
2. The comprehensive nature of PHC, its accessibility and universality, its essential community participation, its emphasis on prevention—these are all elements which are in line with Red Cross principles and fit naturally into Red Cross terms of reference as they have evolved over the years. Once associated mainly with relief in times of disaster and conflict, the Red Cross has become increasingly concerned with people's day-to-day well-being. It recognizes that adequate economic and social development, improved living conditions and welfare support are necessary for health.
3. A National Red Cross or Red Crescent Society is an NGO with membership extending in some cases to the smallest communities. At the same time, it enjoys what may be termed a "privileged" position for dialogue with the highest national authorities. As a result, it has a heavy burden of responsibility with regard to PHC. First, it must help promote understanding of the PHC concept; secondly, each National Society, in consultation with all PHC partners in the PHC programme, must identify the sectors where it can make the most useful contribution within the framework of the overall PHC plan; thirdly, the Red Cross has the obligation to work together with local communities, governmental and other authorities, and other NGOs in making practical plans for the implementation of PHC programmes.
4. The basic PHC concept is compatible with Red Cross principles, current ideas concerning development and the traditional values of most cultures. When it comes to application, however, implementation of the PHC concept is sufficiently different from present practices to mean that understanding and acceptance are neither automatic nor universal. Where there is a lack of understanding, members of the Red Cross and Red Crescent family must be prepared to serve as advocates in a long and patient educational effort conducted with village committees, government ministries and other authorities, both within and outside the Red Cross organization. Where the pace of change is slow,

Red Cross initiatives can show the way (for example, through pilot projects conducted at community level).

5. A change in roles and attitudes may be necessary for those in the Red Cross who take part in the assessment of the various communities' health needs and their efforts to assume their responsibilities. Ways must be found to impart the benefits of professional experience, know-how and assistance without diminishing the self-reliance that is one of the goals of community-based health care.

6. Working in partnership with governments, other NGOs and community representatives does not imply loss of Red Cross identity, but it does require, for most National Societies, some adjustments in their way of working. Successful PHC programmes have clearly defined responsibilities for all involved; Red Cross decision-makers at all levels must begin by accepting only tasks which can be accomplished with the resources available. Some long-standing and cherished Red Cross activities may have to be re-examined in the light of the PHC approach.

7. Nonetheless, some Red Cross activities have for so long been essential parts of community health and social welfare systems that it would be wrong to exaggerate the change needed. Red Cross institutions, from modern hospitals and advanced blood transfusion services to simple village dispensaries, will continue to have a place, even if a modified one, at the different levels of an overall health system based on PHC. Red Cross expertise in training a wide range of health and social welfare personnel may be a vital contribution to PHC in many areas. Red Cross experience in education and information, involving the ability to communicate with individuals, families and communities, is useful everywhere in PHC. Finally, the Red Cross capacity to mobilize volunteers from all walks of life and from all sectors of the community, men and women, old and young, may prove one of the most significant and long-lasting contributions to PHC.

8. Primary health care presents the Red Cross with challenges but with rare opportunities as well:

- to demonstrate the validity of Red Cross principles in action;
- to promote an integrated approach to health and social welfare, both within the Red Cross and within the community;
- to reinforce valuable but hitherto isolated Red Cross activities by carrying them out as part of a coherent, intersectoral plan agreed upon with others;
- to reaffirm the importance of volunteers in community service;

- to give concrete expression to Red Cross collaboration with WHO, UNICEF, and other international organizations, governmental and non-governmental.

The above considerations raise the question of what is the most relevant contribution that National Red Cross and Red Crescent Societies can make towards national PHC programmes. We have the feeling that they are sometimes doing things that governments should be doing, and are not exploring ways in which volunteers can best contribute to such programmes. The Movement has an enormous potential capacity to inform and motivate people to make full use of the services made available by governments and even by local communities.

Involvement of National Red Cross and Red Crescent Societies in PHC programmes does not necessarily mean that they have to embark on each and every activity related to primary health care. The important thing is their attitude and approach to the process of identifying, developing, implementing and evaluating the activities which appear to be the most appropriate. Involvement from the outset in a single, well-planned and well-structured PHC activity can lead to the development of the technical and managerial skills that are indispensable for success in the long run. Many of these issues will become clear as the programme goes through the successive phases leading from relief and assistance to self-management.⁹

V. Involvement of National Societies in primary health care

In Resolution XXII, adopted at the Twenty-fourth International Conference of the Red Cross¹⁰, attention was called to the importance of health and well-being for world peace and progress. This resolution received strong support. Today, one hundred and thirty-seven National Societies are actively collaborating with the League of Red Cross and Red Crescent Societies in a wide variety of health fields. The National Societies fully endorsed the overall goals of HFA/2000 and each Society proceeded to work out its own plans for the strengthening of HC activities.

The value of the medical and social services provided by the National Red Cross and Red Crescent Societies has long been recognized. Traditionally, they have been most active in disaster relief. However,

⁹ League of Red Cross and Red Crescent Societies, *The Red Cross and Primary Health Care. Doc. 2 of the Health Kit: Community Based Programmes: Red Cross Contribution to PHC*, LRCS (1983).

¹⁰ Twenty-fourth International Red Cross Conference, Manila (1981).

since the Alma Ata Declaration there has been a changing perception of the need for National Societies to become more actively involved in PHC and community-based development activities. In preparing their long-term plans, the National Societies should extend their traditional curative health/disaster relief approach to include active involvement in the promotion of self-reliance in their respective communities. In National Societies in developing countries this is essential.

PHC is based on full community participation in the establishment of affordable, sustainable health care, with special emphasis on hygiene and disease prevention.

Although communities vary widely in respect of their socio-economic and demographic conditions, as well as in respect of their health needs, the people themselves generally know their situation better than anybody else, and they are usually motivated to solve their own problems if given the possibility to do so. One of the most important tasks of the respective National Societies is to provide such opportunities and assist the people in taking advantage of them.

(a) The “Child Alive” Programme

The “Child Alive” Programme needs to be evaluated within the framework of the PHC programme as a whole at community and national levels. This new programme was initiated by the League of Red Cross and Red Crescent Societies in 1983.¹¹ Its major aim is to combat infant mortality and childhood diseases by stimulating and supporting the involvement of National Societies. The programme focuses on control of diarrhoeal diseases and associated nutritional problems. In 1986 it was expanded to include a child immunization campaign.

The respective National Societies, with their members and volunteers working together to promote PHC, have a considerable capability to generate and sustain public interest and involvement in the “Child Alive” programme. Many National Societies have acquired valuable experience (and have had good results) in the organization of training courses. Building on this foundation, it was relatively easy to widen the scope of their activities. One example is the success of the *Sri Lanka Red Cross Society* in expanding its training curriculum for Red Cross volunteers in support of PHC to include a course on immunization. In this course volunteers are taught ways in which they can encourage community participation, assist in running immunization sessions, encourage people to attend regularly for inoculations and maintain children’s records.

¹¹ B. Dick, A. Kisselev, *The Potential Role of Red Cross and Red Crescent Societies in National Immunization Programmes. The Child Alive Programme. Assignment Children*, UNICEF; reprint from N 69/72 (1986).

Another example is the training of volunteers in *Nigeria*, as a result of which immunization coverage has greatly increased. Since the success of the programme depends on the support of a wide range of organizations and population groups, it is necessary to convince everyone concerned of the need for immunization. They must be willing to work together in ensuring that the common goal of adequate immunization coverage and thus the control of preventable disease is achieved.

More than 60 of the Red Cross and Red Crescent National Societies have reported to the League that they are:

- implementing and developing Child Alive projects;
- focusing on the Child Alive target diseases within the framework of their health programmes;
- adopting the theme of “Child Alive” for World Red Cross/Crescent Day 1987;
- providing financial support to Child Alive;
- incorporating the Child Alive theme in their education for development programme.

The promotion of this programme by the League has been very favourably received. The League Secretariat’s Community Health Department is continuing to offer technical support to National Societies desiring to launch or to expand Child Alive projects or incorporate them into existing health programmes.

(b) The International Red Cross and Red Crescent Seminar on Health as a Factor of Peace and Development, Moscow, September 1987

This seminar was attended by 80 participants from 47 National Societies, as well as the League itself, the ICRC and the Henry Dunant Institute. One of its aims was to evaluate progress made in the Movement as a whole since the Alma Ata Declaration (1978), in response to the recommendations of the International Red Cross Seminar on Primary Health Care, held in Frunze, USSR, in 1979, and the resolutions and recommendations of the Movement’s decision-making bodies in respect of health, peace and development.

It became clear from the discussions and from the answers to a questionnaire submitted to National Societies on this occasion that the members of the Red Cross and Red Crescent Movement believe that the PHC approach to health services is capable of bridging the wide gap existing between health needs and the resources available to meet them. The HFA strategy was once again endorsed by all the participants.

Long-standing experience in volunteer recruitment, training, mobilization of resources and, most important, its grass-roots connections, are important qualifications for the Movement in the development of primary health care programmes. However, every effort should be made to avoid taking over or duplicating the work of governments in this field. In cases where governments do not fully discharge their responsibilities, National Societies should concentrate on preventive measures and seek to work in collaboration with other organizations. However, such measures should be transitory in nature.

The Seminar on Health as a Factor of Peace and Development recommended that National Societies give special attention to collaboration in the fields of health education, control of diarrhoeal diseases, control of vaccine-preventable diseases, nutrition, promotion of healthy life-styles and of a healthy living environment. The intersectoral aspects of PHC should always be taken into consideration. To contribute successfully to community-based health programmes, National Societies needed to work out development plans adapted to local community needs and realities, and encourage an exchange of knowledge and experience between health workers in the different regions.

The Seminar showed that the Red Cross and Red Crescent Movement continues to be fully committed to Primary Health Care¹².

VI. Major problems encountered and solutions found by National Societies in implementing primary health care programmes

During the past ten years many governments have sought to improve the management of their public health programmes. Impressive efforts have been made by some countries to expand their health services infrastructure. While access to health services has been broadened in some cases, and there has been improved coverage of some of the elements of PHC such as immunization, safe water supply and maternal and child care, there continue to be technical, managerial and financial obstacles to delivery of the eight essential elements of PHC at community level in most developing countries. Inadequate financing has become a critical factor, impeding the implementation of national HFA/2000 strategies.

National Societies should avoid duplicating the health functions of their respective governments. If they are to contribute successfully to community-based health programmes, they must adapt development plans to local community needs and realities. The participation of

¹² Report of the International Red Cross and Red Crescent Seminar on Health as a Factor of Peace and Development, Moscow, 14-18 September 1987.

community health workers also should be encouraged, to promote the exchange of knowledge and experience. The Child Alive programme should serve as an example for other health-related activities instituted and carried out by National Societies (e.g. safe water supply).

In their efforts to attain the goal of HFA/2000, National Societies must strengthen their ties of co-operation with other NGOs and with the League of Red Cross and Red Crescent Societies. In turn, the latter should support the respective national HFA and PHC efforts by promoting innovative pilot programmes, especially at community level, aimed at providing models for imitation and approaches that can be replicated on a larger scale.

Despite the undeniable problems, National Societies have achieved positive results in carrying out PHC activities. As Thompson has pointed out¹³, those engaged in implementation of PHC programmes are conscious of the time factor. However, decision-makers are not always aware of the length of time needed for successful implementation, and as a result their expectations may be too high. It is important, therefore, for administrators to be aware of the practical constraints involved in the implementation of PHC programmes.

VII. General recommendations for National Societies working towards “Health For All By The Year 2000”

- National Societies, assisted by the League of Red Cross and Red Crescent Societies, should seek constantly to improve their understanding of PHC philosophy, principles and practices, at the same time remembering that they themselves can make a significant contribution to the development of PHC strategies.
- National Red Cross and Red Crescent Societies should closely define their respective role and place in PHC, so as to avoid duplicating the work of other NGOs, health authorities, etc.
- National Societies should seek and encourage co-operation with governments, other NGOs and international organizations, particularly WHO and UNICEF, in the development of PHC. Whenever necessary, National Societies should actively participate in setting up co-ordinating mechanisms between various NGOs for the development of PHC.
- While participating in joint efforts to develop PHC, National Societies should continue to demonstrate the validity of Red Cross principles in action.

¹³ H. Thompson, “The Red Cross takes up the challenge”, *World Health Forum*, vol. 7, 1986, pp. 402-405.

- National Societies should strengthen their respective capabilities paying special attention to the training and retraining of their staff in the concepts and approaches used in PHC.
- National Societies should encourage their volunteer workers to train local self-help groups, and utilize the energies and opportunities provided by these groups in support of PHC.
- In order to keep abreast of developments in the international health field within the framework of approved policies and programmes, and in order to disseminate up-to-date information, the National Societies should remain in close contact with the League.

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125th ANNIVERSARY OF THE MOVEMENT

SEMINAR ON INFORMATION AND DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW AS A CONTRIBUTION TO PEACE

(Leningrad, 10-14 October 1988)

At its meeting of 27 November 1987 in Rio de Janeiro, the Council of Delegates, in its resolution No. 4 entitled "Information and dissemination of international humanitarian law as a contribution to peace", had urged the Commission on the Red Cross, the Red Crescent and Peace "to take all necessary steps to improve ways and means of making better known and understood the role of the Movement in favour of peace by pointing out the connection between disseminating international humanitarian law and the Movement's Fundamental Principles and developing a spirit of peace."

In order to pursue this objective, the Alliance of Red Cross and Red Crescent Societies of the USSR (the host Society), the ICRC and the League organized a seminar in Leningrad, from 10 to 14 October 1988, on information and dissemination of international humanitarian law as a contribution to peace, which formed part of the programme to commemorate the 125th anniversary of the Movement.

The seminar was sponsored by the Commission on the Red Cross, the Red Crescent and Peace, which is currently chaired by Mr. Alexandre Hay, former President of the ICRC. It was attended by 14 members of the Commission, information and dissemination specialists from 17 National Societies, and seven communication experts from outside the Movement.

At the First World Red Cross and Red Crescent Conference on Peace, held in Belgrade in 1975, peace was defined "not (...) simply as an absence of war, but rather as a dynamic process of co-operation among all States and peoples; co-operation founded on freedom, independence, national sovereignty, equality, respect of human rights, as well as a fair and equitable distribution of resources to meet the needs of peoples."

The participants in the Leningrad seminar, who were divided into four working groups—Africa, the Americas, Asia and Europe, reaffirmed this concept and stressed the Movement's valuable contribution to peace, while underscoring the various difficulties it encountered in making itself known to the media and the general public as a factor of peace. They laid particular emphasis on problems such as the scant attention given by the Movement to publicizing this particular aspect of its work; the lack of promotional material

adapted to the knowledge and needs of the general public and the specific requirements of different cultures and social strata; the difficulty of projecting an image of peace to the public when—more often than not—Red Cross and Red Crescent work was reported only in relation to man-made or natural disasters or to controversy likely to tarnish its reputation; and the disparities of development between the National Societies and of needs when some regions were in conflict while others were at peace.

The working groups then went on to envisage various solutions to the present situation which might improve the way public opinion perceived Red Cross and Red Crescent peace work. A general consensus emerged as to the Movement's need to publicize its work to promote peace. In order to spread a peace message in the simplest possible terms accessible to all, the Movement must first of all project a coherent and unified image. This presupposed the creation and/or the strengthening of truly professional information services and constant co-operation with the media. In this connection participants felt it was essential to attract professional communicators and arouse their interest in Red Cross and Red Crescent action, possibly even by involving them in humanitarian missions, for they were particularly qualified to stimulate the general public's interest in the Movement's peace message. In establishing their communication strategy, the various components of the Movement must also establish priorities among the various target groups, while devoting special attention to children and young people, both in school and outside, and in universities, which were ideal vectors for the peace message (particularly through the study and in-depth analysis of international humanitarian law).

The division of participants into separate regional groups proved an extremely judicious working process, for it enabled each group to identify the methods and means of communication best suited to each environment. It also helped to create a momentum that must be maintained over the years to come.

The reports of the four regional groups were presented at the seminar's plenary session on 31 October, which summed up by recommending that the Movement should formulate a coherent and consistent communication strategy.

The Commission on the Red Cross, the Red Crescent and Peace took cognizance of the general report drawn up by Dr. Guillermo Rueda Montaña, President of the Colombian Red Cross and rapporteur-general of the seminar. At its meeting of 14 October, the Commission decided to forward the above document and the four reports prepared by the regional working groups to the National Societies, inviting them to make useful comments on these reports and to express their reactions to the various proposals made during the seminar.

SCIENTIFIC SYMPOSIUM ON THE PRECURSORS OF THE RED CROSS

(Geneva, 26-28 October 1988)

To mark the 125th anniversary of the International Red Cross and Red Crescent Movement, the Henry Dunant Society organized a two-day symposium in Geneva from 26 to 28 October 1988 on the direct precursors of the Red Cross.¹

For three days, historians and people working on the theoretical and practical side of the Red Cross and other academic and private institutions sought to discover or rediscover women and men who, especially in the nineteenth century, had the same concerns as the "Committee of Five" for wounded and sick soldiers and for prisoners of war and a desire to see both the wounded and those caring for them declared neutral and standing relief societies created. In short, the purpose of the symposium was to ascertain the influence of that humanitarian sensibility which found tangible expression with the founding of the Red Cross in 1863.

The symposium was officially opened by *Mr. Pierre Wellhauser*, President of the Council of State of the Republic and Canton of Geneva. *Mr. Maurice Aubert*, Vice-President of the ICRC and chairman of the symposium's first session, paid tribute to the Henry Dunant Society and expressed the wish that by drawing attention to the precursors of the Red Cross and their achievements, the symposium would heighten awareness of the fact that humanitarian law and the Red Cross principles were based on an ideal to which all peoples aspire. "Let us hope", he concluded, that all governments will realize this fact more clearly and will in all circumstances consent to give respect for humanitarian principles priority over political considerations".

During this initial session on general humanitarian issues, *Mr. Guy-Olivier Segond*, Mayor of the City of Geneva, gave a summary account of the **development of humanitarian law** through the ages—from early African and Indian civilizations up to the American Civil War. He showed that humanitarian principles, customs and rules existed before the first Geneva Convention of 1864, but that Henry Dunant's genius consisted in replacing national rules created in wartime, for armies already engaged in combat, by an international

¹ The agenda for this Symposium was published in the *IRRC* of July-August 1988, pp. 400-404.

treaty ratified in peacetime and based on values which were not merely Christian or European but universal, thus enabling people around the world to retrace the roots of modern humanitarian law in their own history.

Mr. Bruno Zanobio, professor of medical history at the University of Milan, in Italy, spoke most appositely on ballistic and other technical innovations which changed military tactics in the nineteenth century, created new problems in **military medicine**—especially **surgery**—and led to new requirements in organizing military medical services.

Mr. Giuseppe Armocida, also from the University of Milan, took the opportunity to recall the admirable figure of **Louis Appia**, co-founder of the Red Cross, who devoted himself to war surgery. Prompted by his extensive experience in tending the casualties of revolutionary movements in Europe he constantly sought better ways to treat the wounded. His surgical treatise “The mobile surgeon, or a practical study of wounds caused by firearms” became a classic.

Though still embryonic in the mid-nineteenth century, the humanitarian idea was gradually taking shape during the Sonderbund War in 1847, the Italian Wars, the Crimean War and the American Civil War. The symposium examined this chain of events and their effect on the development of humanitarian law.

In 1847, Switzerland’s existence was threatened by the Sonderbund War. Seven Catholic cantons broke the federal pact of 1815 and formed a separate alliance. The parliamentary assembly of Switzerland turned to **Guillaume-Henri Dufour**, made him a general and gave him the task of putting down the secession and re-establishing peace. This he successfully accomplished. *Mr. Dominic Pedrazzini*, head of general services at the federal military library and historical service in Berne, described the humanitarian philosophy and practice of this great military leader, who never exceeded “the bounds of moderation and humanity” and made it a point of honour to limit the effects of war.

Much less well known is the initiative taken by citizens of Zurich at the beginning of the Sonderbund War. *Mr. Werner G. Zimmermann* from the Zurich State Archives described the activities of the **City of Zurich Society**, which was founded to transport seriously wounded soldiers. It was only short-lived, and was dissolved in 1848, but nevertheless heralded the future relief societies.

The Crimean War, in which the Ottoman Empire and later France and Great Britain fought against Russia from 1853 to 1856, was the major ‘eye-opener’ of the symposium for it revealed that the ravages of that war were caused not so much by the war itself as by sickness—sometimes in epidemic proportions—inadequate medical staff and equipment and the disorganization of the armies’ medical services. Individual men and women were to rise against these deficiencies, which caused more victims than the war itself.

To begin with, there was **Nikolai Pirogov**, a humanist and man of science who revolutionized war surgery when he used antiseptics and anaesthesia by ether and chloroform for the first time before and during the Crimean War, especially during the siege of Sebastopol.

What is less well known is that Dr. Pirogov took charge of the nurses from the Order of the Exaltation of the Cross who were working in the area. He doggedly championed the use of women nurses in military hospitals and for the transport of the wounded.

He also strongly defended the idea that the organization of medical services in armed conflicts was of prime importance. He endeavoured to improve the often hopeless situation of sick and wounded soldiers by developing a more rapid system of taking them to hospital. As he wrote, "It is not the doctors but the administrators who play the key part in help for wounded and sick soldiers on the battlefield". A tribute was paid to Dr. Pirogov and his pioneering work by *Dr. Dmitry D. Venedictov*, Chairman of the Executive Committee of the Alliance of Red Cross and Red Crescent Societies of the USSR.

The other great figure of the Crimean War, **Florence Nightingale**, was the subject of two talks, one given by *Dr. Barry Smith*, Professional Fellow in History at the Australian National University in Canberra, and *Sue Goldie Moriarty*, who has edited Florence Nightingale's correspondence.

The two speakers tried to bring out the personality of the "Lady with the Lamp" and to distinguish between legend and reality. A little-known fact is that Florence Nightingale had acquired a reputation in Great Britain long before the Crimean War, when she ran a hospital for poor women in London. Though an angel of mercy towards her patients, she displayed remarkable determination and stubbornness when faced with the sluggishness and even hostility of the military authorities. During the Crimean War, she managed, like Pirogov, to overcome the strenuous objections of the medical authorities and gained access for women nurses to military hospitals. Against all odds, she succeeded in setting up hospitals, dispensaries, and convalescence centres.

In several ways she anticipated the work of the Red Cross when she supervised the distribution of relief supplies and medicines independently of the military and government authorities, ran autonomous nursing services and set up a rudimentary tracing service to inquire into the whereabouts of missing soldiers and inform families of deaths.

But it was also pointed out that Florence Nightingale resolutely remained national in her ideas: paradoxically, she preferred to work under her government's auspices rather than those of some international institution for medical care and relief. Finally, she was sceptical about Henry Dunant's idea that the wounded and sick and the medical personnel caring for them should be accorded neutral status.

Other precursors of the Movement were presented on the second day which was chaired by *Professor Jean-Claude Favez*, Rector of the University of Geneva, and *Mr. Philippe Grand d'Hauteville*, head of the Geneva branch of the Swiss Red Cross. *Mr. Jacques Meurant*, editor of the International Review of the Red Cross, spoke about Prince **Anatole Demidoff**, the Russian philanthropist who was so moved by the isolation and precarious living conditions of prisoners of war that he set up what amounted to a "European humanitarian network" for those taken prisoner during the Crimean War. Thanks to the help of official and unofficial agents in Paris, London, Istanbul and St. Petersburg,

he was able to obtain and forward information on the identity, physical and mental state and living conditions of the prisoners, provide them with relief supplies and, above all, give them news of their families. Visits by his agents to prisoner-of-war camps also made it possible to improve the conditions there.

Finally, the accomplishments of Demidoff and his staff in the various places of detention are evidence that the basic provisions of the present Third Geneva Convention already incipiently existed in the practical measures taken by the authorities at the urging of Demidoff and his friends.

There is no doubt that the initiative taken by Demidoff, who devoted himself with equal zeal to the welfare of his own compatriots and that of prisoners of war from countries at war with Russia, both strengthened Henry Dunant's conviction that it was necessary to provide protection for prisoners of war and tempered Gustave Moynier's scepticism about taking a more comprehensive attitude in this respect.

The work of the **Grand Duchess Helena Pavlovna** and her colleagues serves as a good example of the hitherto unknown scale on which women became involved in treating the wounded and sick during the Crimean War. Her accomplishments were described by *Walter Gruber* of the German Red Cross in the Federal Republic of Germany. Those of the Paris-based order of the **Daughters of Charity** of Saint Vincent de Paul who also worked on the battlefields of Algeria, Italy, Mexico and the United States between 1847 and 1863, were related by *Renée Lelandais*, herself a member of it.

An extremely important but little-known initiative was that of medical inspector **Dr. Lucien Baudens** who was sent to Crimea by the French medical service. There he studied the workings of army medical services confronted with epidemics, the effects of new weapons and the working conditions of the military doctors on the battlefield.

Having seen the lack of means to distinguish the doctors from the rest of the military on the battlefield, thus often making them the victims of deadly errors, Baudens wrote "These mistakes would be made impossible if the nations agreed among themselves that doctors and hospital staff would bear a distinctive sign—the same in all armies and all countries—which would make them easily recognizable as such to both parties".

Baudens' report, which contained such a wealth of information and suggestions, came to nothing but, as *Dr. Jean Guillermand*, former medical officer in the French army, pointed out, it must be considered "one of the early manifestations of a demand whose justification was to be fully acknowledged some years later, after other conflicts such as the Italian wars and the American Civil War had shown the urgent need for it to be met".

The needless suffering and death of wounded and sick soldiers during the Italian wars and American Civil War did not escape the attention of world opinion. So what was to be done? **Dr. Ferdinando Palasciano**, a surgeon in the Bourbon army, rebelled against the ban on gathering or treating wounded members of the enemy army. For him, the fact that someone was wounded overrode all other considerations. In 1861, in a paper entitled "Neutrality of

the wounded in wartime” delivered to the Pontiane Academy in Naples, Palasciano said that it was absolutely necessary, in any declaration of war, that governments mutually acknowledge the principle that wounded or gravely ill combatants are to be considered neutral throughout the period of treatment. But as *Professor Andrea Russo* of the University of Naples pointed out, Palasciano felt it was the responsibility of governments to increase the number of military personnel in order to guarantee proper treatment for the wounded and sick. He felt that the mere setting up of voluntary relief societies, as decided at the 1863 Conference, was insufficient to solve the problem.

Also in 1861, **Henri Arrault**, a French pharmacist, wrote a pamphlet entitled “On perfecting equipment for ambulance services”. In addition, he drafted a “Reciprocal agreement between sovereigns” intended to “eradicate the circumstances which can prevent surgeons from carrying out their sacred mission, sometimes forcing them to abandon their patients”. Under his proposed agreement, military surgeons would have “immunity” as would objects such as dressing stations. It is curious to note that Arrault’s far-reaching proposals, like the work of Palasciano, seem to have been unknown to Henry Dunant. In fact, after the 1864 Diplomatic Conference which produced the first Geneva Convention, Arrault felt wronged on seeing it and protested to the International Committee because the provisions of the Convention were virtually a literal repetition of the provisions he himself had drafted. The “war of the two Henris” was related by *Mr. Georges Lubin*, who published the correspondence of George Sand, the French writer. Lubin described the conciliatory role played by Sand in the controversy.

Another name which should be added to the list of little-known forerunners of the Red Cross is that of **Count Félix de Breda** described by *Mr. Eric Schmieder*, Director General of the French Red Cross. Though he himself had never taken part in large military campaigns, the Count thought about the role which voluntary medical workers could play in coming to the aid of the many wounded strewn on the battlefield. The project for organizing military medical staff which he submitted to the French President Louis Napoléon in 1851 had no immediate effect, but it influenced Henry Dunant and Moynier.

It is equally strange but apparently true that Dunant also did not know the work of **Francis Lieber** on the codification of the law of war in connection with the American Civil War. *Mr. Frank B. Freidel* of Harvard University gave a talk on the life and work of Francis Lieber. Lieber was a specialist in the customary law of war and author of a handbook of political ethics. He was invited by Henry W. Halleck, chief of staff of the Union army, to draw up a list of rules of conduct for the armed forces. These rules were to become “Instructions for the Government of Armies of the United States in the field” which President Lincoln sent to the army in his General Orders No. 100. These instructions were followed to a certain extent during the American Civil War by the Union and Confederate armies and later served as an inspiration for those who drafted the Hague Conventions in 1899 and 1907.

Mr. Patrick F. Gilbo, the official historian of the American Red Cross, spoke to the symposium on the life and work during the Civil War of “the angel

of the battlefields”—Clara Barton. Having decided to help soldiers “because she could not be one herself”, she comforted and cared for wounded and sick members of the Union army, especially on the battlefields of Maryland and Virginia.

Several private associations did outstanding work during the American Civil War in helping the wounded and sick. *Jane Turner Censer* of the American University in Washington described the work of two rival commissions. One, the **US Sanitary Commission**, was secular and staffed both by paid employees and by volunteers. Its purpose was to ensure that the soldiers were properly housed, fed and clothed and that they received adequate medical care. The other, the **US Christian Commission**, was staffed entirely by volunteers who went to the assistance of soldiers on the battlefield.

Another humanitarian association was the **Order of the Hospital of St. John of Jerusalem**. Professor *Walter Gert Rödel* of the University of Mainz recounted how it had existed since the second century caring for the sick and poor, and in the nineteenth century had extended its activities to the wounded in battle.

The symposium would not have been complete without the presentation of some little-known facts about the Battle of Solferino. Who knows, for example, that in the evening of 24 June 1859 **Don Lorenzo Barzizza**, a Lombard priest, was assigned by the French General Lavalette to organize assistance for the thousands of wounded on the road to Castiglione? Father Barzizza performed real miracles; working day and night, he set up twelve emergency hospitals practically out of thin air and organized medical assistance, comforted the dying and seemed to be there wherever help was needed.

And who could forget the noble figure of **Valérie de Gasparin** with her compassion and high-minded spirit? *Mr. Gabriel Mützenberg*, President of the Geneva Evangelical Society, described the woman who launched an appeal to help the Crimean War casualties, who wrote to Henry Dunant not long after Solferino “I would dearly love to shake your hand; you are a strong-willed and courageous young man”. Dunant, having found in Valérie de Gasparin an understanding person to whom he could speak of the carnage of Solferino, had asked her for help, donations and volunteers in order to assist the dying and sick. The Countess hastened to forward to the French and Swiss press excerpts from Henry Dunant’s messages describing the human distress he had seen in all its horror. These messages foreshadowed *A Memory of Solferino*: “I have been looking after the wounded of Solferino in Castiglione for the past three days and by now I have done what I can for over a thousand of the poor wretches. We have gathered 40,000 wounded but there are not enough doctors—there are only several peasant women, prisoners in reasonably good shape and myself who are doing our best to replace them” (*Journal de Genève*, 9 July 1859).

Such **information and comments** from the **Geneva press** were the subject of a talk given by *Mr. André Durand*, former ICRC delegate general, who spoke about the position of the major Geneva newspapers on the Sonderbund War, press reports on the Crimean War (especially sanitary conditions and medical services) and finally on the Italian Wars and the appeals made by Appia and Dunant.

At the end of the final day, which was chaired by *Mr. Félix Christ*, head of the press section at the Swiss Red Cross, and *Mr. Youssef Cassis* of the University of Geneva, *Mr. Roger Durand*, President of the Henry Dunant Society in Geneva, summed up the symposium with its many discussions and attempted to disentangle the complex origins of the Red Cross.

The symposium clearly showed that Henry Dunant did not invent humanitarian assistance for the victims of war and that those whom one can consider as his forerunners had already voiced good ideas, some of which were decisive in improving care for wounded soldiers, according neutral status to medical staff and bringing assistance to prisoners of war. These people had understood what Henry Dunant understood and had acted on that understanding. But they remained isolated individuals and were not able, or did not know how, to make themselves heard. Many individual initiatives were taken but not followed up; some were curbed by government authorities, others were simply forgotten.

So why is it that the ball finally got rolling in Geneva in 1863? To begin with, Henry Dunant and the others in the Committee of Five were the first to **prepare in peacetime for humanitarian action.**

Second, Dunant was also the first to have the idea of enshrining protection for the victims of war in a **multinational agreement**, an audacious idea for the time but one which finally won support because it was based on the Red Cross, an institution representing no party, no ideology and no religion and one which was able to deal with all states.

The Committee of Five also thought efforts to make conflicts more humane should continue on a **permanent basis**, as evidenced by its work after 1864.

Another important point is that Dunant and Moynier always acted **outside official channels**; in their private initiatives they sometimes clashed with the Geneva government.

Finally, Henry Dunant and the other founding fathers remain of capital importance because they were, as Roger Durand pointed out, possessed to a varying extent by a consuming and virtually pathological passion, by a force of conviction which their forerunners had possibly not shared and by a spirit of independence which in the end always worked to their institution's favour.²

J. M.

² The Henry Dunant Society will shortly publish the official records of the symposium.

*“Every one of us is responsible
for all men and for everything on earth”*

INAUGURATION OF THE INTERNATIONAL MUSEUM OF THE RED CROSS

(Geneva, 29 October 1988)

The International Museum of the Red Cross was inaugurated on 29 October 1988 in the presence of Swiss federal and cantonal government representatives, members of the permanent missions to the United Nations Office in Geneva and representatives of the International Committee of the Red Cross, the League and many National Red Cross and Red Crescent Societies.

The Museum, initially conceived to provide the International Red Cross and Red Crescent Movement with a means of becoming better known, attracting funds and inspiring young people, is the outcome of twelve years of tireless effort. Its purpose is not only to document the creation and expansion of the Movement, but also and above all to pay tribute to man's humanity throughout the centuries. As underscored by Mr. Otto Stich, President of the Swiss Confederation, who cut the inaugural ribbon, the International Museum of the Red Cross is “a testimony to the deed, the word or the look that, in the midst of war, violence and disaster, assists and saves”.

This is an accurate portrayal of the Museum, which emphasizes humanitarian endeavours rather than war and violence.

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In 1979 an architectural competition was organized for the future Museum. The plans ultimately selected, most similar in form and spirit to the programme envisaged by the Museum Foundation, were those submitted by the Swiss architects Pierre Zoelly, Georges Haefeli and Michel Girardet.

The foundation stone was laid in November 1985 at an official ceremony attended by Nancy Reagan and Raissa Gorbachev. The collections, selected from sources throughout Europe and the United States, include various historical documents, photographs and films from the ICRC's archives.

The Museum was totally financed outside of the Movement. The Museum Foundation, headed by Mr. Philippe de Weck, sought no contributions from the Red Cross and Red Crescent institutions nor from the general public. The 24 million Swiss francs needed to implement the project were raised among private concerns and governments. The Swiss Confederation and the Canton and City of Geneva contributed about 7.5 million Swiss francs.

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Set in the hillside below the ICRC's headquarters, the Museum is approached through an atrium where concrete, glass and light blend harmoniously. The exhibition is divided into eleven large areas where state-of-the-art museum technology is used to trace the history of man's humanity and to show how the Movement has channelled this universal quality.

On entering the exhibition, the visitor is greeted by images of merciful acts and customs whereby all civilizations have shown a spontaneous desire to preserve life and assist others without discrimination. Further on, a panoramic audiovisual show conveys the horror of Solferino and points to Henry Dunant's initiative, which led to the foundation of the Red Cross. Archive films, scale models and photographic and iconographic montages then depict the development of the International Red Cross and Red Crescent Movement, its work during the First and Second World Wars and its activities in situations of conflict and natural disasters up to the present time.

The Museum also displays the complete collection of seven million index cards filed during the First World War by the International Prisoners of War Agency, a telegram 72 metres (236 feet) long sent in 1943 to the ICRC by the American Government and listing the names of 2,341 German prisoners of war transferred to the United States, and an exact replica of a cell with a floor space of four square metres (43 sq. ft), in which an ICRC delegate found 17 political detainees who had been held there for several months. All of these Red Cross activities took place during events that have shaped the history of humanity since 1863 and are engraved on the Museum's Wall of Time.

In the words of the Museum's Director, Laurent Marti: "Wars, disasters, epidemics, massacres, genocides and collective and individual tragedies, such are the milestones of man's fate that cover the Wall of Time. Against this

backdrop of absurd violence and misfortune, the outstretched hand, the supportive arm, the surgeon's scalpel, the compassionate look, the respectful word, the attentive ear and the encouraging smile all help to preserve life".

*

* *

The Museum suggests rather than tells. Instead of overwhelming the visitor with relics and documents, it successfully uses highly sophisticated audiovisual technology (suspended luminous panels, superimposed panels of photographs processed by scanner and ink jet on tulle) and a subtle play of shadow and light to show what motivates human beings to help one another. Each exhibition area is designed to involve the visitor in the world of humanitarian activities by stimulating his senses, appealing to his emotions and giving him cause for thought. To quote Laurent Marti again: "The Museum is an experience that should leave the visitor sobered and concerned but not despairing. The message it is meant to convey is twofold: one of hope despite considerable obstacles and one of peace in the spirit of Dostoevsky's words, engraved in capital letters over the Museum's entrance: "Every one of us is responsible for all men and for everything on earth".*

* See also the interview with Laurent Marti in *IRRC* No. 266, Sept.-Oct. 1988, pp. 452-456.

The Museum, run by Laurent Marti with the assistance of Jean-Pierre Gaume, its curator, and about sixty volunteers, is located at 17, avenue de la Paix, Geneva. It is open to the public daily (except Tuesdays) from 10 a.m. to 5 p.m. The admission fee for adults is 10 Swiss francs, with the usual reductions available. Summaries of the exhibition are available in ten languages. The commentaries and captions are in English, French and German. Temporary exhibitions will be held in a specially reserved area.

Official visits to the ICRC

On 7 November 1988, **Mr. René Felber, Head of the Swiss Department of Foreign Affairs**, and his wife visited the ICRC where they were welcomed by President Cornelio Sommaruga.

Mr. Sommaruga thanked the Federal Councillor for the support traditionally afforded to the ICRC by the Swiss Confederation. He then gave his guests a review of the ICRC's activities throughout the world.

During this general fact-finding visit to the ICRC, which was preceded by a tour of the International Museum of the Red Cross, Mr. Felber was accompanied by Ambassador Franz Muheim, Head of the Directorate of International Organizations at the Swiss Department of Foreign Affairs, and Mr. Rudolph Schaller, the Department's Secretary General.

On 11 November 1988, **Mrs. Vigdís Finnbogadóttir, President of the Republic of Iceland**, was greeted at the ICRC by President Sommaruga, members of the International Committee and leading officials of the institution.

Mrs. Finnbogadóttir and Mr. Sommaruga had private talks on ICRC operational activities and reviewed various matters of humanitarian concern.

Mrs. Finnbogadóttir was accompanied during her visit by the Icelandic Ambassador in Geneva and the President of the Icelandic Red Cross.

Recent missions by the President of the ICRC

● Hungary

At the invitation of Dr. Janos Hantos, President of the Executive Board of the Hungarian Red Cross, the ICRC President paid an official visit to Hungary from 15 to 20 September 1988, accompanied by Mr. M. Veuthey, Delegate General for Europe and North America, and Mrs. C. Kruck, who is in charge of dissemination for Europe and North America.

The ICRC President had discussions with top-level Hungarian Government officials, the Chairman (Prime Minister), Mr. Károly Grósz, and the Minister of Foreign Affairs, Mr. Péter Várkonyi, on ratification by Hungary of the Additional Protocols, the ICRC's financing and several of its current humanitarian operations.

He was assured that Hungary intended to ratify the Protocols additional to the Geneva Conventions in the near future and that it would increase its contribution to the ICRC. In addition he was informed that due note had been taken of the ICRC's efforts to reunite Romanian refugee families now living in Hungary.

In addition, the ICRC President had several meetings with the President of the Executive Board of the Hungarian Red Cross and senior members of its staff to discuss bilateral relations between the ICRC and the National Society and the role and value of the Fundamental Principles of the Movement. He also met other leading officials and volunteers from the Hungarian Red Cross and delivered a lecture in their presence.

During the visit, the ICRC President gave an account of "Co-operation between the ICRC and the National Societies" at the opening session of the meeting of presidents of 18 National Red Cross and Red Crescent Societies which was held in Budapest from 20 to 22 September.

● Finland

During his visit to Finland from 5 to 7 October the President had several meetings with eminent politicians, including the Prime Minister, Mr. Harri Holkeri, who assured him that the Finnish Government would make the humanitarian gesture requested by the National Societies of their governments to mark the Movement's 125th anniversary on 8 May 1989.

With the Minister of Foreign Affairs, Mr. Kalevi Sorsa, discussions centred on the dissemination of international humanitarian law in Finland and on the diplomatic approaches which the Government might be willing to make to promote ratification of the Additional Protocols. The President of the ICRC expressed his gratitude for the appreciable financial support accorded to the Institution by the Government of Finland.

President Sommaruga, who was accompanied by Mr. C. Kornevall, head of the ICRC's External Resources Division, also had many discussions with the leaders of the Finnish Red Cross and visited some of its local branches.

● France

At the invitation of the French Red Cross, which was celebrating its 125th anniversary, President Sommaruga went to Paris between 21 and 23 October together with Mr. M. Convers, head of the ICRC's Operational Support Department.

Mr. Sommaruga was first received by Mr. F. Mitterrand, President of the French Republic. He then had talks with government representatives, in particular Mrs. Edwige Avice, Minister-Delegate attached to the Minister of State for Foreign Affairs, and Mr. Bernard Kouchner, Secretary of State for Social Integration. Their discussions were concerned with the financing of the ICRC and the question of chemical weapons. In this latter connection President Mitterrand suggested that a Conference, to which the ICRC has been invited, be organized in Paris from 5 to 10 January 1989 to elaborate a fundamental policy statement on the serious issue of chemical weapons, with reference to the 1925 Geneva Protocol, of which France is the depositary.

The Ministry of Foreign Affairs was also given a general account of the ICRC's operational activities.

Finally, the President attended the festivities marking the 125th anniversary of the French Red Cross and distributed prizes to the winners of a first-aid competition.

*EXTERNAL ACTIVITIES**September-October 1988***Africa****Burundi/Rwanda**

The ICRC assisted more than 12 000 persons in northern Burundi following the outbreaks in August of violent ethnic disputes. Blankets, clothing, soap, cooking utensils and farming tools were distributed from mid-September to the affected population.

Relief materials were in part transported by truck from Uganda and in part purchased locally by the ICRC.

Distributions took place in the villages of Ntega and Marangara, near the border with Rwanda, where the recent clashes had occurred. Delegates distributed supplies first in the centres set up for displaced persons, then in the hills to which the population was gradually returning.

Furthermore, a delegate working for the ICRC Central Tracing Agency collected over 150 Red Cross messages in Burundi during the month of September. The messages were then forwarded to a colleague in Rwanda where some 50 000 refugees from Burundi had sought asylum. The first batch of messages from the refugees reached Burundi by mid-October.

Sudan

The ICRC maintained its efforts to implement the plan of action drawn up and proposed to the government and the SPLM/SPLA opposition movement in August. The Delegate General for Africa, Mr. P. Gassmann, travelled in mid-October to Nairobi, Kampala and Addis Ababa for discussions in this connection.

Mozambique

The ICRC continued to provide assistance to the provincial capitals, but was unable to resume its flights, interrupted on 19 July, to the areas

more directly affected by the conflict. Visits to security detainees awaiting trial or already sentenced also continued. In September and October ICRC delegates visited the prisons of Inhambane, Xai Xai and Tete.

Angola

During the two months under review, the ICRC delegation in Angola carried out seed distributions of maize, sorghum, millet, bean, soya and sunflower among the civilian population on the Planalto, mainly in the provinces of Bié, Huambo and Benguela. The operation, timed to coincide with the beginning of the rainy season, involved approximately 1,150 tonnes of seed and benefited about 300 000 persons.

Latin America

Nicaragua

In the conflict regions of Rio Coco Abajo and Llano Norte, the ICRC joined with the Nicaraguan Red Cross to help victims of the floods in north-eastern Nicaragua in August.

During the night from 21 to 22 October, Hurricane Joan cut a swathe of devastation across the country's Atlantic coast, destroying the town of Bluefields and with it the premises of the ICRC's sub-delegation there. The ICRC immediately began work to evacuate and assist the victims, in close co-operation with the National Society and the League. When the worst was over, the ICRC continued to aid the National Society by providing relief supplies and logistic support for the displaced population of Rama.

But for the interruption caused by the hurricane, the ICRC's regular activities continued normally, both visits to detainees (the Tipitapa prison in September and the prisons in Bluefields and Granada in October) and tracing and dissemination work.

Brazil

The Brazilian Ministry of Foreign Affairs, in conjunction with the "*Instituto de Pesquisa em Relacoes internacionais*" (IPRI) organized a symposium with ICRC participation for civilian and military officials from 17 to 19 October. The symposium, which took place in Brasilia, was held to promote implementation of international humanitarian law and to discuss the question of Brazil's accession to the Protocols additional to the Geneva Conventions. The opening ceremony, at the Ministry of Foreign Affairs, was attended by the Head of the General

Staff of the Armed Forces, the Minister of Justice, representatives of the Ministry of Foreign Affairs, of the Chamber of Deputies and the Senate, and foreign ambassadors.

The speakers' presentations gave rise to lively discussion with the senior civilian and military officials taking part in the symposium, which will be the subject of an IPRI publication.

Other activities

Security detainees are also visited in *Chile, Colombia, El Salvador, Paraguay, Peru* and *Suriname* (prisoners held by the opposition).

Assistance programmes for the civilian population in *El Salvador* continued. In *Peru*, delegates, including a doctor and a nurse, went to conflict areas in the Departments of Huánuco and Apurímac to assess the medical needs of the people living there. In addition, a dissemination programme was set up in the Department of San Martín.

Finally, the regional delegates based in *Argentina, Colombia* and *Costa Rica* took part in various seminars, symposiums and commemorative ceremonies to mark the Movement's 125 anniversary, for example in *Granada, Haiti, Mexico, Panama* and *Paraguay*.

Asia

Afghan conflict

One of the key developments for the ICRC during the last two months in Afghanistan has been the opening of the ICRC hospital for war surgery in Kabul on 1 October. By the end of the month this hospital, with a current capacity of 50 beds, had admitted 43 patients, without counting those who did not need hospitalization; moreover, 94 operations had been performed by this date.

As regards detention, the first visit took place to a prison outside the capital; from 17 September to 1 October the delegates carried out a visit to the prison in Mazar-i-Sharif, the capital of the northern province of Balkh. In addition, they also visited, again for the first time, the Dar ul Tadib detention centre for minors in Kabul.

The ICRC delegates in Pakistan were also very busy conducting on-going surveys around nine first-aid posts along the Afghan border; they continued contacts with representatives from the various resistance movements and visited an increasing number of groups of detainees being held by the resistance. During the same period the two ICRC hospitals in Pakistan had a record intake of patients, with 278 admissions in Peshawar and 238 in Quetta.

Kampuchea conflict

Along the border between Kampuchea and Thailand, the ICRC delegates' main concern is the plight of the refugees in the camps administered by Democratic Kampuchea; they continue to be refused access to several of these camps where the state of the civilian population is reported to be disquieting. Negotiations in this connection took place with the Thai authorities and with Khmer spokesmen; intense consultations have also been going on with the UN specialized agencies.

Malaysia

After receiving the authorities' consent for a new series of visits to people detained under the Internal Security Act, from 12 September to 11 October ICRC delegates visited a total of 136 detainees in 11 places of detention in the peninsular and eastern part of Malaysia. The previous visit dated back to 1986.

Philippines

In the Philippines, visits to places of detention continued at regular intervals. In September and October the ICRC delegation visited 159 people imprisoned in 26 places of detention throughout the country. As regards relief supplies, a total of 8,100 people received ICRC aid, including 4,500 on the island of Mindanao. To these figures must be added the emergency relief supplies (rice and logistic support) which the ICRC provided to the National Society after the passage of hurricane Unsang, which devastated the archipelago from Mindanao to Manila.

Middle East**Iran/Iraq conflict**

The period under review began well on 12 September with the ICRC repatriating a group of 72 disabled Iraqi prisoners of war whom Tehran had unilaterally decided to release. Negotiations for repatriation of all the conflict's prisoners of war, under Article 118 of the Third Convention (which provides for their repatriation without delay following the end of active hostilities), continued unabated both on the fringes of the UN-sponsored peace negotiations in Geneva and New York and in the capitals of the two countries themselves. In a *note verbale* dated 4 October, the ICRC made a solemn appeal to the two parties to notify the ICRC of all the POWs who had not yet been registered with a view to their repatriation, and urged them to proceed as soon as possible

with the priority repatriation of all sick and wounded POWs. The two parties finally decided to make a first step in this direction by releasing 25 sick or wounded POWs each; these prisoners were repatriated under ICRC auspices on 30 October. The Iranian prisoners involved were the first Iranian POWs to be repatriated from Iraq since November 1985. The captivity of all other POWs continues; ICRC delegates finished their fifth series of visits in Iraq on 20 October, whereas visits to Iraqi POWs in Iran are still suspended.

The ICRC also worked to assist Iraqi Kurds who had sought refuge in Turkey and, in larger numbers, in Iran. Surveys in the Iranian province of Western Azerbaidjan (6-9 September and 24-29 October) and in the Turkish region of Diyarbakir (21-24 September and 26 September-2 October) led to the formation of a relief convoy scheduled to leave Turkey for Iran on 28 October.

Yemen Arab Republic

The annual series of prison visits in the Yemen Arab Republic took place from 1 to 14 September. Some 3,330 prisoners were visited in nine places of detention.

Israel and the occupied territories

The ICRC delegates in Israel and the occupied territories pursued their activities in connection with the events in the occupied territories since December 1987.

Lebanon

Despite the crisis over the presidential succession, the ICRC delegation continued its work, giving assistance and protection to a total of 21,500 people in September and 12,000 in October. A major medical relief operation was launched following the aerial bombardment of a dispensary on 21 October in Machgara, in the southern Bekaa valley. In addition, delegates visited 111 detainees in September and 120 in October. Finally, the delegation distributed to the Lebanese media a brief text on respect for the emblem.

Assistance to the victims of armed conflicts

From 22 to 24 June 1988, an international conference was held in The Hague, Netherlands, on "Humanitarian Assistance in Armed Conflict". It was organized by the University of Leiden's Red Cross Chair of International Humanitarian Law, together with the National Red Cross Societies of Belgium (Flemish Community) and The Netherlands.

The conference, which was attended by some 180 participants (with Her Royal Highness, Princess Margriet of The Netherlands, as the most distinguished among them) was opened by the Dutch Minister for Development Co-operation, Mr. Pieter Bukman. Professor René Jean Dupuy, professor of International Law at the Collège de France, Paris, gave the keynote speech at the opening session. Speakers during the three working sessions of the conference included representatives of the ICRC, the League, UNHCR, *Médecins sans Frontières*, *Médecins du Monde*, CEBEMO (the Dutch Catholic Organization for Joint Financing of Development Programmes), Save the Children Fund, Oxfam UK, and the academic world.

While the title suggested that the work of the conference would be strictly limited to situations of armed conflict, it actually went somewhat beyond that limitation, touching upon other disasters as well. This is entirely in keeping with the historical development of the Red Cross, which started out as an organization exclusively oriented towards the victims of war but soon enlarged its scope to peacetime tasks.

The subject chosen for the conference is, of course, very much a Red Cross topic. Indeed, although the Red Cross never held or wished to hold a monopoly in the field of humanitarian assistance, it long occupied a dominant position, both on account of its geographical spread and its high degree of organization. From the outset, it was never entirely without an international legal basis, although it ventured step by step further into areas as yet not covered by the law. The international legislative process often followed in the wake of these daring initiatives.

The existence and further development of a body of international law supporting its work was, from one point of view, a blessing for the Red Cross. At the same time, it always entailed problems too, as treaty provisions might be open to different interpretations and the authorities concerned would often be reluctant, to say the least, to accept the interpretation most favourable from a humanitarian point of view. Also, the very existence of particular provisions might point to the silence of the treaties in force on other matters, making the humanitarian argument even more difficult to sustain.

With all this, the Red Cross was never really threatened in the past in its existence and activities: on the contrary, it (meaning both the ICRC, the National Societies and their federation, the League) enjoyed broad confidence and support both morally, where its principles were concerned, and financially.

In recent times, the situation has become more difficult and complicated. The decolonization process has made the international community more varied and less inclined to accept traditional Western standards virtually as a matter of course. New ideas are being forged into basic principles of law, for instance in the field of human rights where the debate now is about a "third generation" of such rights (including a claimed right to development and, perhaps, a right to humanitarian assistance).

The result of the decolonization process is noteworthy in another respect as well: while the Western world may have become somewhat more stable, this certainly does not yet apply to the realm of the newly independent states. In effect, violence is widespread in those areas, and much of it takes the form of internal armed conflicts—if the situation is recognized as an armed conflict at all. Assistance to the victims of those situations is far more precarious, both legally and practically, than in more traditional international armed conflicts.

Furthermore, an increasing number of agencies are now active in the assistance field, and they may start out from motives and aspirations and use strategies and tactics that are very different from those of the Red Cross. Indeed, for some of them, "activity" is synonymous with "activism", bringing them very far from the stance of impartiality and neutrality that is so essential to the Red Cross philosophy.

At the same time, all these agencies operate so to speak on the same market, both in the field, where the victims are found, and on the home front, in fund-raising in particular. They also encounter more or less the same practical difficulties as regards access to the country where they want to deploy their activities, relations with the authorities and population, transport, customs, etc.

In these circumstances, it is hardly surprising that conferences are held and symposia organized to examine the problems involved. The subject has long been an obvious item on the agenda of international Red Cross and Red Crescent meetings. However, its recent topicality has resulted in several special conferences: e.g. the 10th session of the Medico-Juridical Commission of Monaco, 24-26 April 1986 (*Annales de Droit international médical*, No. 33, 1986); an International Conference under the auspices of *Médecins du Monde* and the Law Faculty of Paris-Sud, on "Humanitarian Law and Morality", Paris, 26-28 January 1987 (Mario Bettati and Bernard Kouchner (ed), *Le Devoir d'ingérence*, Paris, 1987)¹; and a Round Table, organized by the Red Cross Society of Monaco in conjunction with the International Institute of Humanitarian Law, Monaco, 22-24 April 1987.²

The June 1988 Hague conference takes its place as the most recent addition to this list of events. Its purpose was to be a combined academic and practical exercise: academic, in view of the background of a number of the speakers and because no decision was intended, not even on a final resolution. But the conference was practical in that a good number of eminently practical difficulties were discussed, and many of them by expert practitioners in the field of humanitarian assistance.

The conference discussed three problem areas. One concerned questions of principle and basic purposes in providing and accepting—or refusing—humanitarian assistance. "Protection and assistance", the complex and multifaceted twin notion that covers a good part of the external activities of the ICRC and indeed has found a firm place in humanitarian treaty law, was offset here by claims of new developments in the law, leading some to postulate a "right to humanitarian assistance" (including, of course, a right to provide such assistance, if necessary, without the consent of the authorities concerned). Strikingly, nearly all speakers emphasized nonetheless that their organizations wish to respect the principles of impartiality and neutrality.

The second area of discussion covered juridical and practical problems. Among the many points raised, two were of particular interest. One was that of access to a conflict-ridden or disaster-stricken country or, in other terms, the question of consent especially of the incumbent government, even when it is a matter of access to a part of the territory

¹ See also "Law and Humanitarian Ethics", *International Review of the Red Cross (IRRC)*, n° 257, march-april 1987, pp. 226-229.

² See "Round Table on the Status of the personnel and volunteers of international and national organizations in humanitarian actions", *IRRC*, n° 259, july-august 1987, pp. 435-437.

over which it has no control. The other point of interest was the use of protective emblems, and in particular the red cross, by persons (such as medical doctors not belonging to the military medical services or a duly recognized National Red Cross Society) who are not formally entitled to use such emblems but feel that their work deserves to be so protected.

The third and last area of discussion dealt with organizational matters and the need for co-operation among agencies involved in humanitarian activities and co-ordination of their efforts. These needs were underscored from all quarters, both with a view to a better understanding and support (including financial contributions) by public opinion at home, and to curb the rising displeasure among governments and National Societies in recipient developing countries at the waste of resources and energy that infallibly accompanies unchecked competition and unco-ordinated efforts of donor agencies.

As stated above, no resolution was adopted at the end of the conference; it was more like a first round of discussions among, until recently, quite opposite parties. In this respect, the conference definitely served its purpose: the opponents are now, to say the least, "on speaking terms". Equally unmistakably, other rounds will have to follow.

The papers read at the conference, together with a summary of the discussions and some useful annexes, will be published in early 1989 by Martinus Nijhoff Publishers, Dordrecht, The Netherlands, under the title that is also the title of this brief review: "Assistance to the Victims of Armed Conflicts".

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Statutory meetings in Geneva

The 22nd session of the Executive Council of the League of Red Cross and Red Crescent Societies was held in Geneva on 20 and 21 October 1988 under the chairmanship of Mr. Mario Villarroel, the League President.

The Council members heard a report from Mr. Pär Stenbäck, Secretary General of the League, on the League Secretariat's activities

since April 1988. Mr. Stenbäck referred to the series of natural disasters which had occurred during that period and stressed the need to widen the Secretariat's financial base, not only to be able to respond to natural disaster but also to do more for National Society development.

The Council also heard a report on the League/Ethiopian Red Cross relief operation, which reached some 800 beneficiaries in October. It voiced its support for the League in its efforts to back up the Ethiopian Red Cross in the north of the country and expressed the hope that the ICRC would be able to resume activities interrupted in April 1988.

The Council, reaffirming the anti-AIDS strategy adopted by the League General Assembly in 1987, declared its approval of the Secretariat's work to include anti-AIDS activities in National Society programmes and to pursue co-operation with other organizations concerned.

The Council approved the revised League budget for 1989 and reaffirmed that adequate financing was crucial to any development strategy for the 90s. Various speakers also stressed the need for carefully defined guidelines for future development aid.

The Council admitted the Mozambique Red Cross Society as the 147th member of the federation. This decision will be ratified by the General Assembly at its next meeting (*see p. 556*).

The Council finally took note of the reports by the Commission on the Red Cross, Red Crescent and Peace, in particular the conclusions of the Seminar on Information and Dissemination of International Humanitarian Law as a Contribution to Peace (Leningrad, 10-14 October 1988—*see p. 531*), and of information on the worldwide campaign for the protection of victims of war which will culminate in 1991. The Council also took note of information concerning the celebration of the 70th and 75th anniversaries of the League and the "Supercamp", an international youth event which will be the closing highlight of the Movement's 125th anniversary programme in Solferino in 1989.

This meeting of the Executive Council was preceded by meetings of the bureaux of the General Assembly's Commissions (Health and Community Services, Youth, Disaster Relief and Development), meetings of the Finance Commission, the Permanent Scale of Contributions Commission and the League Working Group responsible for revising the ICRC-League Agreement. Finally, an information meeting was held at the ICRC for National Society delegates attending these meetings.

The Standing Commission of the Red Cross and Red Crescent met on 17 and 18 October under the chairmanship of Dr. A. Abu Goura. On the basis of Resolution XXVI of the 1986 International Conference of the Red Cross, the Commission decided that the Twenty-sixth International Conference of the Red Cross and Red Crescent would be held in Cartagena, Colombia, in October 1991. The Commission adopted regulations for the Red Cross and Red Crescent Prize for Peace and Humanity, the first of which will be awarded, in accordance with the 1987 Council of Delegates Resolution 1, during the Council of Delegates meeting in 1989, the Movement's 125th anniversary.

Note: Reports on the Nineteenth Conference of Arab National Red Crescent and Red Cross Societies (Cairo, 5-9 November 1988) and of the Pan-African Conference of Red Cross and Red Crescent Societies (Dakar, 21-23 November 1988) will be included in the next issue of the *Review*.

Recognition of the Mozambique Red Cross Society

CIRCULAR No. 550

Geneva, 24 October 1988

*To the Central Committees of the National Red Cross
and Red Crescent Societies*

LADIES AND GENTLEMEN,

We have the honour of informing you that the Mozambique Red Cross Society has been officially recognized by the International Committee of the Red Cross. This recognition, which took effect on 29 September 1988, brings to 147 the number of National Societies that are members of the International Red Cross and Red Crescent Movement.

Founded on 10 July 1981, the Society officially applied for recognition by the International Committee of the Red Cross on 23 September 1988. In support of its application, it forwarded various documents, including a report on its activities, the text of its Statutes and a copy

of Government Decree No. 7/88 of 17 May 1988 attesting that the Mozambique Red Cross Society is recognized by the Government as a voluntary aid society auxiliary to the public authorities in accordance with the provisions of the First Geneva Convention of 1949.

These documents, which were examined jointly by the International Committee and the Secretariat of the League of Red Cross and Red Crescent Societies, showed that the ten conditions for the recognition of a new National Society by the International Committee may be considered as fulfilled.

The International Committee and the League have observed very closely the activities of the Mozambique Red Cross Society for several years. Representatives of the two institutions have ascertained that the Mozambique Red Cross Society has a sound infrastructure which enables it to extend its activities to every province in the country. These activities are being developed in several spheres: efforts to improve public health through health education and first-aid training, blood transfusion, assistance to adversely affected civilian population and to displaced persons, and the organization of information seminars at the national level.

On 14 March 1983, the Swiss Federal Council received notification of the accession by the People's Republic of Mozambique to the Geneva Conventions of 12 August 1949, which therefore entered into force on the territory of Mozambique on 14 September 1983.

The Mozambique Red Cross Society is presided over by Mr. José Moiane and its Secretary General is Mrs. Janet Mondlane. Its headquarters is located in Maputo. The address is as follows: Cruz Vermelha de Moçambique, Caixa Postal 2986, Maputo.

The International Committee of the Red Cross has pleasure in welcoming the Mozambique Red Cross Society to membership of the International Red Cross and Red Crescent Movement, in accrediting it and commending it, by this circular, to all other National Societies, and in expressing sincere good wishes to the Society for its future and for the success of its humanitarian work.

FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS

Cornelio Sommaruga
President

Death of two eminent members of the Movement

The ICRC learned with deep sadness of the death on 24 September 1988 of **General Pietro Verri**, President of the Florence Branch of the Italian Red Cross, and the death on 16 October 1988 of **Mr. Soehanda Ijas**, Co-Chairman of the Indonesian Red Cross.

General Verri, former Vice-Commander of the *Arma dei Carabinieri*, was an active supporter of the Red Cross and a tireless champion of international humanitarian law (IHL), a subject in which he was well versed. He was a member of the Italian delegation to the Diplomatic Conference which led, in 1977, to the adoption of the Protocols additional to the 1949 Geneva Conventions and as a prolific author and translator did much to promote the dissemination of IHL in his country. He drew his ability to do so from a flawless knowledge of the theoretical questions underlying the law of armed conflicts, coupled with a vast experience of the practical problems arising from the implementation of these rules. For several years he also acted as director of the courses set up by the Italian Red Cross to train instructors of humanitarian law and regularly taught the law of armed conflicts to members of the Air Force and Police Officer Academies.

He contributed substantially to the activities of the International Institute of Humanitarian Law in San Remo as a member since 1972 and as President, from 1980 to 1986, of its Academic Committee on Military Courses.

General Verri's work in the field of IHL included close co-operation with the ICRC, which he recently authorized to publish a French version of his "Dizionario di diritto internazionale dei conflitti armati", a thorough and very practical guide to the major concepts encompassed by the two branches of international law known as *jus ad bellum* and *jus in bello*.

*
* *

Mr. Soehanda Ijas, Secretary General of the Indonesian Red Cross from 1966 to 1986, contributed on a large scale to developing the National Society's work in his country and abroad. He was a member of the Commission on the Red Cross, Red Crescent and Peace and of the Working Group on the Revision of the Statutes of the Movement and of the ICRC/League Agreement. He was also a member of the Standing Commission of the Red Cross and Red Crescent from 1981 to 1986.

The ICRC will honour the memory of these two faithful servants of the humanitarian cause.

Thirteenth Round Table of the International Institute of Humanitarian Law

(San Remo, 6-10 September 1988)

The Thirteenth Round Table on current problems of international humanitarian law, organized by the International Institute of Humanitarian Law, took place in San Remo from 6 to 10 September 1988. The meeting was held under the auspices of the ICRC, the United Nations High Commissioner for Refugees, the Intergovernmental Committee for Migration and the League of Red Cross and Red Crescent Societies and was attended by some 150 participants, including representatives of some fifteen National Red Cross and Red Crescent Societies, experts, representatives of permanent missions and members of NGOs.

This thirteenth session was divided into three parts: one day was devoted to refugee problems and the second to the Red Cross and Red Crescent Symposium, and the Round Table proper spent three days discussing the problem of family reunification.

In his opening speech, Professor J. Patrnoic, President of the International Institute of Humanitarian Law, invited the international community to "continue the humanitarian dialogue" as a means of addressing the increasing humanitarian problems that imperiled world peace. He urged all the organizations involved to co-operate and to co-ordinate their humanitarian activities.

1. Refugee day

The meeting, chaired by H. E. Ambassador R. Robertson, was devoted to the following theme: "Possible improvement of international instruments relating to refugees: trends and developments. The discussion was introduced by Mr. G. Jaeger, President of the Belgian Refugee Aid Committee.

Participants were invited first of all to examine the *draft supplement to the UNHCR Statute, extending the scope of the term "refugee"* in view of the new situations affecting refugees, especially those fleeing armed conflicts or other disturbances. Taking into consideration certain provisions included in the OAU Convention of 10 September 1969 and the 1984 Declaration of Cartagena, the draft under discussion incorporates into the definition of the term "refugee" "every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality".

After a heated debate on the subject, participants felt that the draft and its legal and practical implications should be the subject of further discussion with governments.

The second item on the meeting's agenda was the *implementation and dissemination of international refugee law*. Whereas there was close co-operation at the international level between States and UNHCR in implementing provisions guaranteeing the protection of refugees in UN General Assembly resolutions and UNHCR Executive Committee conclusions, implementation at the national level was far from satisfactory because of the lack of knowledge of refugee law, which was still regarded as "soft law". Hence the need to encourage dissemination of refugee law, particularly among lawyers, magistrates and members of Parliament, and in universities and other academic institutions.

The third and last topic discussed was *present practices of asylum in Europe and North America*. This gave rise to a wide exchange of views on the problems posed by the growing number of asylum seekers in those regions and the consequences thereof in legal, administrative and social terms. Although some industrialized countries still applied restrictive measures to asylum seekers, governments were increasingly tending to take the principles of international refugee law into account in their own legislation. Participants in the meeting emphasized the more positive approach being adopted by the European Communities and the constructive steps taken by non-governmental organizations. They then went on to discuss future prospects regarding asylum practices and policies.

2. Red Cross and Red Crescent Symposium

Within the context of the 125th Anniversary of the Red Cross and Red Crescent Movement, the Red Cross and Red Crescent Symposium, chaired by Dr. A. Abu-Goura, Chairman of the Standing Commission of the Red Cross and Red Crescent, was devoted to the following theme: “*Balance and perspectives in the field of dissemination of International Humanitarian Law and the Fundamental Principles of the Movement*”.

Addresses by Mr. Cornelio Sommaruga, President of the ICRC, and Mr. Mario Villarroel, President of the League, were followed by a presentation of the topic by Mr. G. Reid, Head of Information at the League, and Mr. R. Hammer, Deputy Head of the Dissemination and Co-operation Division at the ICRC.

The participants were then divided into two working groups, chaired respectively by Mr. Y. Sandoz, Director of the ICRC Department of Principles, Law and Relations with the Movement, and Mr. Pär Stenbäck, Secretary-General of the League.

The conclusions of the first group, which dealt with the topic “To protect human life (Red Cross and Red Crescent theme for 1989) through dissemination of International Humanitarian Law and the Principles of the Movement”, once again stressed the importance of dissemination and the need for States to respect their obligations under the Conventions in order to promote the protection of human life.

The second group discussed the theme “A good image and understanding of the Movement for efficient action” and concluded that whereas the Red Cross and Red Crescent generally projected a favourable image, it was perceived differently depending on whether humanitarian action was viewed from the national or the international angle. The image of the Movement must therefore be shaped by action based on two key ideas: protection and assistance, and the message conveyed must be as simple as possible, consistent with the Fundamental Principles and suitably adapted to the various target groups. Humanitarian mobilization, which the ICRC President recalled in his address to the working group, must stem from a unified image of the Movement.

3. The I.I.H.L. Round Table

The 1989 Round Table, chaired by H. E. Ambassador Fatuma Isak Bibi, the Permanent Representative of the Democratic Republic of

Somalia to the United Nations Office at Geneva, and by Mr. Dale de Haan, Commissioner, US Congress Commission on International Migration and Cooperative Economic Development, was devoted to the problem of family reunification.

Several matters were raised by Mr. R. Jenny, Chairman of the Commission on Migration of the International Institute of Humanitarian Law, such as the need to heighten State awareness of the problems posed by family reunification and their respective responsibilities in this regard and the action required to establish proper legal provisions regarding the reuniting of families.

These issues were extensively discussed by the Round Table, which also examined the question of co-operation between States on matters of family reunification and emphasized the essential role of international, governmental and non-governmental organizations acting as intermediaries between States.

The Round Table ended with the adoption of various conclusions recalling and stressing *inter alia* the right of every individual to leave his homeland and subsequently return to it, and—most significantly—recognizing that “the humanitarian principle of family reunification is firmly established in international practice”.

These conclusions are reproduced below:

CONCLUSIONS ON FAMILY REUNIFICATION

The Round Table, organized in San Remo from 6 to 10 September 1988 under the auspices of the International Institute of Humanitarian Law,

recalling previous principles and conclusions adopted by the Institute, in particular the 1980 Body of Principles for the Procedures on the Reunification of Families and the 1986 Conclusions on Family Reunification adopted in Florence,

having noted the respective mandates in the field of family reunification of international organizations such as the United Nations High Commissioner for Refugees, the International Committee of the Red Cross and the Intergovernmental Committee for Migration and having recognized their activities undertaken in this field,

having examined, in a broad context, the subject of family reunification with regard to all categories of persons affected by family separation, including refugees, migrants, victims of armed conflict situations, asylum-seekers and other persons who have compelling reasons to leave their homeland or to return to it,

acknowledging the improvements which are taking place in family reunification policy and practice of certain sending and receiving States,

noting with satisfaction the purposeful dialogue which was held among the participants, including Government officials, representatives of international organizations and of non-governmental organizations,

reached the following conclusions:

1. The humanitarian principle of family reunification is firmly established in international practice.
2. This principle is closely linked to the right of the unity of the family which recognizes that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State. It is at the same time related to the right for everyone to leave any country, including his own, and the right to return to his country, as they are enshrined in existing international instruments.
3. While these rights and principles apply to all circumstances of family separation, there exist different situations where families need to be reunited, and solutions must be reached in accordance with relevant international law and the requirements of the particular situation.
4. The principal responsibility for implementing family reunification rests with States and this responsibility can best be discharged by means of a constructive dialogue and efficient humanitarian co-operation among the countries concerned.
5. The political will of States to respect and facilitate family reunification is therefore of decisive importance and represents the key factor for the removal of the legal, administrative and practical obstacles to family reunification. In this respect, facilitation of family reunification through orderly departure and reception arrangements should be encouraged; if needed, co-operation with competent international and national organizations should be established. Similar arrangements should be made to facilitate family reunification through voluntary return.
6. The development of domestic laws providing rights of family reunification should be promoted by all States.
7. Appropriate priority should be given by receiving States to persons seeking to enter their territory with a view to family reunification. Defining the legal status of persons admitted by a State for family reunification is within the competence of that State, and the consequent granting of admission should not be interpreted as an unfriendly act by other States. Consideration could be given to this aspect whenever orderly departure and reception arrangements are envisaged.
8. The definition of the family should be applied in a humanitarian spirit and take account of different cultural and social factors.
9. Sending and receiving States are called upon to take all necessary measures to facilitate family reunification, *inter alia* by:

- (a) establishing appropriate national legislation which recognizes the humanitarian principle of family reunification, regulates corresponding procedures and includes a “humanitarian clause” for cases of exceptional hardship;
- (b) assisting in the identification and tracing of separated family members;
- (c) supplying full information on family reunification procedures to the persons concerned;
- (d) dealing with applications for exit and entry visas as liberally and expeditiously as possible;
- (e) facilitating the exchange of news and of family visits when permanent family reunification is not intended;
- (f) whenever possible, helping to meet transportation costs involved;
- (g) whenever possible, adopting measures of assistance in the field of housing and employment so as to ensure that their absence in the receiving State be not an impediment to family reunification.

10. The importance of the efforts of non-governmental organizations to facilitate family reunification is underlined. It is acknowledged that National Red Cross and Red Crescent Societies have a special role to play in this field in view of their activities for the exchange of family news, the tracing of separated family members and their counselling.

11. Governments are encouraged to continue and increase co-operation with UNHCR, ICRC and ICM, in particular in situations where orderly family reunification arrangements require the intervention and services of such third parties.

12. The necessity to create a better understanding of the right to family unity, the right to leave any country and to return to one’s own country, and the humanitarian principle of family reunification is acknowledged, and the need for a broader dissemination and constant advocacy of these rights and principles emphasized.

13. The International Institute of Humanitarian Law was commended for organizing its 13th Round Table on the theme of family reunification. The initiative to promote this humanitarian dialogue among States and competent international and national bodies was highly welcomed, in particular in view of current problems still affecting large numbers of separated families in many parts of the world.

Accession to the Protocols of the Solomon Islands

The Solomon Islands acceded, on 19 September 1988, to the Protocols Additional to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of International Armed Conflicts (Protocol I) and Non-International Armed Conflicts (Protocol II), adopted in Geneva on 8 June 1977.

Pursuant to their provisions, the Protocols will come into force for the Solomon Islands on 19 March 1989.

This accession brings to 77 the number of States party to Protocol I and to 68 those party to Protocol II.

Accession to the Protocols of the Federal Republic of Nigeria

The Federal Republic of Nigeria acceded, on 10 October 1988, to the Protocols Additional to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of International Armed Conflicts (Protocol I) and Non-International Armed Conflicts (Protocol II), adopted in Geneva on 8 June 1977.

Pursuant to their provisions, the Protocols will come into force for the Federal Republic of Nigeria on 10 April 1989.

This accession brings to 78 the number of States party to Protocol I and to 69 those party to Protocol II.

BOOKS AND REVIEWS

CROIX-ROUGE, LES STRATÈGES DE LA BONNE CONSCIENCE

Anatomy and physiology of the ICRC

“Anatomy and physiology of the International Committee of the Red Cross” could be another title for the book Isabelle Vichniac has just published on the work of the ICRC.¹ But the author, who reports to the French daily *Le Monde* on the international organizations in Geneva, has not gone about her dissection of the ICRC like a dispassionate surgeon wielding a cold, gleaming scalpel. Nor is the tone of her analysis dry and technical. On the contrary, one of the book’s strengths lies in the way Isabelle Vichniac, with the flair of an accomplished journalist, scrutinizes piece by piece the complex mechanisms of the institution’s mandate and activities with all the artistry of a master story-teller. Theory and practice are well balanced and the book is peppered with anecdotes, both tragic and amusing, and keen observations about people and things. We have a lively description of the “inexorable rise” of Henry Dunant, the development of international humanitarian law, the relationship between the law of Geneva and the law of The Hague, the ICRC’s role in armed conflict, etc. In so doing, the author replies to the questions most often raised: No, Henry Dunant was not a pacifist; yes, the ICRC is free to take initiatives not specifically provided for in the Conventions and Protocols to assist political detainees, 500,000 of whom have been visited in 95 countries since 1946.

The book methodically goes over the main tasks of the ICRC and depicts how these are carried out day to day by the services responsible, both at headquarters and in the field. There is the Central Tracing Agency, “the world’s most extensive (acknowledged) file”, which symbolizes the Red Cross for most people. There are the hazards involved in providing assistance, which is sometimes an “open sesame” for protection, often the only hope for survival, but always subject to the whim of governments. She also acquaints us with the ICRC’s Medical Division, the backbone of ICRC medical policy, which has worked steadily to extend a capacity now ranging from disaster relief to orthopaedic centres and sophisticated treatment for war wounds.

¹ Isabelle Vichniac, *Croix-Rouge, les stratèges de la bonne conscience* (Armed with a conscience—The Red Cross in war), Alain Moreau, Paris (*Enquête*), 1988.

How can the ICRC make itself better known in order to be more readily accepted? How can greater respect be fostered for humanitarian law by disseminating knowledge of it? The answers to such vital questions are in a long chapter devoted to information and dissemination. Likewise, a reader curious about the financing of the ICRC will find a complete account in the book and researchers will learn what they have to do to gain access to the archives, that secret and mystery—shrouded sanctuary of which Isabelle Vichniac gives us a tantalizing glimpse.

She does not limit herself to portraying the various services of the ICRC. She takes care to place each of the institution's protection and assistance activities in its political and social context, thus making us better able to follow the ICRC's humanitarian policy as it is confronted with new forms of conflict, the erosion of ideology and the proliferation of humanitarian organizations. Hence the need for the ICRC to regard itself with a constant critical eye, to keep apace with developments in order to be "realistically idealistic", conscious that each humanitarian act contributes to peace.

This is not without difficulty: mistakes are made, setbacks suffered. After briefly relating the ICRC's attitude during the mass murder of the Jews in the Second World War and explaining that "the ICRC did not want to risk sacrificing what had been achieved by attempting the improbable, that is, the assistance which it was providing to millions of prisoners of war placed under its protection", the author dwells on the obstacles encountered by the ICRC in modern conflicts and the problems of negotiating with States which are not always willing to listen, as was the case during its survival campaign in Kampuchea in 1978, or in Ethiopia since 1984. The ICRC is then left, as its only means of persuasion, with the provisions of humanitarian law (when they are applicable) and the dictates of human conscience, its neutrality and whatever credibility and confidence it enjoys. And it also falls to the ICRC, when the international community finds it convenient to ignore repeated violations of humanitarian law, to remind the governments involved of their obligations under that law; this was the case, for example, during the Iran-Iraq war. And how can you preserve your own identity these days when "charity cannot escape its inevitable companion ambiguity", when solidarity gives rise to as much skepticism as it does enthusiasm, when the proliferation of humanitarian associations leads to confusion and even distrust?

To be sure, "the ICRC is not in a position to cope with all the poverty and all the injustice in the world". The institution is nevertheless rightly considered as "the most professional, modern and best equipped organization in the world today; its assistance operations are unsurpassed in their effectiveness and rapidity".

But the ICRC's greatest resource is the people who serve it. The author attaches great importance to those who actually do the work. The figures she depicts, from the President to the archivist, gives the book a very human side while at the same time explaining the internal decision-making machinery and personnel structures. The book's high point is the chapter entitled "La délégitude", possibly a mischievous marriage of the words *délégué* and *servitude*

which will be news to many, even some delegates. She tells us the type of people delegates often are, the recruitment procedure, their training (a real process of initiation), the new delegates' first contact with the field where things are never as they had imagined, the torments of negotiating with the authorities or dissident leaders, "managing" the unpredictable and the sometimes tortuous relationship with headquarters. All of this is told with a wealth of examples and anecdotes. The reader is given insight into the life of the prison-visiting delegate, the relief delegate, the delegate on standby, etc. Their work requires much tenacity, imagination and conviction; and much sacrifice. It becomes easier to understand the pangs of conscience suffered by delegates torn between their pledge of discretion and their revulsion at the horror and unbearable suffering they see. Some, like Andreas Balmer,² have been unable to remain silent.

What has not already been said about the well-known dilemma: the duty to maintain discretion versus the need to tell the world? Some hold that the international press feels denied of its dues by the ICRC spokesmen, who hold their tongues better than they speak. Others think that what the ICRC actually sees would be more interesting to know than what it does.

Possibly, but we should not exaggerate the problem. The author herself recognizes that the situation has changed and that a journalist requiring information can always cull interesting facts if he takes the trouble to read ICRC publications (and also read between the lines) and to meet delegates back from their missions.

In conclusion, Isabelle Vichniac believes that the challenge facing the ICRC in future will be to operate like a multinational corporation, but without losing its soul. It has considerable resources with which to do so: its established policy, which is constantly refined by what it learns from new experiences and the fundamental principles which always guide its work.

Isabelle Vichniac is right to be as frank as she has been in this book. She writes clearly but never over-simplifies; she does not exaggerate either the ICRC's successes or its failures. In short, she is objective.

The result is a very full, compact book which nevertheless combines the grave with the humorous and reads like a novel. It will certainly be useful for those wanting to better understand the rewards and frustrations of humanitarian work in our troubled times.

Jacques Meurant

² Balmer, a former ICRC delegate, wrote a "fictional account" of a mission carried out in a Latin American country for a Geneva-based "humanitarian organization". The publication by an ex-delegate of fact so thinly disguised as fiction was viewed as scandalous, not to say dangerous, in many circles.

RECENT PUBLICATIONS

● *Surgery for Victims of War*

The ICRC, which is often involved in providing surgical treatment for war victims in countries where the medical infrastructure is precarious, faces completely different problems from those encountered in conventional military medical units. ICRC field hospitals begin by offering primary treatment and work up to a combination of primary and reconstructive surgery.

This book, which summarizes the practical experience of eminent specialists from various parts of the world, aims to provide a broad introduction to the subject for members of surgical teams, whether military or civilian, which may be required to treat the wounded in situations of armed conflict.

Intended primarily for practitioners, this 226-page work is published by the ICRC (Eds. D. Dufour, J. Kroman Jensen, M. Owen-Smith, J. Salmela, G. F. Stening, B. Zetterström). It may be ordered from the ICRC (COM/EDOC) and costs 28 Swiss francs.

● **Richard Perruchoud**, *International Responsibilities of National Red Cross and Red Crescent Societies*

An updated version of this work by Richard Perruchoud has just been published in *Arabic*.

Its main aim is to provide National Societies with a practical guide to their international responsibilities. It also invites reflection on this subject.

The book may be ordered from the ICRC (COM/EDOC) or from its publisher, the Henry Dunant Institute, at a cost of 10 Swiss francs. The English (1982) and French (1986) editions are also available at the same price.

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ADDRESSES OF NATIONAL RED CROSS AND RED CRESCENT SOCIETIES

- AFGHANISTAN (Democratic Republic of) — Afghan Red Crescent Society, Puli Hartan, *Kabul*.
- ALBANIA (Socialist People's Republic of) — Albanian Red Cross, Boulevard Marsel Kashen, *Tirana*.
- ALGERIA (People's Democratic Republic of) — Algerian Red Crescent, 15 bis, boulevard Mohamed V, *Algiers*.
- ANGOLA — Cruz Vermelha de Angola, Av. Hoji Ya Henda 107, 2. andar, *Luanda*.
- ARGENTINA — The Argentine Red Cross, H. Yrigoyen 2068, 1089 Buenos Aires.
- AUSTRALIA — Australian Red Cross Society, 206, Clarendon Street, *East Melbourne 3002*.
- AUSTRIA — Austrian Red Cross, 3, Gusshausstrasse, Postfach 39, A-1041, *Vienne 4*.
- BAHAMAS — The Bahamas Red Cross Society, P.O. Box N-8331, *Nassau*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Crescent Society, 684-686, Bara Magh Bazar, Dhaka-1217, G.P.O. Box No. 579, *Dhaka*.
- BARBADOS — The Barbados Red Cross Society, Red Cross House, Jemmotts Lane, *Bridgetown*.
- BELGIUM — Belgian Red Cross, 98, chaussée de Vleurgat, 1050 *Brussels*.
- BELIZE — Belize Red Cross Society, P.O. Box 413, *Belize City*.
- BENIN (People's Republic of) — Red Cross of Benin, B.P. No. 1, *Porto-Novô*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA — Botswana Red Cross Society, 135 Independence Avenue, P.O. Box 485, *Gaborone*.
- BRASIL — Brazilian Red Cross, Praça Cruz Vermelha No. 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, 1527 *Sofia*.
- BURKINA FASO — Burkina Be Red Cross Society, B.P. 340, *Ouagadougou*.
- BURMA (Socialist Republic of the Union of) — Burma Red Cross Society, Red Cross Building, 42, Strand Road, *Rangoon*.
- BURUNDI — Burundi Red Cross, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Cameroon Red Cross Society, rue Henri-Dunant, P.O. B 631, *Yaoundé*.
- CANADA — The Canadian Red Cross Society, 1800 Alta Vista Drive, *Ottawa*, Ontario K1G 4J5.
- CAPE-VERDE (Republic of) — Cruz Vermelha de Cabo Verde, Rua Unidade-Guiné-Cabo Verde, P.O. Box 119, *Praia*.
- CENTRAL AFRICAN REPUBLIC — Central African Red Cross Society, B.P. 1428, *Bangui*.
- CHAD — Red Cross of Chad, B.P. 449, *N'Djamena*.
- CHILE — Chilean Red Cross, Avenida Santa Maria No. 0150, Correo 21, Casilla 246-V., *Santiago de Chile*.
- CHINA (People's Republic of) — Red Cross Society of China, 53, Gannien Hutong, *Beijing*.
- COLOMBIA — Colombian Red Cross Society, Avenida 68, N.º 66-31, Apartado Aéreo 11-10, *Bogotá D.E.*
- CONGO (People's Republic of the) — Croix-Rouge congolaise, place de la Paix, B.P. 4145, *Brazzaville*.
- COSTA RICA — Costa Rica Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CÔTE D'IVOIRE — Croix-Rouge de Côte d'Ivoire, B.P. 1244, *Abidjan*.
- CUBA — Cuban Red Cross, Calle Calzada 51 Vedado, Ciudad Habana, *Habana 4*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovská 18, 118 04 *Prague 1*.
- DENMARK — Danish Red Cross, Dag Hammarskjölds Allé 28, Postboks 2600, 2100 *København Ø*.
- DJIBOUTI — Société du Croissant-Rouge de Djibouti, B.P. 8, *Djibouti*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Apartado postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, calle de la Cruz Roja y Avenida Colombia, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 29, El Galaa Street, *Cairo*.
- EL SALVADOR — Salvadorean Red Cross Society, 17C, Pte y Av. Henri Dunant, *San Salvador*, Apartado Postal 2672.
- ETHIOPIA — Ethiopian Red Cross Society, Ras Desta Damtew Avenue, *Addis-Ababa*.
- FIJI — Fiji Red Cross Society, 22 Gorrie Street, P.O. Box 569, *Suva*.
- FINLAND — Finnish Red Cross, Tehtaankatu, I A. Box 168, 00141 *Helsinki 1415*.
- FRANCE — French Red Cross, 1, place Henry-Dunant, F-75384 *Paris*, CEDEX 08.
- GAMBIA — The Gambia Red Cross Society, P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross of the German Democratic Republic, Kaitzer Strasse 2, DDR, 8010 *Dresden*.
- GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Erbert-Allee 71, 5300, *Bonn 1*, Postfach 1460 (D.B.R.).
- GHANA — Ghana Red Cross Society, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou, 1, *Athens 10672*.
- GRENADA — Grenada Red Cross Society, P.O. Box 221, *St George's*.
- GUATEMALA — Guatemalan Red Cross, 3.ª Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUINEA — The Guinean Red Cross Society, P.O. Box 376, *Conakry*.
- GUINEA-BISSAU — Sociedad Nacional da Cruz Vermelha de Guiné-Bissau, rua Justino Lopes N.º 22-B, *Bissau*.
- GUYANA — The Guyana Red Cross Society, P.O. Box 10524, Eve Leary, *Georgetown*

- HAITI — Haitian National Red Cross Society, place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 7.^a Calle, 1.^a y 2.^a Avenidas, *Comayagüela D.M.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca, 31, *Budapest 1367*. Mail Add.: 1367 *Budapest St. Ff. 121*.
- ICELAND — Icelandic Red Cross, Raudararstigur 18, 105 *Reykjavik*.
- INDIA — Indian Red Cross Society, 1, Red Cross Road, *New-Dehli 110001*.
- INDONESIA — Indonesian Red Cross Society, Il Jend Gatot subroto Kar. 96, Jakarta Selatan 12790, P.O. Box 2009, *Jakarta*.
- IRAN — The Red Crescent Society of the Islamic Republic of Iran, Avenue Ostad Nejatollahi, *Tehran*.
- IRAQ — Iraqi Red Crescent Society, Mu'ari Street, Mansour, *Bagdad*.
- IRELAND — Irish Red Cross Society, 16, Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, 00187 *Rome*.
- JAMAICA — The Jamaica Red Cross Society, 76, Arnold Road, *Kingston 5*.
- JAPAN — The Japanese Red Cross Society, 1-3, Shiba-Daimon, 1-chome, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA (Democratic People's Republic of) — Red Cross Society of the Democratic People's Republic of Korea, Ryonhwa 1, Central District, *Pyeongang*.
- KOREA (Republic of) — The Republic of Korea National Red Cross, 32-3Ka, Nam San Dong, Choong-Ku, *Seoul 100*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359 Safat, *Kuwait*.
- LAO PEOPLE'S DEMOCRATIC REPUBLIC — Lao Red Cross, B.P. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru 100*.
- LIBERIA — Liberian Red Cross Society, National Headquarters, 107 Lynch Street, P.O. Box 5081, *Monrovia*.
- LIBYAN ARAB JAMAHIRIYA — Libyan Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, Heiligkreuz, 9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, B.P. 404, *Luxembourg 2*.
- MADAGASCAR — Malagasy Red Cross Society, 1, rue Patrice Lumumba, *Antananarivo*.
- MALAWI — Malawi Red Cross Society, Conforzi Road, P.O. Box 983, *Lilongwe*.
- MALAYSIA — Malaysian Red Crescent Society, JKR 32 Jalan Nipah, off Jalan Ampang, *Kuala Lumpur 55000*.
- MALI — Mali Red Cross, B.P. 280, *Bamako*.
- MAURITANIA — Mauritanian Red Crescent, B.P. 344, aneue Gamal Abdel Nasser, *Nouakchott*.
- MAURITIUS — Mauritius Red Cross Society, Ste Thérèse Street, *Curepipe*.
- MEXICO — Mexican Red Cross, Calle Luis Vives 200, Col. Polanco, C.P. 11510, *México 10, D.F.*
- MONACO — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA — Red Cross Society of Mongolia, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO — Moroccan Red Crescent, B.P. 189, *Rabat*.
- MOZAMBIQUE — Cruz Vermehla de Moçambique, Caixa Postal 2986, *Maputo*.
- NEPAL — Nepal Red Cross Society, Tahachal Kalimati, P.B. 217 *Kathmandu*.
- NETHERLANDS — The Netherlands Red Cross, P.O.B. 28120, 2502 *KC The Hague*.
- NEW ZEALAND — The New Zealand Red Cross Society, Red Cross House, 14 Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington Thorndon*.)
- NICARAGUA — Nicaráguan Red Cross, Apartado 3279, *Managua D.N.*
- NIGER — Red Cross Society of Niger, B.P. 11386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, 11 Eko Akete Close, off St. Gregory's Rd., P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, P.O. Box 6875, St. Olavspl. N-0130 *Ostlo 1*.
- PAKISTAN — Pakistan Red Crescent Society, National Headquarters, Sector H-8, *Islamabad*.
- PANAMA — Red Cross Society of Panama, Apartado Postal 668, Zona 1, *Panamá*.
- PAPUA NEW GUINEA — Papua New Guinea Red Cross Society, P.O. Box 6545, *Boroko*.
- PARAGUAY — Paraguayan Red Cross, Brasil 216, esq. José Berges, *Asunción*.
- PERU — Peruvian Red Cross, Av. Camino del Inca y Nazarenas, Urb. Las Gardenias — Surco — Apartado 1534, *Lima*.
- PHILIPPINES — The Philippine National Red Cross, Bonifacio Drive, Port Area, P.O. Box 280, *Manila 2803*.
- POLAND — Polish Red Cross, Mokotowska 14, 00-950 *Warsaw*.
- PORTUGAL — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, 1293 *Lisbon*.
- QATAR — Qatar Red Crescent Society, P.O. Box 5449, *Doha*.
- ROMANIA — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei, 29, *Bucarest*.
- RWANDA — Rwandese Red Cross, B.P. 425, *Kigali*.
- SAINT LUCIA — Saint Lucia Red Cross, P.O. Box 271, *Castries St. Lucia, W. I.*
- SAN MARINO — Red Cross of San Marino, Comité central, *San Marino*.
- SÃO TOMÉ AND PRÍNCIPE — Sociedade Nacional da Cruz Vermelha de São Tomé e Príncipe, C.P. 96, *São Tomé*.
- SAUDI ARABIA — Saudi Arabian Red Crescent Society, *Riyadh 11129*.
- SENEGAL — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6, Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE — Singapore Red Cross Society, Red Cross House 15, Penang Lane, *Singapore 0923*.
- SOMALIA (Democratic Republic) — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.

- SOUTH AFRICA — The South African Red Cross Society, Essanby House 6th Floor, 175 Jeppe Street, P.O.B. 8726, *Johannesburg 2000*.
- SPAIN — Spanish Red Cross, Eduardo Dato, 16, *Madrid 28010*.
- SRI LANKA (Dem. Soc. Rep. of) — The Sri Lanka Red Cross Society, 106, Dharmapala Mawatha, *Colombo 7*.
- SUDAN (The Republic of the) — The Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SURINAME — Suriname Red Cross, Gravenberchstraat 2, Postbus 2919, *Paramaribo*.
- SWAZILAND — Baphalali Swaziland Red Cross Society, P.O. Box 377, *Mbabane*.
- SWEDEN — Swedish Red Cross, Box 27 316, *102-54 Stockholm*.
- SWITZERLAND — Swiss Red Cross, Rainmattstrasse 10, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC — Syrian Arab Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanzania Red Cross National Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — The Thai Red Cross Society, Paribatra Building, Chulalongkorn Hospital, *Bangkok 10500*.
- TOGO — Togolese Red Cross, 51, rue Boko Soga, P.O. Box 655, *Lomé*.
- TONGA — Tonga Red Cross Society, P.O. Box 456, *Nuku'Alofa, South West Pacific*.
- TRINIDAD AND TOBAGO — The Trinidad and Tobago Red Cross Society, P.O. Box 357, *Port of Spain, Trinidad, West Indies*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis 1000*.
- TURKEY — The Turkish Red Crescent Society, Genel Baskanligi, Karanfil Sokak No. 7, 06650 Kizilay-*Ankara*.
- UGANDA — The Uganda Red Cross Society, Plot 97, Buganda Road, P.O. Box 494, *Kampala*.
- UNITED ARAB EMIRATES — The Red Crescent Society of the United Arab Emirates, P.O. Box No. 3324, *Abu Dhabi*.
- UNITED KINGDOM — The British Red Cross Society, 9, Grosvenor Crescent, *London, S.W.1X. 7EJ*.
- USA — American Red Cross, 17th and D. Streets, N.W., *Washington, D. C. 20006*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.R.S.S — The Alliance of Red Cross and Red Crescent Societies of the U.S.S.R., I, Tcheremushkinskii proezd 5, *Moscow, 117036*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello, N.º 4, Apartado, 3185, *Caracas 1010*.
- VIET NAM (Socialist Republic of) — Red Cross of Viet Nam, 68, rue Ba-Triêu, *Hanoi*.
- WESTERN SAMOA — Western Samoa Red Cross Society, P.O. Box 1616, *Apia*.
- YEMEN ARAB REPUBLIC — Red Crescent Society of the Yemen Arab Republic, P.O. Box 1257, *Sana'a*.
- YEMEN (People's Democratic Republic of) — Red Crescent Society of the People's Democratic Republic of Yemen, P. O. Box 455, Crater, *Aden*.
- YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, *11000 Belgrade*.
- ZAIRE — Red Cross Society of the Republic of Zaire, 41, av. de la Justice, Zone de la Gombe, B.P. 1712, *Kinshasa*.
- ZAMBIA — Zambia Red Cross Society, P.O. Box 50 001, 2837 Brentwood Drive, Longacres, *Lusaka*.
- ZIMBABWE — The Zimbabwe Red Cross Society, P.O. Box 1406, *Harare*.

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**INTERNATIONAL
REVIEW**

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**Underwater acoustic identification
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Primary health care

**Events to mark the 125th Anniversary
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