

# Near and Middle East

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meetings with the Polish doctors who had treated the victims, as well as with the victims themselves.

As a result of this examination, they submitted their proposals to the Neutral Commission of Experts charged with deciding upon the amount of compensation to be paid. This Commission, which met on June 17 and 18, 1966 at ICRC headquarters, accepted 81 of the cases submitted to it.

### *Hungary*

An ICRC mission consisting of Mr. Jean-Pierre Maunoir, delegate, and Dr. Felix Züst, doctor-delegate, went to Budapest on July 4 to 11, 1966 to prepare, in co-operation with the Hungarian Red Cross, files of a further group of 36 victims of pseudo-medical experiments.

These cases were examined in November by the Neutral Commission of Experts mentioned above. The President of the Commission was Mr. William Lenoir, Judge of the High Court of Geneva, who has succeeded Professor Jean Graven in this post. He was assisted by Dr. Alex Muller, Professor at the Faculty of Medicine of Geneva University, and Dr. Silvain Mutrux, Assistant Medical Director of the Bel-Air Psychiatric Clinic. The Commission accepted 34 cases submitted to it.

This action, in which the ICRC holds its rôle as neutral intermediary, started in 1961. By the end of 1966 it had enabled financial assistance to be transmitted to 586 victims of pseudo-medical experiments in Poland and in Hungary.

The total of sums paid reached an amount of 18,725,000 marks.

## **5. NEAR AND MIDDLE EAST**

### **Federation of South Arabia**

During his mission in the Federation of South Arabia, Mr. André Rochat, ICRC delegate, went several times to Aden.

In the course of five assignments between May and November, he was granted facilities by the authorities to enable him to inspect penitentiary establishments and visit detainees. He made:

- 5 visits to the Al Mansura prison
- 3 visits to the Fort Morbut penitentiary
- 1 visit to the " Singapore " military centre
- 1 visit to the K.B.H. Hospital.

Mr. Rochat talked in private with many detainees about treatment and detention conditions. After each inspection he reported to the detaining authorities and made recommendations for any improvements he considered desirable.

Concomitantly, as a step towards solving humanitarian problems, the delegate made contact with detainees' families and the opposition groups of which they claimed membership.

## **Yemen**

The cease-fire agreement reached at Jeddah in August 1965 permitted the ICRC to contemplate progressive withdrawal from the Yemen, in both Republican and Royalist territory.

However, with the recrudescence of the fighting early in 1966, the Committee was obliged to prolong some of its medical work and relief action in the north and the south.

**Medical activity.** — The ICRC medical work on Republican territory continued into 1966 for several weeks. As medical facilities were almost completely lacking in some areas, the Committee considered the prolongation of the mission of the two medical teams was justified. Taking the most urgent needs into account, it decided at the beginning of January to station one of them at Zehid in the coastal plain bordering the Red Sea, and the other at Beit-el-Fagih, in the same region, some three hours drive south of Hodeida.

For several weeks those two teams treated the local population for the endemic ills of this region where doctors' services had never before been available.

In the sector occupied by Royalist forces the ICRC had set up and run at Uqhd a field hospital complete with a " Clinobox " operating unit. When the hospital was removed at the end of 1965, the " Clinobox " was conveyed, not without difficulty, to Najran,

just across the border in Saudi Arabia. Immediately on arrival it started functioning as a clinic and was continuously busy. Its records show that free consultations and treatment were given to more than 1,000 people within 37 days. The patients who flocked to it were not only needy civilian Yemenis; many Saudi nationals went there too.

In conformity with the plan of withdrawal it had previously drawn up, the ICRC closed this clinic on February 3, 1966. As its efforts to arrange for a take-over by some other organization had failed, it decided to hand over the "Clinobox" to the Royalist forces, in the hope that they would find means whereby it would continue to serve the population.

At the same time, the last ICRC medical team in the Jauf region, in North Yemen, was also recalled.

At the end of February, the ICRC thought it had ceased its mission in the Yemen.

At this point, it might not be amiss to give a reminder of how costly had been this medical work from November 1963 to February 1966 for the benefit of victims of the war in the Yemen. Over-all expenditure exceeded five million Swiss francs, of which 2.6 million francs was provided by donations from National Red Cross Societies and governments, the International Committee having had to stand in the breach for the shortfall of 2.4 million.

A few months later hostilities broke out afresh. Realizing the extent to which the population of the north of the Yemen were in need of medical services, the ICRC decided to resume its assistance programme. It delegated two medical tandems, each of a doctor and a male nurse, recruited as in the past by the Swiss Red Cross.

In August these two teams set up their bases in the Jauf not far from areas where fighting was going on. From the outset they had to cope with the considerable task of treating 50 to 100 wounded and sick each day.

The ICRC had soon to recognize the equally serious and urgent needs elsewhere in the northern region affected by the renewed fighting and air raids. It therefore decided to extend its aid by doubling its medical teams. Special contributions from several governments enabled the ICRC to make immediate arrangements to send out the two extra teams.

Although this second programme differed from the first—which consisted mainly of the field hospital in the desert—it was nevertheless of great importance. To maintain these four teams in the forward area, in vulnerable positions and practically fending for themselves, set the ICRC some knotty problems. Transport to their bases had to be laid on, regular contact had to be ensured with the ICRC delegation, they had to be supplied with food and medical provisions, and precautions had to be taken for their safety.

For that purpose, all sorts of arrangements had to be made day after day for the support and protection without which these teams could not have lasted long. It therefore became necessary to reinforce the ICRC delegation for the region.

Tribute is due to the members of these medical teams for the courage, humanitarian spirit and the devotion to duty which they displayed in carrying out their difficult mission under conditions of hardship and danger.

**Relief supplies of food and clothing.** — In January the ICRC sent to Sanaa, the capital of the Yemeni Republic, a large consignment of jackets, bed sheets and cigarettes for the WHO centre at Hodeida and the WHO infants clinic at Sanaa. It was then distributed to needy families in these two towns and in Dhamar, Ibb and Taiz and to the Sanaa orphanage school.

The ICRC also divided among various hospitals a donation of 18 tons of clothing and medical supplies which the Swedish Red Cross had sent to Sanaa, and it continued until the beginning of 1966 the milk, cheese and soap distributions to the Sanaa population which it had started some two years earlier.

When hostilities were resumed, the situation in the north was critical and in the light of the alarming reports from its delegate and the pressing appeals from the authorities in that area, the ICRC examined what action it could take to alleviate the distress caused by the political deterioration and renewed fighting. It concentrated particularly on an emergency food programme for the near-starving population.

The ICRC declared its willingness to implement such a programme based on proposals it received from governments and other

organizations prepared to provide the foodstuffs, on the understanding that the population of the entire country should benefit.

Negotiations to obtain agreement to the programme from all parties concerned did not achieve the result which had been hoped for; the Sanaa authorities did not give their consent.

In the meanwhile the FAO, which had received from the Republican Government a request for assistance, asked the ICRC to distribute the relief supplies it had agreed to provide. It abandoned the idea of working in co-operation with the ICRC however, as the authorities in Sanaa maintained their opposition to a programme extending to the whole country. In the circumstances the ICRC had no alternative but to give up the programme.

The Committee nevertheless continued its efforts to find the necessary support in cash and in kind which would enable it to assist the population in the north whose need was still extreme. All efforts proved unavailing. Without the backing it had striven in vain to obtain, the ICRC was faced with the impossibility of undertaking no less a task than the feeding of almost the entire population, which was obviously quite beyond its means.

**Assistance to Prisoners.** — In February the ICRC delegates' activity for the benefit of the few prisoners of war and political detainees then still held in Sanaa came to an end.

Before leaving, they made a final visit to the 35 ladies of the royal family who were detained in Sanaa, and obtained authorization for them to go to Jeddah.

Since the renewed outburst of hostilities, the ICRC has resumed its traditional form of assistance to military and civilian prisoners. This was made possible thanks to the temporary missions undertaken by the regional ICRC delegate.

## 6. SPECIAL SERVICES

### **Central Tracing Agency, Geneva**

This service, one of the ICRC's most important, has continued its output. In 1966, the Central Tracing Agency received 73,434