Dear Readers,

It is with great pleasure that we present to you the first ICRC Bulletin from our new office in Tokyo. Thanks to the invaluable support of the Japanese Red Cross Society and the Ministry of Foreign Affairs and the persistent efforts of the Kuala Lumpur regional delegation, the ICRC is honoured to be able to open an office in Japan after 60 years. It is indeed a fortunate coincidence that the establishment of the office coincides with the 150th anniversary of the Battle of Solferino, which was the beginning of the Red Cross and Red Crescent Movement.

As a field-based humanitarian organization, the ICRC generally operates in countries which are ravaged by the effects of conflict. In the same vein, the ICRC once had a presence in Japan to visit prisoners of war and to assist war victims. Today however, the reason for opening an office in Japan is a different one. The ICRC recognizes that Japan is increasingly becoming an important humanitarian actor on the world stage and thus deems the country to be a strategic partner sharing the same humanitarian values.

The aims of the ICRC Tokyo Office are multifold: (i) we hope to strengthen our ties and networking with the political authorities in Japan such as the Ministry of Foreign Affairs and the Ministry of Defense; (ii) to foster cooperation within the Movement together with our national partner, the Japanese Red Cross Society; (iii) to raise awareness of the ICRC’s mandate and activities among the larger public; and (iv) to facilitate an increased number of Japanese staff working for ICRC missions abroad.

With regard to the latter, Japanese staff returning from the field invariably agree that the minute they began working for the ICRC was a turning point in their lives. They regarded the close contact with victims of war as well as the personal commitment of the ICRC staff to protecting the lives and dignity of persons in need as being enriching experiences. As reflected in the articles of our colleagues Dr. Makiko Kikuchi and Takuro Fujii in Kandahar and Kabul respectively, many human stories unfold while implementing ICRC’s mandate of assistance and protection of prisoners and civilians. We hope that their stories are an inspiration for many who may consider joining the ICRC one day.

As mentioned above, this year marks the 150th anniversary since the Battle of Solferino, which led to the establishment of the world’s largest humanitarian organization the International Red Cross and Red Crescent Movement. Together with our Movement partners, ICRC offices worldwide will launch the two year “Our world, Your move” campaign on World Red Cross and Red Crescent Day on the 8th of May 2009, with the message that “one simple humanitarian action is worth more than a hundred words”. With that, we invite you to join us in making that first simple gesture for the sake of humanity.

Yours sincerely,

Yoshinobu Nagamine
Head of Tokyo Office
International Committee of the Red Cross
From the Field

The ICRC maintains a permanent presence in over 60 countries and conducts assistance and protection operations in about 80 nations. The following is a snapshot of our worldwide activities in several contexts which are currently facing serious humanitarian crises.

SRI LANKA

The ICRC helps to guarantee the smooth passage of people and goods.

The conflict has disrupted traffic through Omanthai, formerly the only crossing point between government and LTTE (Liberation Tigers of Tamil Eelam) areas. The ICRC has been facilitating the movement of the sick, the wounded and humanitarian aid between the LTTE- and government-held areas by sea.

The centre of the conflict has shifted from the east coast to the Vanni. From the end of June 2008, Sri Lankan armed forces made considerable gains over areas formerly controlled by the LTTE in the Vanni. The result was the mass displacement of some 80,000 people.

Since evacuations started on 10 February 2009, ICRC-chartered Green Ocean ferry has evacuated over 4,000 sick and wounded people together with their carers. On 12 occasions, the ICRC facilitated the movement of food shipments from Trincomalee to Putumattalan, delivering a total of over 700 tonnes of flour, dhal, sugar and oil provided by the government and the World Food Programme. On three occasions, it was possible to deliver some medicines provided by the Ministry of Health, but the quantities were too limited by comparison with the needs.

The ICRC continues to monitor allegations concerning violations of International Humanitarian Law affecting civilians throughout the country. With the cooperation of government officials and the LTTE, the ICRC has been visiting people arrested in connection with the armed conflict to monitor their treatment and conditions of detention. The ICRC paid for 10 detainees to return home by public transport after release, and for the families of 635 detainees to visit their detained relatives.

SOMALIA

In the central region of Galgadud, several thousand people had to flee their homes earlier this year because of heavy fighting. Severe drought has further aggravated the situation for the displaced and residents alike. Families have inadequate shelter, they are short of water and may run out of food soon.

“We fled from Mogadishu two years ago and when we arrived in Dusamareb [the capital of the central region] we were hoping for a better life. But then we started suffering from the drought and now the conflict has followed us. We had to leave town and we will not go back in the near future. There is nothing to go back to,” said Faduma Mahmud, an elderly woman who has been displaced with her entire family.

The ICRC has been working in Somalia since 1977. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, and runs extensive first-aid, basic health-care and other medical programmes to treat the wounded and sick. It also carries out agricultural and water projects designed to improve the economic security of vulnerable communities over the medium term. It works closely with and supports the development of the Somali Red Crescent Society.

AFGHANISTAN

Fighting continues in all but nine of Afghanistan’s 34 provinces, and the situation for the civilians affected is giving cause for extreme concern.

The ICRC plans to step up its presence over the coming months, especially in the south. The expatriate medical team supporting staff at Mirwais regional hospital in Kandahar is set to grow from 12 to at least 15. New ICRC offices have opened in Farah in the west and Maimana in the north-east, and work has expanded at the ICRC office in Kunduz. Additional ICRC offices are expected to open in Helmand province in the south, and Badghis in the west. An ICRC first-aid post has opened in Wardak province in the central region, bringing the number of such posts in Afghanistan to five.

The ICRC visits places of detention run by the NATO-led International Security Assistance Force, the US forces and the Afghan authorities, where it monitors the conditions of detention and the treatment of detainees. The ICRC followed up the cases of 114 people after their arrest. As an illustration of its work in Restoring Family Links, the ICRC helps family members separated by conflict to keep in touch, and responds to requests from families to trace missing relatives. Families of detainees in Bagram Theatre Internment Facility have been able to make a total of 172 video calls to their detained relatives, while 37 families visited Bagram in person. The ICRC also provided transport to Bagram and back for these family visits.

For further information, visit www.icrc.org
My very first visit to Afghanistan was around the time that the Taliban had begun destroying the ancient statues of the Buddha.

While general order was largely still established, severe droughts and widespread poverty continued to afflict the population there, largely ignored by the international community.

In the capital Kabul, people were living without even money enough to put glass in their window frames, and instead plastic sheeting was being commonly used: The shattered glass and the mountains of rubble wherever you looked were evidence of the disastrous impact of the conflict.

In Afghanistan, the ICRC is facing many new challenges, and is undertaking what could be described as cutting edge work. Since the end of the Cold War, internal conflict has been most prevalent, and the initiatives within the “Global War on Terror” have come to the fore since 9/11. In the midst of the shouts and cries, there have been whispers by some that the principles of International Humanitarian Law (enshrined in the Geneva Conventions) that form the foundation of the ICRC’s activities, may be outdated. This underscores how important it is to ensure that all parties respect IHL.

Undeterred, the ICRC has steadily maintained its regular visits to detention centres in conflicts, and continued carrying the torch of humanitarian principles forward. As the situation deteriorates in Afghanistan, the ICRC has expanded its work on restoring livelihoods and providing medical assistance to those affected by the conflict. The ICRC’s ability to expand its operations in this worsening security situation is due to its unchanging commitment to total impartiality and neutrality, which has meant that it benefits from the cooperation of both those in power and the opposition. Nowadays, it is hard to imagine negotiations for the return of abductees or the handover of the bodies of those killed in the conflict without the presence of ICRC mediators.

We work on protection for non-combatants and detainees in the conflict here. This is a field that few other organisations work in, making it to some extent an endeavour unique to the ICRC. One aspect of this is making visits to those held in prisons and detention centres administered by the Afghanistan government or foreign armed forces in the country.

We assess whether their legal and procedural rights are being protected in line with Humanitarian Law for the treatment of detainees. We also assess the detention centres’ physical condition, and whether those who are ill or injured are being treated appropriately. Based on such investigations, we then make confidential recommendations regarding points for improvement to those responsible at that centre.

In addition to meeting with detainees directly, we facilitate the exchange of short Red Cross Messages (letters on family news) between detainees and their families who remain outside the detention facility. At the American army administered Bagram detention centre, the ICRC has been able to arrange meetings for detainees with their families, as outlined in page 2.

When I bring messages from these detainees to their families, their intense gratitude makes me so happy that all the tiredness I feel from the day’s work seems to disappear at once. The other day, I phoned a house to pass a message on to the father of a detainee from his son. The son had said that he was fine, and not to worry, but the father was unable to lay his worries aside just with that information, and questioned me repeatedly about his health, how he seemed when I met him, and so on. Finally, he thanked me, unable to express just how much the ICRC had helped him.

These small heart-to-heart encounters with those suffering in conflict are what motivate me each day, and moreover, it is the driving force behind all that the ICRC does.
The security situation is still unstable in Kandahar, south of Afghanistan. Vulnerable groups like women and children are suffering the most. According to UNICEF, among Afghan women who are in their reproductive years, half of their deaths result from pregnancy and childbirth and one fourth of children die before their fifth birthday.

The Mirwais Hospital in Kandahar is the only hospital that is publicly funded and accepts 3.6 million civilians. The ICRC has provided its department of surgery with humanitarian assistance since 1996 and begun to support the department of gynecology and of pediatrics to help more women and children. As a gynecologist, I worked as an ICRC medical staff for six months from October 2008 to improve the quality of medical service in its gynecological department by cooperating with a local medical team.

I encountered horrible scenes in the field involving newborns and pregnant women. Many were brought to the hospital due to hemorrhage, convulsive seizure, uterine rupture or serious contamination cases and the babies were already lost. Cases such as these are usually not seen in Japan. Together with our local staff, we struggled tirelessly to save lives, though sometimes in vain. Needless to say, I have never felt so much satisfaction seeing mothers together with their newborn babies.

What is needed in order to protect the health of women and children? This is a question that remains close to my heart, and one I cannot ignore. For a start, expanding the capacity of hospitals; and ensuring that those who require treatment are provided with appropriate medical care services swiftly. Of course, such points are essential. Moreover, we must ensure that peace and order are maintained so that people are able to live their daily lives free from the fear of death. We must fight against extreme poverty; we must address people’s desire to be able to live in good health. Even if it takes time, without addressing these issues, we will never be able to claim that the people of Afghanistan are living healthy, happy lives.

Dr. Makiko Kikuchi
Japanese Red Cross Medical Center
Gynecologist

Exhibition
OUR WORLD AT WAR
The year 2009 has great significance for the Red Cross and Red Crescent Movement: it marks the 150th anniversary of the battle of Solferino and thus the beginning of the Movement itself. To commemorate this anniversary, the ICRC sent five photographers from the world-famous VII Photo Agency to eight countries that were either at war or living through its aftermath: Afghanistan, Colombia, the Democratic Republic of the Congo, Georgia, Lebanon, Liberia Haiti and the Philippines.

The exhibition aims to showcase every individual story of loss and suffering in war, brought to the forefront of the world’s attention: women struggling to recover from sexual violence, families coping with displacement and people victimized by gang violence.

Date and Venue
Japanese Nursing Association (Omote-Sando) 8-14 May 2009 10:30 a.m. - 6:30 p.m.
Some photos will remain exhibited until May 29, 2009.
10:30 a.m. - 5:00 p.m. only for weekdays

JICA Global Plaza (Hiroo) 19-31 May 2009 10:00 a.m. - 8:00 p.m. (last day until 12:00 p.m.)
Weekends 10:00 a.m. - 6:00 p.m.
Closed on Monday

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