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Response to the humanitarian situation in Iraq

Speaking notes for an address
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International Committee of the Red Cross (ICRC), Geneva
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I should like to start by highlighting two factors which played a defining role in shaping the ICRC's response to the recent conflict in Iraq.

First is that the Committee has been active in Iraq without interruption since 1980, with bases in Baghdad, Basra and the north where it has pursued both protection and assistance activities. Concretely, protection work has meant visits to and repatriation of prisoners of war from the Iraq-Iran conflict as well as search for information on people unaccounted for from the 1990-91 Gulf War. In terms of assistance, it is particularly relevant to note that support to medical structures, both hospitals and health care centres has been at the forefront of our priorities for the past few years, and the same applies to water and sanitation projects.

The Committee was therefore familiar with the country's health and water adduction and processing systems well before the 20th of March 2003.

Second, in October of last year, our Institution had decided to increase its response capabilities in and around Iraq. The decision of principle had also been taken to keep a core team of expatriate and Iraqi national staff in the country in the event of a war. Moreover, a careful review process has led us to the conclusion that, regardless of military developments, deficiencies in the health delivery and water adduction systems were likely to be critical issues of concern for the civilian population. In addition, it was evident that the outbreak of a full-fledged conflict would require the ICRC to step up its protection work, notably by visiting POWs and civilian internees. In other words, we concluded that the existent operational priorities were likely to keep, if not increase their relevance.

The course of events validated our choices.

During the war, the Committee supported hospitals and health centres, and effected emergency repairs on the water supply systems. Protection-wise, ICRC delegates have so far visited over 7000 POWs and civilian internees. Over 6000 have been released in the meantime. Efforts to gain access to all other interned persons are ongoing.

There were also limits to the activities carried out by the ICRC during the phase of most intense fighting, both security- and staff-related: whereas the ICRC could carry out emergency work in Baghdad, the Basra region and in the north during the phase of intense fighting, it had no access during this phase to major cities between Basra and Baghdad, such as Nasirya, Karbala and Najaf.

The ICRC's present and future activities include:

- visits to all persons deprived of their liberty
- protection of vulnerable groups such as
 - separated and unaccompanied children
 - sick and wounded
 - internally displaced persons (IDPs)
 - minority groups
- re-establishment of family links
- prevention and resolution of issues of persons unaccounted for in relation to the present and past conflicts and violence
- emergency repair and rehabilitation of vital structures (such as water, health facilities, sewage)
- provision of medical emergency consumables and equipment
- assistance and support to public health structures
- emergency food and non-food assistance to vulnerable populations
- awareness-raising activities related to explosive remnants of war and landmines.

And the ICRC has fielded nearly 100 international and 450 Iraqi staff to implement this program.

The ICRC is, as lead agency of the International Red Cross and Red Crescent Movement in Iraq, also coordinating the activities of the National Red Cross and Red Crescent Societies in Iraq. Representatives of 33 different Societies and the International Federation met on the premises of the ICRC Delegation in Baghdad ten days ago.

When it comes to assessing the current humanitarian situation, it is essential to understand that it cannot be dissociated from the security context nor from the current dysfunction of key administrative structures. The ICRC

has drawn the attention of the Coalition and of the International Community to this fact at an early stage. I recall my public appeal on April 11th.

Improving security and establishing functioning administrative structures so that people can go back to work and get paid remain top priorities, also from a humanitarian point of view. This was also my main message to Coalition forces when I visited Baghdad at the beginning of May.

The ICRC remains concerned by the security situation in Baghdad and other parts of the country. Various incidents over recent days further show that main roads remain unsafe.

Our early analysis, based on our field experience, that Iraq was not faced with a general humanitarian catastrophe seems now to be widely shared.

However, three considerations should be borne in mind:

- things could still turn wrong if security is not improved fast; more has to be done;
- there are urgent humanitarian needs in specific sectors and various contexts;
- there are, beyond humanitarian emergencies, immense needs for repair and upgrades of infrastructures, in particular in the health and water sectors.

If there is, at present, no major lack of dry food, people are lacking fresh food – not so much because of a lack of supply but lack of money to buy. It is good news to hear that the payment of salaries or other financial incentives has now started in different places. The lack of fuel in some parts of the country makes difficult the transportation for the staff in different institutions or can reduce supply lines.

A systematic evaluation of needs by ICRC medical teams in hospitals and other medical structures across the country is under way. In the course of the week of May 11th through 18th alone, ICRC medical teams visited about 10 hospitals in Baghdad and 7 in the central region of the country. The situation in hospitals does vary widely from one place to the other. There is a clear need for medical supplies in order to treat specific diseases like cancer, diabetes or cardiovascular diseases. In order to fill the gap until the central system of drug supplies is functioning again, the ICRC has just placed a large order of pharmaceuticals to be distributed through the central pharmacy and monitored by the ICRC.

One of our main humanitarian worries relates to the high number of incidents caused by unexploded ordnance and mines, and to the potentially disastrous effects of plenty of weapons and ammunition easily accessible

across the country. In order to spread emergency information and to evaluate the situation, an ICRC team has recently visited ten of the 13 southern Governorates.

As far as the legal framework in Iraq is concerned, we are, in terms of international humanitarian law, in the situation of an occupation. The applicability of the relevant provisions of the Geneva Conventions – in particular the Fourth Convention – and the Hague Regulations is accepted by the Occupying Powers. To monitor the application of these provisions will be one of the tasks of the ICRC.

I thank the Deputy Secretary-General and the representative of the U.N. agencies for their kind words addressed to the ICRC for its work during the conflict. The ICRC is ready to cooperate closely with U.N. agencies and other humanitarian actors while maintaining its full independence in relation to all actors.

The ICRC will strictly respect the principles of independence, neutrality and impartiality, in Iraq as in all other operational contexts. If the ICRC was able to conduct its activities for the last 23 years in contexts like Iraq, for the last 24 years in Afghanistan or in many other places, it is also because the Institution was perceived as a neutral, impartial and independent humanitarian organization, and therefore accepted by the local population and the different groups.

Present and active in Iraq for 23 years, also in the most difficult moments, the ICRC will continue to assist the Iraqi population in full respect of its dignity.