

## THE RED CROSS ACTION IN THE CONGO

*The International Committee and the League of Red Cross Societies made a point of informing those taking part in the meetings of the International Red Cross in Prague, by means of information sessions and a booklet, of the work undertaken by the Red Cross in the Congo since 1960. This has been dealt with in the International Review on a number of occasions but in a fragmentary manner and we think it would be useful to summarize for our readers some of the successive stages in an operation which has mobilized, and which continues to mobilize, part of the forces of the Red Cross.*

*Here, first of all, are the main points of a speech made by Mr. Gallopin, Executive Director of the ICRC, to which we have added certain details on the interventions which have taken place in recent months, following events in Katanga. Secondly, we are publishing some passages from a booklet edited jointly by the ICRC and the League on medical assistance in the Congo<sup>1</sup> and to finish we are giving a few details on the medal distributed to the members of medical teams to whom the ICRC wished to express its grateful recognition.*

### THE INTERNATIONAL COMMITTEE IN THE CONGO

Acting in conformity with its mandate and by virtue of the right of initiative which it is universally accorded, the ICRC took the decision to send two delegates to Leopoldville at the outset of the disturbances which followed the proclamation of the Congo's

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<sup>1</sup> *Medical assistance in the Congo.* Report on the action of the International Red Cross, given the task of providing staff for some 30 abandoned hospitals in the newly independent Republic of the Congo, for an emergency period of 12 months. ICRC and League, Geneva, 1961.

independence. These men's mission was to take all the measures necessary to bring aid to the victims of events in agreement with the Congolese authorities. Besides this, the ICRC soon received appeals from the Congolese Section of the Red Cross, as well as the Belgian Red Cross.

**I. Emergency Phase.**—The ICRC's first aim was to obtain from everybody respect for the Red Cross emblem protecting neutral health areas which had been established on the delegation's initiative. These zones, which included the hospitals of Leopoldville and Stanleyville, were approved by all the parties together and they rendered valuable service.

The ICRC also took part in the evacuation of nationals who were being forced to leave the country as a result of the severe disorders. To this effect, its delegates lent all their support to the Congolese Section of the Red Cross which they helped in protecting and evacuating these persons. They backed up these relief actions to the civilian population, supplying it with powdered milk and multivitamins, so that it could resume its distributions of milk to the women and children in the main districts of Leopoldville.

Slowly, the ICRC diversified its action and extended it to other fields of activity, which necessitated its delegation in the Congo being reinforced.

**II. Civilian and Military Prisoners.**—From the outset of the disturbances, the ICRC endeavoured to carry out one of its specific tasks in giving its assistance to military prisoners and persons detained for political reasons. The many approaches which its delegates made often had positive results.

Thus, in August 1960 the delegation took an active part in the release and repatriation of fifteen wounded Belgian troops, who were escorted from the hospital in Leopoldville to Brussels by an ICRC doctor-delegate.

During the displacements in the interior of the Congo, delegates have intervened on numerous occasions on behalf of Congolese political detainees, particularly in Stanleyville and Luluabourg. They have made repeated visits to penal establishments, camps or prisons. In certain cases, they have been able to obtain the release

of some of these detainees, improvement in detention conditions or even organize the revictualling of certain prisons which were no longer receiving foodstuffs as a result of events.

At the beginning of November 1960, a delegate who had been sent to Katanga to examine the humanitarian problems which were arising there, sought and received from the Katangan authorities permission to visit political prisoners. He went to the main places of detention, namely the prisons of Buluo and Kasapa, where there were more than one thousand detainees.

Following the observations and approaches made by this delegate, the Katangan authorities largely took note of the suggestions which he put forward for the improvement in the treatment of political prisoners.

On December 5, the ICRC delegation in Leopoldville received permission to visit Luzumun prison, on the outskirts of Leopoldville, where the delegate had various talks with the political personalities of Orientale Province who were detained there, as well as Lula prison in Stanleyville, where politicians of the central Government were imprisoned.

On December 27, the ICRC doctor-delegate was able to go to Hardy military camp at Thysville, where, at this time, Mr. Patrice Lumumba was imprisoned. He had talks with the latter and his companions and was also able to examine the detention conditions. With the agreement of the Congolese authorities, he passed on messages which had been given him by these persons for their families.

Following this, the ICRC repeatedly approached the competent authorities, not only in Katanga but in Stanleyville and Leopoldville, to be allowed to carry out further visits but, unfortunately, without success. It had not obtained permission to visit Mr. Lumumba again, when the latter's death was announced. The International Committee has shown itself no less resolved to continue its efforts in order to bring its assistance to all detainees, without distinction and without discrimination and to be able to visit them in all regions of the Congo, independently of all political and racial tendencies.

In February 22, 1961, as the situation was worsening, the ICRC made an appeal to all those exercising authority in the territory

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of the ex-Belgian Congo, reminding them of the universally recognized humanitarian principles and offering them its services as a neutral intermediary.

Mr. M. Tshombe replied favourably to this appeal and gave his agreement to a new ICRC mission in Katanga with the result that two ICRC delegates left Geneva on March 15. During a stay of one month they were given all the necessary facilities for visiting establishments where persons were detained who had been arrested or imprisoned for political motives. They were able to observe with satisfaction that the suggestions made during the previous mission had, to a large extent, been carried out.

In another connection, the ICRC delegate who had gone to Stanleyville obtained permission to visit, on March 1, eight Belgian troops who had been taken prisoner in January at the Ruanda Urundi frontier and transferred to Stanleyville. He had talks with them, handed over mail to them and intervened so that they received the relief they needed until the beginning of July when they were finally released and repatriated, the delegate accompanying them from Stanleyville to Brussels.

It should also be pointed out that within the limits of the approaches which he has unceasingly made to assist all prisoners, civilian or military, Congolese or European, one of the ICRC doctor-delegates was authorized by the Leopoldville Government to visit, during May, Mr. Moïse Tshombe, president, and Mr. Evariste Kimba, Katangan Minister for Foreign Affairs, while they were detained at Coquilhatville. Accompanied by a Swiss Red Cross doctor, he carried out a thorough medical examination of these two men, assured himself that the necessary care which he had begun would continue to be given them and talked freely with them. The same ICRC doctor-delegate was able to re-visit these two men after their transfer to Leopoldville, with the authorization of the central Government. In accordance with usual practice the reports of the visits made by the ICRC delegates were handed over to the detaining authorities only.

To its regret the ICRC has to acknowledge that, despite its efforts, it has not obtained the authorization which it has unflinchingly sought in order to extend the same assistance to all Congolese civilian prisoners in the hands of the authorities in power in the

different provinces of the Congo, particularly in Western Province, Kivu and Kasai.

Finally, the ICRC delegation in the Congo was authorized to visit about forty European troops serving Katanga, who had been captured by the United Nations forces and interned at Kamina base, then transferred to Leopoldville. Notification of their capture was made by the ICRC Central Tracing Agency, which also served as intermediary for the exchange of correspondence between these prisoners and their families up till the time when they were repatriated through the good offices of UNO. Other groups of military serving in the Katangan forces and subsequently captured, have also been visited in Leopoldville by ICRC delegates before their repatriation.

**III. Tracing Service.**—One of the ICRC delegates in the Congo was detailed to set up a tracing agency within the delegation in Leopoldville, along the lines of the Central Agency in Geneva. He has done this with great success and we do not propose to go into details here, as the International Review devoted a comprehensive article to this activity in a recent number (April, 1961).

**IV. Development of the Red Cross in the Congo.**—The ICRC delegation lent its services to the young Congolese Red Cross to help it to form itself into an autonomous Society. Together with that Red Cross, it approached the Congolese Government in order to urge the latter to adhere to the Geneva Conventions and to confer its official recognition on the young National Society being trained. It helped the Society to draw up its statutes and gave it advice, not only for its re-organization, but for the preparation of its future activity.

The constitution and re-organization of this Society raised innumerable problems of a practical and legal nature which have still not been entirely solved. However, definite progress has already been made and the young Society can be considered as being on the way to fulfilling important functions, although it has not yet been recognized either by the Government or by the ICRC.

It should moreover be pointed out that the Ministry of Foreign Affairs of the Congolese Government sent a declaration to the

Federal Political Department at Berne on February 20, 1961, confirming that the Congo is a party to the 1949 Geneva Conventions.

**V. Dissemination of the Conventions.**—At the same time as it intervened with the authorities to initiate this declaration of accession to the Conventions, the ICRC delegation was engaged in disseminating the principles in such measure as the circumstances permitted. A special edition of the illustrated booklet on the Conventions in nine languages was rapidly brought out, in which one of the languages was replaced by Lingala, which is spoken principally in the army. This edition was distributed through the Congolese Red Cross and various educational authorities.

**VI. Relief Actions.**—Since August, 1960, the ICRC delegates have taken part in different relief actions in the interior of the Congo. Thus, after the severe tribal fighting in South Kasai, which had serious consequences on the food and health situation in that region, the ICRC delegation, acting in co-operation with the United Nations, carried out, with enormous difficulty, two distributions of foodstuffs to the Baluba refugees who had fled before the repeated attacks of the Lulus. Other emergency actions were undertaken on several occasions in different regions of the Congo in co-operation and with the help of the United Nations or UNICEF. The convoys were escorted by an ICRC delegate who organized and supervised distributions, with the assistance of the local authorities. There were actions of this nature on several occasions, particularly in the Bakwanga region, where most of the Baluba refugees were concentrated, in the Luluabourg region, in North Katanga and in Shangugu region, on behalf of refugees from Ruanda Urundi.

However, on seeing that, as the situation worsened, it was bringing in its train enormous problems of relief, the ICRC sent one of its delegates on a special mission to the most troubled areas in order to evaluate the size of the needs and to determine if it was possible for the ICRC to take part in the emergency actions which the United Nations were preparing to undertake to cope, in particular, with the wide-spread famine among about 300,000 refugees from South Kasai.



*Commemorative medal presented by the ICRC to the members of the medical teams in the Congo.*



*Mr. de Valera, President of the Republic of Eire, and of Irish Red Cross, handing the medal to Irish recipients . . .*

**Members of medical teams receiving the ICRC commemorative medal.**

*. . . Mr. Shimadzu, President of the Japanese Red Cross, handing the medal to Japanese recipients.*



However, after examining the alarming report received from its delegate, the ICRC came to the conclusion that the relief action which should be undertaken clearly exceeded the capacity and the competence of a private institution such as the ICRC ; firstly by reason of the exceptional conditions which existed in the Congo and the complete disorganization and absence of public transport which resulted ; secondly because of the duration of the actions required. In fact, during previous emergency actions the ICRC had been able to act with the support of the public services, whose co-operation is indispensable. Moreover, it judged that the criteria which guide its action as a neutral intermediary were not present in the Congo. Finally, quite apart from these fundamental considerations, it was obvious that enormous State aid was necessary, which only an inter-governmental organization such as UNO was in a position to obtain.

The ICRC, therefore, felt obliged to refuse the offer made to it to assume any rôle in the Committee for co-ordinating aid to the Congolese civilian population, scheduled by UNO in the Congo.

The mission carried out by the ICRC delegate did, however, give UNO the opportunity of possessing all the data necessary for judging the situation, by examining concrete proposals as a result of which it was able to take all the emergency measures which were needed. Moreover, the International Committee declared itself willing, within the limits of its means, to lend its assistance for all emergency actions which UNO might undertake in the Congo, and until that organization was able to set up permanent technical measures of assistance to the Congolese civilian population.

In another sphere, the ICRC delegation in the Congo has endeavoured to bring aid and protection to any part of the civilian population which has been the victim of racial or political discrimination. When serious disturbances broke out in Kivu province at the beginning of 1961, an ICRC delegate tried to intervene but the local authorities did not allow him to do so. However, the observations which he made at Shangugu, at the Ruanda Urundi frontier, towards which the refugees were flocking, as well as at the United Nations camp at Bukavu, made him realize the extreme gravity of the situation. On his return to Leopoldville, the ICRC

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delegate immediately made a report and pointed out that measures should be taken to ensure protection for the civilian population in that area.

**Katanga.**—The ICRC was considering closing its mission in the Congo when the recent events in Katanga arose. As soon as the fighting, which extended to several parts of the province, was known about, the ICRC immediately set to work to exercise its humanitarian activity as a neutral intermediary, to assist all victims, to have the principles of the Geneva Conventions respected and to ensure the protection of the Red Cross emblem. It also asked one of its delegates in Leopoldville to try and reach Elisabethville but the latter had to wait until September 19, 1961, before finally getting to Katanga.

At the same time the ICRC sent another delegate from Geneva to Rhodesia, from where he succeeded in reaching Elisabethville shortly afterwards. He immediately made every effort to ensure that the traditional tasks of the ICRC in this new conflict were carried out.

Two of the ICRC delegates were present at the release of military prisoners by the United Nations and the Katangan authorities. These prisoners from both sides, detained at Jadotville and Elisabethville, had previously been visited on two occasions by ICRC delegates. One of the latter also visited Katangan military prisoners at Albertville, Manono, Nyunzu and Kolwezi.

Faced with the renewal of hostilities in Katanga, the International Committee of the Red Cross took further measures to extend its humanitarian assistance to all the victims, military and civilian, of events. Its delegate endeavoured to have civilians who were trapped in combat areas supplied with food and evacuated. He tried to organize truces to allow the wounded and the dead to be collected, to visit prisoners and, in general, to ensure that the rules of the Geneva Conventions were respected.

Furthermore, in order to make its action more effective and to reinforce its delegation in Elisabethville, the ICRC ordered another of its representatives, the delegate in Rhodesia, to go to Elisabethville immediately. At the same time, it sought the assistance of the Rhodesian branch of the British Red Cross to place personnel and equipment at the disposal of the ICRC delegates.

On December 24, 1961, the ICRC learned with deep regret from its delegation in the Congo the confirmation of the death of one of its representatives, Mr. Georges Olivet, of whom there had been no news since December 13. In this issue we shall return to this tragic event, which has been all the more of a shock to the Red Cross world, since Mr. Olivet was mortally wounded during the exercise of his duties as an ICRC delegate, while going to the aid of victims of the fighting in Elisabethville.

### CONGO MEDICAL RELIEF

*Congo medical needs.*—A few days after independence, disturbances broke out between Congolese and Europeans, resulting in the exodus of most of the latter. Before independence there had been some 760 doctors in the Congo, all of them European, about one to every 18,000 people. After independence only 200 of these doctors remained or returned, the vast majority within the security of the cities. With the departure of the doctors many of the remaining trained personnel had also disappeared, so that in many places public health and hospital services had completely broken down. It therefore became urgently necessary to find a sufficient number of doctors and technicians to keep normal medical services going and to prevent the outbreak of epidemics.

*Appeal to International Red Cross.*—To help meet these medical needs the United Nations, whose help had been requested by the new Republic of the Congo, made an appeal through the World Health Organization to the International Red Cross. The original request was for five to ten medical teams, each with a doctor and two nurses. A week later, as the extent of needs became known, the World Health Organization requested at least another ten teams. The initial assignment was for three months but this was extended later to six months, and prolonged finally to 30 June 1961. The teams initially requested were of two kinds: a smaller one with a physician having surgical training and knowledge of tropical diseases, and two nurses; and a larger one with a surgeon, a physician experienced in tropical medicine, and three nurses. After

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the first three months however, the assignment of nurses was not prolonged because the local staff were proving sufficient to assist the Red Cross doctors.

*ICRC and League responsibilities.*—Both international institutions of the Red Cross, the International Committee of the Red Cross and the League of Red Cross Societies, played a part in the Congo medical action. Since the ICRC's establishment almost 100 years ago, the usual function of this committee of citizens from neutral Switzerland has been to act as humanity's intermediary in time of war, civil war and internal disturbances. The rôle of the League, which came into being in 1919, is to foster the growth of the Red Cross throughout the world and to promote peacetime international Red Cross relief on behalf of disaster victims and refugees. To achieve this aim, the League appeals to and works through its 85 member National Societies.

Consequently, in view of the situation existing in the Congo, it was agreed that the ICRC should be responsible for all international Red Cross action in that country. It was therefore decided that the medical teams in the Congo would be under the direct control of the ICRC which would be responsible for coordinating their activities in consultation with the Congolese Minister of Health and the WHO, while the League would coordinate with the National Societies the recruitment of the medical personnel and would be responsible for team welfare and administrative matters in the Congo.

*Response of National Societies.*—Immediately after receiving the request from the World Health Organization, the ICRC and League sent a cabled appeal to 15 National Societies for the five to ten medical teams initially needed. Within 48 hours ten teams had been recruited. In four days the first team promised, from Norway, had already arrived in the Congo. Within a month, 27 teams from 20 National Societies were on duty and by the end of the Red Cross medical action on 30 June 1961 a total of 57 teams from 23 National Societies had served in the Congo.

The response of the Red Cross National Societies was in fact remarkable because only two months earlier they had been called

upon to help provide material relief for 800,000 earthquake and flood victims in Chile, and since February 1960 they had been providing both personnel and material assistance to rescue and care for the 22,000 victims of the earthquake in Agadir. Furthermore, many National Societies had been providing, and were to continue providing, expert personnel to rehabilitate the 10,000 persons paralysed from oil poisoning in December 1959, also in Morocco, while for two years further back they had been contributing, and would continue contributing, a considerable proportion of the relief supplies needed to keep alive the 200,000 and more Algerian refugees in Morocco and Tunisia.

Not that medical relief was the only demand which the Congo crisis would make on the Red Cross world. It is of course true that, in a world increasingly aware of human needs, the Red Cross will be called upon to fill greater and greater demands. If there is any guide in the experience gained over the past five years since Hungarian refugee relief, then certainly the National Societies have not been found wanting in meeting these responsibilities.

*International Red Cross delegations in the Congo.*—Because of the disorder and breakdown of administration in the Congo, it was just as difficult to establish and maintain a medical relief operation as it was urgent to meet the medical needs. It was one of the duties of the delegation established by the ICRC in Leopoldville, the Congo capital, to develop a plan for the medical relief operation in cooperation with the Congolese authorities and the World Health Organization, to place or reassign the Red Cross teams according primarily to needs but also to security conditions, to accompany the teams to their hospital of destination, to ensure that they had accommodation, to see that they were provided with adequate drugs, medical supplies and equipment, and to maintain liaison with all the teams scattered throughout the country which they visited as often and regularly as conditions and transport means permitted.

For its part, the League appointed a liaison officer for the medical teams. He was responsible for team welfare and administrative matters and for maintaining relations between the teams and their National Red Cross Societies. The first of these duties was to

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receive the teams at Leopoldville airport, to assure their lodging in the city and to meet personal needs before assignment to a hospital. Once the teams were in the field the League liaison officer also visited them to ensure that they were settled as comfortably as possible, to hand over books and funds for salary and living costs as instructed by the National Societies, and to meet costs over and above these living allowances where adequate board, lodging and transport were not made available by the local authorities. Very often, too, the League delegate had to take along food with him for the teams.

*Transport of medical teams.*—Because of the emergency character of the medical relief action and also because of limited internal surface communications, transport of the Red Cross medical teams both to and within the Congo was mostly by air. Some of the Red Cross teams arrived in the Congo directly from their home country but eventually most of them flew in through Pisa, from where the United Nations had organised an airlift for their civil and military personnel and for food and relief supplies. Within the Congo itself where practically no other transportation means exists, the teams usually travelled to their destination in airplanes chartered by the United Nations. Following arrangements concluded by the ICRC, the United Nations Organization in the Congo also made air transport available to the International Red Cross for visits to teams and for freighting of medical supplies.

*Assignment and security.*—The Red Cross medical teams worked in all the Congo provinces except Katanga—where the medical situation had remained unchanged—and in some thirty cities and other main centres of population.

Most of the teams worked in conditions of security or themselves created such conditions thanks to their tact, patience and good work. In a few cases, however, disorder was overwhelming and the Red Cross team had to be evacuated or reassigned. One team was badly beaten and had to stay for a short time in hospital. Another team was besieged for a fortnight and had to be relieved by United Nations troops, while a third team got cut off from all communications but, as was learned later, with little impairment to the

team doctor's services to the local population. The ICRC delegate took numerous steps with a view to obtain guarantee from the local authorities and assistance by the United Nations for the security of the teams and to avoid the renewal of such regrettable incidents.

In spite of their difficulties many Red Cross teams showed considerable resourcefulness and prompt action in meeting needs created by exceptional circumstances. One Red Cross team forced a truce between warring tribes to recover and care for the wounded, another acted as first-aiders, stretcher-bearers and peace-makers in a conflict between United Nations and Congolese forces, and a third provided emergency relief for the victims of an earthquake.

*Medical supplies.*—One of the great handicaps in administering hospital and health services to the people of the Congo was the lack of medical supplies and the disrepair and damage done to hospital equipment. When making visits to teams the ICRC delegates usually took with them a wide range of drugs, serums, dressings and surgical instruments either in anticipation of needs or as a result of actual requests from the Red Cross doctors. Eventually, too, it was possible to send round a technician capable of repairing X-ray equipment in the hospitals run by the medical teams. The money to finance these supplies, totalling US \$45,883, was supplied by the British, Danish and German Federal Red Cross Societies, and from the ICRC itself. Meanwhile in Leopoldville the Netherlands and Canadian Red Cross Societies had staffed and operated a blood transfusion centre.

In addition to regular distributions of medical supplies, a special action was undertaken by the League in May 1961 for the people of Orientale Province. Following a three-month blockade of that province and an urgent request from the provincial Red Cross, nearly five tons of medical supplies, valued at US \$129,000 and donated by the Red Cross Societies of Denmark, Finland, Norway and Sweden, were airlifted to Stanleyville.

*Financing of medical relief operation.*—For the first and second three-month periods of Congo medical relief, the Red Cross teams were provided and paid for by their home National Society, with exceptional living costs being borne by the League when these

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could not be met by local authorities as initially foreseen. Meanwhile the World Health Organization tried to recruit doctors to serve in the Congo on long-term contracts. By the end of 1960, owing to continuing unsettled conditions, these efforts had not yet met with much success, so that the World Health Organization requested the International Red Cross to maintain 50 doctors in the Congo for another six months and offered to take much of the financial burden off the National Societies. As before, the National Societies continued to pay normal living costs for team members but the basic salaries of the medical personnel were paid by a WHO fund placed at the disposal of the League. The costs of staffing the medical relief action borne directly by the Red Cross world amounted to some US \$500,000.

*Conclusions.*—In spite of so much disorder and so many difficulties, the Red Cross medical relief action achieved what it was requested and set out to do : to keep hospital and health services going on an emergency basis till the Congolese medical authorities and the World Health Organisation could fill these needs on a longer term basis and begin to train the Congolese themselves to take over.

With regard to the fulfilment of the longer term programme, more than half of the minimum 200 international medical personnel needed had by June 1961 taken on engagements with the World Health Organization, which has also put advisory teams at the disposal of the Congolese Ministry of Health. Already, too, some 120 Congolese are beginning or completing medical and nursing studies in European universities at the expense of the United Nations, and 45 others have taken up medical scholarships in the Congo itself.

The Congo medical relief action also marked a step forward in international Red Cross relief, both in the largest number of teams ever recruited at such short notice and in the truly representative nature of the medical relief action. For the first time, Red Cross personnel from all six continents worked together in the Congo, with teams from Africa, Asia, Oceania and South America working side by side with teams from Europe and North America.

COMMEMORATIVE MEDAL

The medical action which the Red Cross undertook on behalf of the Congo ended, as one knows, on June 30, 1961, having lasted almost a year. The services rendered were considerable and given in difficult circumstances, in which the ICRC took over the co-ordination of the activities of different medical teams placed at its disposal by the National Red Cross, Red Crescent and Red Lion and Sun Societies.

Wishing to give special recognition to the courage and devotion shown by the members of the medical teams, the ICRC decided, some time ago, to award a medal to each one of them with a special inscription recalling the medical action in the Congo.<sup>1</sup> Each medal bears the name of the recipient on the reverse.

The National Societies of the following countries undertook to hand the medals to the recipients : Germany (Democratic Republic), Germany (Federal Republic), Australia, Austria, Canada, Denmark, Finland, Greece, India, Iran, Eire, Japan, Norway, New Zealand, Pakistan, The Netherlands, Poland, The United Arab Republic, Sweden, Czechoslovakia, Turkey, Venezuela, Yugoslavia.

During ceremonies organized for this purpose, some of the medals were handed over to the recipients<sup>1</sup>, several of whom have written to Geneva expressing their pleasure at receiving this token of recognition.

The International Committee deeply appreciates the efforts made by the Red Cross, Red Crescent, Red Lion and Sun Societies, to send medical personnel to the Congo, and the professional and moral qualities of this personnel. There is no doubt that this action, as well as that undertaken by the ICRC—in conformity with its mandate and by virtue of its right of initiative, and which we recalled in the first part of this article—has raised the prestige of the Red Cross and brought effective aid to the population of the Congo at a critical moment in its existence.

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<sup>1</sup> *Plate.*