

What is the role of an ICRC doctor-delegate ?

One of the duties assigned to the International Committee of the Red Cross by the 1949 Geneva Conventions is to provide medical care, whether in an emergency, in the context of a relief operation or in the course of routine visits to places of detention. In an emergency, the ICRC calls upon Swiss doctors who have a private practice or who work in a hospital, and upon National Red Cross Societies which supply doctors or complete teams.

The doctor may be accompanied by an assistant or a team comprising an anaesthetist, an operating theatre sister, nurses, administrators, etc. These missions are usually brief, perhaps about a month. The teams sent out by National Societies are, in principle, self-sufficient. From the surgeon to the auxiliary nurse, the teams are complete and take with them all that they need in the way of equipment, medicaments, an electric generator, and several weeks' food supplies. They use the existing hospital infrastructure of the country affected by war or, if that can no longer be used, the field hospitals which they bring with them. Once the various tasks are assigned, they may form separate mobile units and proceed to the less accessible areas, where they provide medical treatment for the population.

For such missions, the ICRC needs first of all doctors who have specialized in general surgery or in war surgery, general practitioners, anaesthetists and operating theatre nurses. Again, when the wounded need some specific treatment, it sends out such specialists as orthopaedists and oculists, as well as pharmacists who are responsible for ensuring that stocks of medicaments are available, sometimes in very large quantities.

Although less spectacular, the task of the doctor-delegate who visits places of detention is just as interesting. In this familiar ICRC activity, the doctor accompanies an ICRC delegate on his round of visits. On such missions, a doctor's services may be needed over a period ranging from ten days to several months.

While the delegate enquires about detention conditions, the doctor studies questions connected with hygiene and health. He inspects dormitories and sanitary facilities, visits cookhouses and samples the food. He ascertains whether vegetables are fresh and the water clean. The doctor-delegate also has some strictly medical duties. He enquires into the organization of medical care. Who is the camp's medical officer? What training has he had? How much time does he give prisoners who consult him? Do guards also receive treatment? Is an oculist available? And how about a dentist?

Then there is a visit to the installations: the infirmary, the laboratory, the dispensary. The doctor-delegate must see that everything is properly run and that conditions of hygiene are observed (for instance, the sterilising of instruments). He must ascertain that the nursing staff are conscientious. Lastly, he must see whether detainees who are seriously ill are evacuated to a hospital, and under what conditions. Are they taken by road or by air? And does the hospital agree to tend forthwith a patient who is a prisoner?

Then there are the contacts with detainees. The doctor-delegate assesses the general state of health and checks the treatment prescribed by the medical officer. He also has to study files in cases of death, enquire into the cause of death, and ascertain that the burial was carried out properly and with dignity. The doctor-delegate then interviews the local doctor and the authorities in the place of detention.

The report drawn up by the ICRC delegate and doctor-delegate is sent to the governments concerned, before a new round of visits is made to other places of detention.
