

## ICRC Report on Yemen, 1967

[Source: *Annual Report 1967*, ICRC, pp. 15-17]

### Yemen

**The ICRC's medical activity in North Yemen.** Giving medical assistance to the wounded and sick in the part of the Yemen under Royalist control was the ICRC's main action in that area during 1967. [...]

This mission's work was, however, rendered extremely difficult by several incidents. First of all there was that of Ketaf in the Jauf in January, when about 120 persons, many of them women and children, were killed as a result of an air raid on the village on January 5, 1967.

As a result of this attack, the ICRC made the following appeal on January 31 to the belligerents:

[“]The International Committee of the Red Cross in Geneva is extremely concerned about the air-raids against the civilian population and the alleged use of poisonous gas recently in the Yemen and the neighbouring regions.

In view of the suffering thereby caused, the ICRC earnestly appeals to all authorities involved in this conflict for respect in all circumstances of the universally recognized humanitarian rules of international morality and law.

The ICRC depends on the understanding and support of all the powers involved in order to enable its doctors and delegates in the Yemen to continue under the best conditions possible to carry out their work of impartial assistance to the victims of this conflict.

The ICRC takes the opportunity to affirm that, in the interest of the persons in need of its assistance, it has adopted as a general rule to give no publicity to the observations made by its delegates in the exercise of their functions. Nevertheless, these observations are used to back up the appropriate negotiations which it unflinchingly undertakes whenever necessary.[”]

A further raid on May 12 having caused 75 deaths, an ICRC medical mission went to give its aid there, after having itself been attacked from the air. On June 2 a report, drawn up by the doctors of the ICRC, was sent

to the governments parties to the conflict giving their observations and engaging them in no circumstances to resort to methods of fighting prohibited by the Geneva Protocol of 1925.

Since then, no further incident of this kind has been reported to the ICRC.

At the end of June, one of the ICRC delegates was the victim of a serious accident. Mr. Laurent Vust who was accompanying a consignment of medicines in the aircraft on the Najran-Gizan line was seriously hurt after a crash landing. He was the only survivor and suffering from bad burns. Mr. Vust was still undergoing treatment at the end of December 1967.

Another accident befell this mission. On August 26 an ICRC convoy was ambushed by Bedouins in the Jauf desert. A young doctor, Dr. Frédéric de Bros was hit by a bullet in the left arm causing an open fracture and resulted in partial paralysis in that limb.

In the autumn, as a result of agreements concluded in Khartoum, the ICRC had, in principle, arranged to terminate its medical action by the end of the year.

However, in December fighting again broke out around Sanaa. Consequently, the medical action had to be continued in the rear of the Royalist positions. After a journey of 600 kilometres on tracks between Najran and Jihanah with all the difficulties involved, an ICRC medical team was installed in the town of Jihanah which worked at night and took cover in case during the day. In Jihanah where it expected to find only a small number of wounded, the ICRC team discovered some thirty wounded abandoned and in indescribable conditions of distress of whom about twenty were seriously wounded, most of them women and children, and savagely mutilated.

In such conditions, it can be understood that the task of the ICRC doctors was one of the utmost difficulty, if one adds the fact that medical teams protected by the red cross emblem were twice bombed and attacked during the course of 1967. The courage of their members deserves high praise for risking their lives for others.

Finally, in view of the renewal of the fighting, a second appeal made by the ICRC in the last days of 1967 to the two parties in conflict for them to respect the fundamental humanitarian principles contained in the Geneva Conventions.

## Discussion

1. a. Does every attack wilfully killing and wounding civilians violate IHL? If not, in which cases is IHL violated? Are the conditions different under the IHL of international conflicts and the IHL of non-international conflicts? What if such attacks are designed to scare the civilian population? (P I, Art. 51(2); P II, Art. 13(2); CIHL, Rule 2) Does every attack directed at civilians violate either Protocol I

- or II? (HR, Art. 25; P I, Art. 51; P II, Art. 13)
- b. Must not women and children be given special protection under the IHL of non-international armed conflicts? (P II, Art. 4(2)(e) and (3); CIHL, Rules 134 and 135) Is this protection relevant in the present case?
2.
    - a. What protection does the IHL of non-international conflict provide to the sick and wounded? To what care are they entitled? (GC I-IV, Art. 3(2); P II, Art. 7; CIHL, Rules 109-111) Does the IHL of non-international armed conflicts offer as extensive protection and care to the sick and wounded as does the IHL of international armed conflicts ?
    - b. Which findings by the ICRC delegates in Yemen concerning the wounded correspond to clear violations of IHL? If only Art. 3 common to the Conventions is applicable? If the IHL of international armed conflicts is applied ?
    - c. What protection does IHL provide to those caring for the sick and wounded or those providing relief? (P II, Arts 11 and 18; CIHL, Rules 25-30) If hospitals and medical personnel are frequently attacked, as were ICRC units and personnel here, when should a humanitarian organization pull out? Particularly when it is clear that the emblem is not respected? (P II, Art. 12) What if that means that no one remains to aid the victims ?
  3.
    - a. Was the use of chemical weapons in 1967 prohibited by customary international law? Or purely through treaty-based law? (HR, Art. 23(a) and (e); P I, Arts 35 and 51; Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare; CIHL, Rule 74) Yet do those provisions apply in this situation? Why is the IHL of non-international armed conflicts so vague regarding prohibited weapons? Because customary IHL prohibits such weapons? Because this prohibition can be derived from the Martens Clause and somehow through Art. 3 common to the Conventions? Or does Protocol II expect reference to be made to the IHL of international armed conflicts? In all respects? If only in some respects, which ones? (HR, Art. 23(a) and (e); GC I-IV, Arts 63(4)/62(4)/142(4)/158(4) respectively; P I, Arts 1(2) and 35(2); P II, Preamble, para. 4)
    - b. Regardless of the origin of the rule, is not Yemen as a State party to the 1925 Protocol for the Prohibition of the Use of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare prohibited from using chemical weapons?
  4.
    - a. Does a public ICRC appeal mean that in certain situations the normal and specific mechanisms for the implementation of IHL do not function?
    - b. What criteria would you suggest to the ICRC for deciding whether to issue a public appeal to the parties to a conflict on violations in a specific situation? Is such an appeal in fact an appeal to all States Parties to “ensure respect” for IHL?
    - c. Did the appeal in this case respect the Red Cross principles of neutrality and impartiality? Was it necessary for the ICRC under those principles to criticize the belligerents? Because of continuing violations? Under those two principles, may the ICRC never criticize only one side in an armed conflict?
    - d. Why has the ICRC, as a general rule, adopted the policy of not publicizing the observations made by its delegates? Does it stem from the Red Cross principles of neutrality and impartiality? Or is it simply a working modality?