Secretariat of the International Committee of the Red Cross

**Letters from the Secretariat**

Delegates,

It is my distinct pleasure to welcome you to EagleMUNC V! My name is Kerianne DiBattista, and I am the Secretary-General of EagleMUNC V. I am a senior at Boston College in the Morrissey College of Arts and Sciences majoring in International Studies with a concentration in Economics. I am originally from Long Island, NY, and I have been participating in Model UN conferences since I was in tenth grade, rising to become Head Delegate and Secretary-General of my high school conference. At BC, I travelled to several conferences with our MUN team and I have participated EagleMUNC since my freshman year. As you begin your EagleMUNC V experience, I implore you to explore the conference theme, "The Interplay of Power and Ethics," and make your EagleMUNC experience the best it can be! Thank you, and I'll see you at EagleMUNC!

Best Regards,

Kerianne DiBattista

Secretary-General, EagleMUNC V

Dear Delegates,

It is my great pleasure to welcome you to EagleMUNC V! My name is Jack Massih and I am the Under Secretary-General of Political Affairs. I am a senior at Boston College studying Political Science and Economics. I began participating in MUN my sophomore year of high school and have been hooked ever since. I joined the EagleMUNC team as a freshman for the first year we moved off BC’s campus and into Boston, and it has been a joy to witness the conference continuously grow and evolve since then. The Political Affairs team has been working incredibly hard to prepare for the most innovative and exciting conference in EagleMUNC history. I am looking forward to seeing all of your creative and thoughtful responses to the diplomatic predicaments and crises you confront over the weekend.

Best,

Jack Massih

Under Secretary-General Political Affairs, EagleMUNC V
Letter from the Chair

Hello Delegates,

Welcome to EagleMUNC V. My name is Caroline Southard and I will be your chair for the Secretariat of the International Committee of the Red Cross. I am currently a sophomore at Boston College studying Economics, International Studies, and French. I grew up in Buffalo, NY and initially became involved in Model UN during high school. MUN was my favorite club and because of it, I have traveled around the country for conferences. Researching pressing international issues excited me and sparked a passion within me for international affairs, diplomacy, and history. During my senior year, I served president of my high school’s club. I gained my first insight into how much work goes on behind the scenes of a MUN conference by planning and running several in-house conferences back then. My interest in that has led me to continue my involvement in MUN during my time in college. At EagleMUNC IV, I acted as the Co-Chair for the “House of Un-American Activities” historical crisis committee set in 1950.

With the entire EagleMUNC staff, I welcome you to this year’s conference and look forward to meeting you. This will certainly be an exciting, challenging, and fun weekend from which we hope you gain and learn a lot. Global awareness is certainly a critical factor in becoming a responsible and informed citizen of the world, and I applaud you for your dedication to this club—which requires hard work but provides so much exposure and understanding of international affairs and problem solving. Please do not hesitate to email me in the months leading up to the conference if you have any questions or concerns, I am more than happy to help.

Good luck researching and preparing, and I’ll see you in March!

Best,

Caroline Southard
Introduction

This year’s Secretariat of the International Committee of the Red Cross provides an interesting and challenging perspective pathway to tackle crises across the globe. It can be very overwhelming to see the news every day, informing us about horrible humanitarian and natural disasters that seem incessant. It’s easy to feel helpless, but it’s comforting to know that relief agencies such as the ICRC strive to alleviate the suffering through their successful efforts. For over a century, the International Red Cross has brought hope and relief to the victims of armed crisis and disasters through medical aid, food, shelter, sanitation, education, and reconnecting of families separated by conflict. Aiming to provide respectful and supportive care to victims, the ICRC works in an emergency-based, rapid-response system to reach victims as soon as possible.

The members of the Secretariat of the International Committee of the Red Cross is structured as a board of advisors consisting of neutral Swiss members who consult on issues in their respective realms of knowledge and expertise. All members’ input is critical for making ICRC’s decisions, which are heavily weighted due to the status and tremendous global influence of the ICRC. We have selected positions for you that will cover all areas of the ICRC’s work and the logistics of implementing its aid.

Historical Background

The 19th Century was a particularly bloody era for Europe, as no well-established or organized nursing systems to respond to the seemingly constant wars existed. Provoked by his personal experiences in battle, Henry Dunant wrote A Memory of Solferino, which proposed two ideas for alleviating the suffering of wounded soldiers: neutral relief societies in every country and a legal basis that would oblige armies to care for all wounded soldiers, regardless of allegiance. Dunant’s account also motivated the governments of for Europe to hold the 1863 Geneva Convention, as it was
Secretariat of the International Committee of the Red Cross
distributed to political and military figures throughout Europe. The convention gave an
impetus to develop humanitarian laws of war and international war relief societies
throughout Europe. Later on in 1863, the Geneva International Conference created the
identity of the international relief agency, which was given the name and symbol of the
Red Cross. The Red Cross emblem intended to differentiate volunteers tending to
wounded soldiers and to display their neutral status. The resolutions of both of these
conferences in 1863 remain the fundamental guidelines on which the International
Committee of the Red Cross continues to act.¹

Relief societies emerged and expanded across Europe, first in Central Europe
and then in Western Europe, and began to work with their nations’ governments to
deliver the emergency relief needed in times of war. Major growth of these national
Red Cross societies occurred during the World Wars of the 20th Century.² In the wake
of World War I, the ICRC set up Prisoner of War Agencies and monitored warring
countries’ compliance with Geneva Convention standards for international law. The
ICRC also heavily protested the use of chemical warfare. During World War II, the Red
Cross societies’ actions were more extensive: throughout the war 179 ICRC delegates
conducted 12,750 visits to POW camps in 41 countries. Later in the 20th Century, the
ICRC became even more involved with civilians and civil wars and was granted Observer
Status in the UN General Assembly—the first private organization to be given this
status.

Throughout its history and development, the International Committee of the
Red Cross has retained a simple, yet powerful mission: “to protect the lives and dignity
of victims of armed conflict and violence and to provide them with assistance.” The
impartial, neutral, and independent humanitarian organization has been awarded the
Nobel Peace Prize on three separate occasions. Working each year with a budget of
over 1 billion Swiss francs received as voluntary donations, the ICRC works mainly in

https://www.icrc.org/eng/resources/documents/misc/c7jnv.htm

https://www.icrc.org/eng/who-we-are/history/founding/overview-section-founding.htm
Secretariat of the International Committee of the Red Cross

emergency conflict areas brought on by warfare and/or disaster. The organization intends to respond quickly and efficiently to all issues with which it is presented, and due to its success throughout the past 130 years, the ICRC has become and remains the largest humanitarian relief network in the world.

Medical aid in emergency zones are usually collaborations with already-existing hospitals, but can also be set up as autonomous care centers. Medical staff volunteers attend to patients in need of emergency care due to wounds, but additional services provided are vaccinations against diseases in times of outbreak or for preventative measures, and overall health education for conditions like HIV/AIDS and diabetes.

For cases of food insecurity, the Red Cross works on a case-by-case basis to provide immediate refill for hunger and malnutrition, as well as long-term alleviation of food insecurity. ICRC cooperates with Red Cross National Societies in affected areas to distribute the appropriate type and quantities of food for the victims receiving aid. Food is distributed under the supervision of ICRC delegates. Proper irrigation and other farming systems to ensure successful crop yields are often set up in vulnerable areas, especially those prone to droughts.

To provide potable water and guarantee it in the future, the ICRC often implements projects to allot water, repair boreholes and dams, and install water storage tanks. Not only do these projects deliver a necessity to people in need, they also create long-lasting jobs.

In total, the ICRC employs more than 2,000 personnel working on field missions across the globe and nearly 12,000 are employed in permanent national locations and 1,000 staffed in the Geneva headquarters.

Current Issues

The ICRC’s Efforts in Medical Care

The International Committee of the Red Cross manifests its mission of assisting the victims of armed conflict and warfare by providing basic health care and medical
attention to those affected and harmed. ICRC involvement works with the existing health resources and services in the conflicted areas or temporarily replaces them, with the intentions of not only ensuring immediate relief, but also implementing long-lasting education in and improvement of health care standards.

The Office of the United Nation’s High Commissioner for Human Rights states: “The right to health is a fundamental part of our human rights and of our understanding of a life in dignity. The right to the enjoyment of the highest attainable standard of physical and mental health, to give it its full name, is not new.”

Although this principle motivates the work of humanitarian relief agencies aiming to uphold human rights, the International Committee of the Red Cross recognizes they are not accepted or upheld by nations and states across the globe for various reasons—whether the country does not comply with international humanitarian standards or whether the government does not possess adequate resources to provide relief on their own in times of emergency. As the ICRC acts as an impartial and neutral state, it is critical to treat all those affected by armed conflict or disaster to the best of our capability, regardless of the victim’s political status or the nature of conflict or disaster in the area.

Healthcare problems that the ICRC addresses included helping the wounded in armed conflict, aiding in times of famine, drought, and disease outbreak, and alleviating infant and mother mortality rates and malnutrition; moreover, the overarching theme of these issues that the ICRC aims to address is Health Inequities, the concept that although health care is a human right, it is not equally implemented or addresses throughout the world, especially in areas with marginalized populations and scarce resources. Described by the International Federation of Red Cross and Red Crescent Societies in their report, Eliminating Health Inequities, these health inequities are “unfair and avoidable differences in health status seen within and between countries...[they] are systematic: they usually affect particular groups of people, and they occur across the social gradient. The most vulnerable people have the least access,

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Secretariat of the International Committee of the Red Cross

not only to health services, but also to the resources that contribute to good health.”

Health inequities are exacerbated by both poverty and status in community, with most of the burden befalling women, as women are more likely to provide family level health care to children and elderly, and as they themselves frequently require more medical care during their lives due to pregnancy and childbirth. When discussing and debating possible solutions to health and medical crises, it is important to think in terms of health inequities and how alleviation of the systematic issues and long-term goals can be incorporated into more immediate emergency aid.

An ongoing and very prevalent crisis that the International Committee of the Red Cross is working on is the armed conflict raging in Syria. This is a case requiring continual, immediate action. Not only are civilians being constantly wounded and killed by bombings and attacks, but vital resources such as food and water are dwindling or already no longer available. The summer of 2016 proved to be a tumultuous span in the conflict, with the events in Aleppo being called by ICRC President Peter Maurer, “one of the most devastating urban conflicts in modern times.” In 2016 alone, the Red Cross has launched 14 missions reaching an estimated 16 million Syrians. But with relentless fighting, the ICRC faces an intense problem of not being able to replenish resources, supplies, and volunteers, as there are no anticipated ceasefires and a constant need of medical services. As the Syrian crisis progresses, the ICRC aims to assist “1.175 million people with food every month, 180,000 with essential household items, and implement more projects to improve or restore people's access to clean water.” Other goals include stepping up primary health care services from internal sources, such as the Syrian Arab Red Crescent, which would require more access to medicine, vaccines, and transportation to hospitals and clinics.

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5 “Syria: Aleppo "One of the most devastating urban conflicts in modern times." International Committee of the Red Cross. 15 August 2016.
Questions to consider: What can the ICRC do to further our involvement in relief efforts in Syria and other armed conflicts that may arise in similarly unstable areas? How can the ICRC improve the emergency relief provisional system to be more efficient and less reliant on importing external resources?

Another endeavor of the Red Cross is to continue aid in Somalia, where intense droughts over the past decade that have launched the already war-torn region further into a further humanitarian crisis. This situation is an example of the intense problems that occur when natural disaster combines with political instability. The ICRC has been working to alleviate the ongoing droughts and famines but face threat from internal terrorist groups. Due to four successive seasons of below average rains and near failure of cereal production, the pastoral and agro-pastoral communities of the regions—making up seventy-five percent of the region’s population—suffer tremendously. 385,000 people face acute food insecurity while 1.3 million are at risk, causing 37% of the population of people living in Somaliland and Puntland to be in need of some form of humanitarian assistance. More than 1 million people have been displaced due to the drought, but every option of where to move poses other complex questions and problems, as there is “no soft landing anywhere.” Internally, city residents have attempted to find refuge from political tension in the countryside, but conditions are no better. Many Somalis have flocked to war-torn Mogadishu. Externally, Somali neighbor North-eastern Kenya is intensely impoverished and holds no true safety for Somali refugees. As a result of the drought, the population experiences not only a drastic decrease in crop yield, but also a severe reduction in their accessibility to potable water, an out-migration of livestock, and a sharp increase in debt levels within poor households. Certainly, children and pregnant and lactating women are the demographics most at risk due to the crisis worsening existing vulnerabilities.

Currently, the transitional federal government faces on-going conflicts with Al-Shabaab, the Somali branch of the terrorist group, Al-Qaeda, which is responsible for several bombings and attacks in the capital city and central and northern Somalia and...
interference with the implementation of relief, and retains a dangerous presence in Somalia. With this prevalent threat from Al-Shabaab, as well as the near-stagnant rebuilding of the Somali government, it has been nearly impossible for Somalia to self-sufficiently deal with its internal humanitarian needs or to support international relations that would facilitate external aid. Moreover, Somalia relies immensely on the help it receives from relief agencies.

Questions to consider: What can the ICRC do to alleviate the suffering in this crisis and crises like these, which are a fusion of natural disaster and armed conflict? What can we do to prevent this level of conflict when, inevitably, another drought season occurs?

A more general sphere of issues that the International Committee of the Red Cross works to alleviate is access to medical care, in particular for women and children, in remote areas, in order to improve infant, child, and mother mortality rates. The requirements for success include better access to hospitals and clinics for natal care, childbirth and medical attention in infancy and early childhood. In one example of the complex issues that pregnant women face not only from their lack of medical care, but form the impoverished and war-torn states of their homelands, many South Sudanese women have died while seeking medical help because the walk to the hospital was too far; furthermore, the ICRC article ‘They Die Unnoticed’: Medical Crisis grows in South Sudan states, "Preventative measure can improve a mother’s chances for safe delivery, but a lack of awareness and difficult access mean a limited number of women reach assistance.” 7 Likewise, the medical centers are often in bereft in resources and capability to provide the necessary care for mothers with high-risk pregnancies, resulting in greater rates of death for both the mother and child.

Questions to Consider: What services can the ICRC implement to provide medical care to mothers and children in a larger radius, so that those in remote areas do not continue to suffer and die when they could be saved? What education and instruction can be

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Secretariat of the International Committee of the Red Cross

provided to both medical staff and patients to ensure better care in and out of hospitals and clinics? How can preventative health measures be combined with this improved accessibility and education to combat mortality rates and malnutrition in the general population as a whole?

Refugee Crisis

Currently, the world faces one of the most prolific and unprecedented crises in all of modern history. In 2015, an estimated one million refugees entered the European Union, escaping violence in their homelands and seeking better living conditions. Refugees entering the EU speak of the horrors in their home countries: cities constantly under siege, children dying of hunger, no access to medicine, and no electricity. Fleeing countries such as Syria, Afghanistan, and Iraq, the refugees traverse the Mediterranean Sea to reach ports along Greece and the Western Balkans or travel by land through Turkey. At

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ports throughout Macedonia, ICRC volunteers have reported seeing as many as 40,000
refugees pass through in one day.

When they land on European shores, refugees are initially happy and grateful to
have safely arrived; however, soon their relief turns to anxiety, upon realizing they don’t
know what to do next. Most intend to apply for asylum in various European countries.
Germany, Hungary, and Sweden have seen the most applications, due to reputations
for having laxer protocols for refugees. According to 2015 data by BBC, for every
100,000 residents in each respective country, 1,800 refugees claimed asylum in
Hungary, 1,667 in Sweden, and 587 in Germany, while the total European average was
260.9

This influx of asylum applicants has clearly put disproportionate pressure on
some European countries rather than others, and as refugees continue to cross over,
the tension between countries continues to rise. EU ministers have attempted to
implement plans to relocate hundreds of thousands of refugees EU-wide, but
disagreements between nations have stunted progress. In September 2015, German
Chancellor Angela Merkel called for Europe-wide, evenly divided quotas for refugee
intakes to be implemented across the continent, as her country has been taking on a
high measure of responsibility for accepting refugees. 10 However, this effort to create a
quota system has Europe divided. Central and Eastern European countries, including
Hungary, the Czech Republic, and Slovakia have pushed back or flat out rejected any
attempts of resolution, disagreeing that they should be forced into taking any certain
amount of refugees. While their hesitation and refusal has been viewed as anti-Islam
and xenophobic, these Central and Eastern European countries have argued that they
are not entirely opposed to allowing refugees to enter their countries, but would rather
work to receive refugees on a voluntary basis.11 Other countries, Bulgaria and Poland,
have general populations that, despite statements by their governments that they

10 “Merkel calls for migrant quotas for EU states to combat crisis.” Smith-Spark, Laura. 8.09.16.
europe-opposed-to-eu-refugee-plan/a-19121054
would accept refugees, are against permitting any into the country. The majority of Bulgarians and Polish people believe that their countries cannot afford to take on the economic burden that ensues from accepting thousands of asylum-seekers. The economic toll can be somewhat damaging, as Germany has seen, due to many refugees relying on pensions and aid that drain public finances and add to governmental debt. However, countries that accept refugees at high rates and support a quota system say that these economic effects are only seen in the very short run and can quickly be reversed.

Certainly, no country could anticipate or prepare itself for the alarming influx of immigrants in the past year. This poses an intense humanitarian issue and some grave

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questions for the European Union and all of the relief agencies involved: How can Europe handle this influx of migrants? Where is it fair and safe to relocate them? How can such a mass be accounted for and documented? Would these people be allowed in if the conditions weren’t so dire?

In a speech addressing forced displacement from May of 2016, the President of the ICRC Peter Maurer summarized the gravity of the situation and the ICRC’s duty to alleviate the crisis:

“Sticking people in camps is not a solution. We must give them the capacity and opportunity to lead normal lives as soon as possible. States must comply with their legal obligations and make resources available in line with the existing, dramatic needs. Governments should work with businesses to provide education, jobs and security, for refugees and locals. This is how we turn challenges into opportunities for individuals, societies and States.”

The International Committee of the Red Cross holds a unique position in this crisis due to our commitment to neutrality. While we cannot solve the root problems - the impetus for so many civilians to flee their homelands - we can, in fact, ensure that we deliver dignity to the refugees throughout their journey. Of course, medical aid, shelter, and food are all necessities that the ICRC can continue to provide to mollify the suffering of the refugees. However, given the unique circumstances of this migration crisis, issues throughout the journey have emerged that surpass basic needs. Arriving in Europe, refugees often want to contact their families back home to inform them that they have arrived safely. But with limited access to cellular services across continents, it is nearly impossible.

Another issue arises is when families lose members during the journey and desperately want to know if the lost member has made it safely to an access point in Europe. With the large number of refugees coming and going every day, this is also a

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Secretariat of the International Committee of the Red Cross

near impossible feat. The ICRC has made great strides with the implementation of its program, “Restoring Family Links,” or “RFL,” a tracking service enabling families to locate family members that may have been lost along the way. Although this service has helped refugee families immensely, knowledge of this program needs to be increased in order to let people know that there is a possibility to place a tracking request. The program runs through the website TracetheFace.org, and its success is based on awareness: the more knowledge of tracking, the more successful RFL will be.

While the sheer number of refugees who arrive in Europe is alarming, it is just as shocking how many refugees die during the voyage. According to the International Organization for Migration, in 2015 there have been more than 3,770 deaths of refugees trying to cross the Mediterranean and 800 trying to cross the Aegean. Summers are the busiest and the deadliest time for migrants to cross into Europe, are also the deadliest. For those traveling by sea, threat of capsizing and drowning is a very prevalent concern, especially since boats are frequently overcrowded.

Questions to Consider: How can we continue to ensure dignity to these refugees upon their arrival in Europe? While retaining our neutrality, how can we cooperate with national societies regarding this issue? What aid can we lend nations to smooth the process of admitting these migrants? Many migrants left their homelands for better economic prospects in the EU, so how can we facilitate their incorporation into European society with accessible education and employment?

Terrorism and Strengthening International Humanitarian Law

The entire world currently faces a terrorism epidemic, and the ICRC believes that the existence of terrorism results from a growing lack of respect for International Humanitarian Law (IHL). Although it seems that the deterioration of respect for and
compliance to IHL is less concrete than many other issues the ICRC faces, it is still a very significant issue that hinders the ICRC’s goals to promote peace and protect those victimized by armed conflict.14

An article on the ICRC’s website entitled “Strengthening International Humanitarian Law” states that in most scenarios, IHL is sufficient to address the humanitarian impact of armed conflict. However, it is a recent phenomenon that “contemporary armed conflicts repeatedly demonstrate that the most fundamental and universally acknowledged laws of war are often disregarded, and existing IHL does not provide effective mechanisms to stop violations when they occur.”15 The ICRC’s position on terrorism is clear: any act of violence meaning to spread terror is condemned and deplorable. After acts of terrorism, such as the attacks in the United States on September 11th, 2001, the bombing of the London Tube on July 7th, 2005, or more recently in Nice, France on July 14th, 2016, the ICRC has strongly voiced its condemnation of terrorism and its concern about how terrorism continues to take thousands of lives every year.

Defined by the ICRC, International Humanitarian Law is “the body of rules applicable when armed violence reaches the level of armed conflict,” nationally or internationally.16 It is a basic principle of IHL that during all armed conflict, those fighting must continually “distinguish between civilians and combatants and between civilian and military objectives.”17 Certainly, terrorism completely disregards these precedents and due to the often-covert nature of terrorist attacks, blurs the lines between civilians and combatants.

A current and very prevalent concern connects this issue of terrorism to the European Refugee Crisis: terrorist groups such as ISIS have been planting members
within the masses of refugees crossing into Europe, or manipulating the desperate and often politically-frustrated mindsets of refugees to recruit new members. With several terrorist attacks in Europe during the past two years alone – the highest profile attacks being in Paris, Nice, Normandy, Brussels, Munich, and Milan – linked to the Islamic State, the influx of refugees potentially lead to even more terrorism across Europe. Moreover, with such large numbers, it is difficult to keep tabs of refugees who could possibly be involved in some terror organization. Likewise, those who could be involved or swayed into becoming involved might be ignorant of the standards of International Humanitarian Law and could be more likely to engage in activities that would violate or threaten it.

The ICRC does not believe that violence is the means to end terrorism and instill respect for International Humanitarian Law. An ICRC statement from the March 2007 Inter-American Committee Against Terrorism in Panama City discusses the committee’s position on what has been coined the “Global War on Terrorism”: in order to avoid unnecessary conflict, the ICRC promotes a case-by-case approach to determine if an armed conflict can only be alleviated with more violence. Furthermore, on the ICRC’s website is an explanation of why the organization believes that the end of terrorism will not be reached through a “war”:

“‘Terrorism’ is a phenomenon. Both practically and legally, war cannot be waged against a phenomenon, but only against an identifiable party to an armed conflict. For these reasons, it would be more appropriate to speak of a multifaceted ‘fight against terrorism’ rather than a ‘war on terrorism.’ If the fight against terrorism takes the form of a non-international armed conflict, the ICRC can offer its humanitarian services to the parties to the conflict and gain access to persons detained with the agreement of the authorities involved.”

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The 32nd International Conference of the Red Cross and Crescent in December of 2015 examined extensively why continued terrorism reflected a lack of reverence for IHL. At this conference, Director for International Law and Cooperation at the ICRC, Philip Spoerri, argued that states need to be held more accountable for the violations of IHL that occur within their borders; moreover, they cannot “ignore their primary responsibility to the people affected by these conflicts” regardless of how “increasingly complex and increasingly protracted” contemporary armed conflicts are.

Additionally, United Nations High Commissioner for Human Rights, Navi Pillay stressed that humanitarian access to victims of violations of IHL and ensuring accountability for violations are morally and legally imperatives methods of building respect for IHL. 19

Questions to Consider: Currently IHL lacks effective ways of monitoring and promoting compliance, but how can IHL be expanded to do so? How can nations and terrorist groups alike be accounted for violations of IHL? How can the definition of terrorism be expanded in terms of IHL to make the consequences of it more severe? How can the ICRC act with nations to implement more effective ways of “fighting” terrorism rather than waging a “war” on it?

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