

**CONFERENCE OF GOVERNMENT EXPERTS ON  
the Reaffirmation and Development of  
International Humanitarian Law Applicable  
in Armed Conflicts**

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**Geneva, 24 May - 12 June 1971**

**VII**

**PROTECTION OF THE WOUNDED AND SICK**

**Submitted by the  
International Committee of the Red Cross**



**Geneva  
January 1971**

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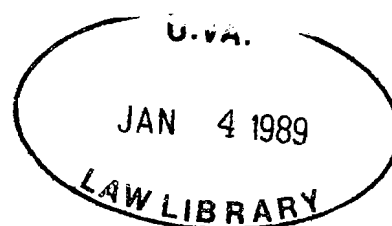
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## F O R E W O R D

The present document, number VII, concerns the protection of the wounded and sick and consists of two parts.

Part One comprises two draft regulations put forward by the International Committee of the Red Cross to the experts with a view to ensuring a better protection to the wounded and sick and to medical personnel : a draft additional Protocol to the Geneva Conventions in cases of international conflict, and a body of rules applicable in non-international conflict.

In Part Two, under the heading "Safety of Medical Transports", a field of a highly technical nature, the International Committee of the Red Cross, while not yet prepared to formulate any concrete proposals, presents to the experts the results of its studies to date and the documents it has gathered thanks to the kind co-operation of a number of qualified institutions and persons.

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## PART ONE

### PROTECTION OF WOUNDED AND SICK AND CIVILIAN MEDICAL PERSONNEL

#### I. DRAFT ADDITIONAL PROTOCOL TO THE FOURTH GENEVA CONVENTION OF 1949 RELATIVE TO THE PROTECTION OF THE WOUNDED AND SICK

#### Introduction

Since the Red Cross was founded, the International Committee has not ceased to concern itself with the protection to be extended to the wounded and sick and to the personnel caring for them. Thus it was that the First Geneva Convention of 1864 was revised three times : in 1906, 1929 and 1949. Moreover, some provisions relative to the civilian wounded and sick were introduced into the entirely new Fourth Geneva Convention, concluded in 1949.

Only a few years after the conclusion of the latter, it was admitted that the position of civilian medical personnel had been dealt with in a somewhat incomplete fashion. The 1949 Conference had in fact devoted to this question only a few elementary provisions.

Various humanitarian institutions took up the matter and it was thus that in 1955 the International Committee of the Red Cross, together with the two great international associations that represent the medical profession, namely the World Medical Association grouping 700,000 members and the International Committee of

Military Medicine and Pharmacy, which links the military health services of 81 countries, formed a working group, which held numerous "Discussions on International Medical Law", while an observer was delegated by the World Health Organization 1/.

The results of these discussions have on several occasions been related in detail : in 1959 at first, in ICRC circular No. 425, and later in the reports submitted by the ICRC to various Conferences of the Red Cross.

At the XXth International Conference of the Red Cross, held in Vienna in 1965, the "Draft Rules for the Protection of the Wounded and Sick and Civil Medical and Nursing Personnel in Time of Conflict", drawn up by the three organizations taking part in the "Discussions on Medical Law", were submitted to the delegates of Governments and Red Cross Societies meeting in the Austrian capital. The Conference approved the basic elements of the report submitted to it and requested that the whole question and, in particular, the possibility of the extension of the use of the red cross (red crescent, red lion and sun) emblem to civilian medical personnel should be subjected to more detailed study.

The XXIst International Conference of the Red Cross, held in Istanbul in 1969, having noted the studies and surveys which the ICRC had since made, declared itself in favour of an extension of the red cross emblem subject to certain conditions, and requested "the ICRC to submit specific proposals to Governments along these lines with a view to the rapid conclusion of an additional protocol to the First and Fourth Geneva Conventions".

In view of the growing importance of this work, the ICRC judged it necessary to increase the number of bodies taking part in the "Discussions on Medical Law". These now include not only the World Medical Association, the International Committee of Military Medicine and Pharmacy, the International Committee of the Red Cross and the World Health Organization, the latter sending an observer; experts, delegated by the League of Red Cross Societies, the International Law Association, the "Commission Médico-Juridique

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1/ Later, this group opened its ranks to other organizations, as will be seen further on.

de Monaco" and the International Committee for the Neutrality of Medicine, also attend as observers.

Thus further reinforced, the "Discussions" resumed the study of the matter in hand, carried out a survey among Governments and drew up the two draft Protocols attached hereto.

Although the items in the Draft Rules submitted to the International Conferences of the Red Cross are largely taken up again, these Protocols differ from them essentially on two counts. First of all, the original draft of the Rules had been drawn up so as to be applied to international as well as to non-international armed conflicts. On further consideration, it appeared advisable to prepare two distinct drafts.

The first, which is more extensive and is applicable to conflicts between Powers, specifies and develops principally the very inadequate provisions regarding civilian medical personnel contained in the Fourth Geneva Convention.

The second draft Protocol, much shorter than the first, concerning armed conflicts not of an international character, is intended to develop Article 3 common to all four Geneva Conventions, by the introduction of some elementary notions relative not only to civilian medical personnel, but also to the protection of the wounded and sick, both military and civilian, and of the medical personnel, establishments and equipment employed in their care.

The second significant difference between the present draft Protocols and the original Draft Rules lies in that the latter proposed that a single distinguishing emblem, the Staff of Aesculapius, should be used, while the draft Protocols in accordance with the Istanbul Conference resolution already cited above, favour an extension of the red cross emblem.



DRAFT ADDITIONAL PROTOCOL  
TO THE FOURTH GENEVA CONVENTION OF 1949  
RELATIVE TO THE PROTECTION OF THE WOUNDED AND SICK

Article 1 - Purpose and Application of the Protocol

1) The present rules reaffirm and supplement those provisions of the Fourth Geneva Convention of August 12, 1949, relative to the Protection of Civilian Persons in Time of War, which refer to the wounded and the sick.

2) They shall be applicable in all cases referred to in Article 2 of that Convention.

Article 2 - Protection and Care

1) All persons, whether military or civilian, combatants or non-combatants, who are wounded or sick, as well as the infirm, expectant mothers and maternity cases, shall be given special protection and respect.

2) They shall in all circumstances be treated humanely and, with the least possible delay, shall receive the care necessitated by their condition, without any adverse distinction.

Article 3 - Respect for Persons

1) Any interference, without medical benefit for the person concerned, in the health and the physical or mental well-being of human beings shall be forbidden.

2) In particular, experiments shall be forbidden, including scientific research and the removal or transplant of organs, on persons, including the wounded and sick, prisoners of war, interned civilians and the nationals of enemy or occupied countries, deprived of freedom, even if they give their consent to such experiments.

#### Article 4 - Medical Establishments and Units

1) Fixed medical establishments, including blood transfusion centres, and mobile medical units organized to tend civilian wounded and sick, the infirm and maternity cases, may in no circumstances be attacked : they shall at all times be respected and protected by the parties to the conflict.

2) States which are parties to a conflict shall provide such establishments and units with certificates recognizing their nature and testifying to the fact that they are used for the humanitarian purposes for which they are intended.

3) The nursing of sick or wounded members of the armed forces in these establishments or by such units, shall not be considered to be an act harmful to the enemy for which the establishments and units forfeit their right to protection.

4) With authorization from the State, medical establishments and units shall be marked by means of the emblem of the red cross (red crescent, red lion and sun) on a white background.

5) The parties to the conflict shall, so far as military considerations permit, take the necessary steps to make the distinctive emblems indicating the civilian medical establishments and units clearly visible to the enemy land, air and naval forces, in order to obviate the possibility of any hostile action.

#### Article 5 - Medical Transports

1) Ambulances and vehicles belonging to medical

establishments and units, including blood transfusion centres, as well as all other vehicles which, in isolation or in convoy, convey wounded, sick, medical personnel and medical equipment, shall be respected and protected.

2) They may be marked by the emblem of the red cross (red crescent, red lion and sun) on a white background.

#### Article 6 - Requisition

1) The Occupying Power may requisition medical establishments and units, including blood transfusion centres and medical vehicles, only temporarily and only in cases of urgent necessity for the care of military and civilian wounded and sick and only on the condition that suitable arrangements are made in due time for the care and treatment of the patients and for the needs of the civilian population.

#### Article 7 - Civilian Medical Personnel

1) Civilian medical personnel organized and duly authorized by the State, including administrative personnel and the duly authorized personnel of National Red Cross (Red Crescent, Red Lion and Sun) Societies employed in similar work shall, in all circumstances, be respected and protected during the period they are so employed.

2) Such personnel shall make themselves known by means of an identity card, showing the bearer's photograph and the embossed stamp of the responsible authority, and also by wearing on the left arm whilst on duty a stamped armlet displaying the distinctive emblem of the red cross (red crescent, red lion and sun) on a white background.

3) As far as possible, every assistance shall be given such personnel in order that they may carry out their humanitarian mission to the best of their ability. In particular they shall be allowed to go to the places where they may be required, subject to whatever supervisory and

safety measures may be considered necessary by the parties to the conflict.

4) If they fall into the hands of the adverse party they shall be given the necessary facilities for the performance of their mission. They shall preferably be assigned to the nursing of persons of their own nationality. They shall not be compelled to perform any work outside their medical duties.

#### Article 8 - Protection in the Discharge of Medical Duties

1) Under no circumstances shall the exercise of medical activities, consistent with professional rules, be considered an offence, no matter who the beneficiary may be.

2) No military or civilian authority shall compel a doctor to behave in a manner contrary to his vocation and professional conscience and shall in particular not compel him to do any act, work or research harmful to human life or health.

3) No doctor shall be compelled to notify an occupation authority of the wounded or sick having recourse to his administrations.

#### Article 9 - The Role of the Population

1) The civilian and military authorities shall permit the inhabitants and relief societies, even in invaded or occupied areas, spontaneously to collect and care for wounded or sick, of whatever nationality.

2) The civilian population shall respect these wounded and sick, and in particular abstain from offering them violence.

3) No one may ever be molested or convicted for having nursed military or civilian wounded or sick.

Article 10 - Control of the Distinctive Emblem

States shall take all necessary measures to control the use of the distinctive emblem of the red cross (red crescent and red lion and sun) and to prevent and repress any misuse thereof.

Article 11 - Special Emblem

1) Doctors and nurses who are not members of the State medical service may, with the consent of the relevant authorities, display the red Staff of Aesculapius on a white background as a means of identification. They shall carry with them an official identity card.

2) Medical associations may be entrusted with responsibility for supervision.

C O M M E N T A R Y

Title : Additional Protocol to the

Fourth Geneva Convention of 1949

relative to the Protection of the Wounded and Sick

It is generally considered that the Geneva Conventions provide satisfactory protection for the wounded and sick, especially the military. On the other hand, past experience has shown that the protection they afford to the civilian medical personnel is inadequate.

The purpose of this Protocol is, therefore, to strengthen that protection. However, although the title refers solely to the protection of the wounded and the sick, it is because that requirement is dependent on the second; if the medical personnel is granted immunity, it is solely for the safeguard of the wounded and the sick. A doctor is protected not as a man but as a healer.

Article 1 - Purpose and Application of the Protocol

1) The rules hereinafter laid down reaffirm and supplement those provisions of the Fourth Geneva Convention of August 12, 1949, relative to the Protection of Civilian Persons in Time of War, which refer to the wounded and the sick.

2) They shall be applicable in all cases referred to in Article 2 of that Convention.

This provision is taken from the Draft Rules.

Re Article 1 (1) - As already mentioned, this Protocol is intended to reaffirm, to supplement and give added precision to the Fourth Geneva Convention, without introducing a new type of protection. It is therefore similarly arranged; the same definitions are applicable to it; and its language is of the same kind. For the proper appreciation of these provisions, reference should be made to that Convention.

A detailed commentary on the Fourth Geneva Convention of 1949 has already been published by the ICRC. We shall therefore not repeat definitions of the terms borrowed from that convention. The reader may refer to the published commentary 1/.

Re Article 1 (2) - The scope of this draft Protocol is identical to that of the Convention as defined in Article 2 thereof. The new provisions therefore apply to all cases of "declared war or of any other armed conflict which may arise between two or more of the High Contracting Parties", and to all cases of "partial or total occupation of the territory of a High Contracting Party, even if the said occupation meets with no armed resistance".

Article 2 of the Convention also deals with application in the event of one of the Powers in conflict not being a party to the Convention.

## Article 2 - Protection and Care

1) All persons, whether military or civilian, combatants or non-combatants, who are wounded or sick, as well as the infirm, expectant mothers and maternity cases, shall be given special protection and respect.

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1/ The Geneva Conventions of August 12, 1949 - Commentary - Volume IV : The Geneva Convention relative to the Protection of Civilian Persons in Time of War - ICRC, Geneva 1956.

2) They shall in all circumstances be treated humanely and, with the least possible delay, shall receive the care necessitated by their condition, without any adverse distinction.

As mentioned earlier, it was deemed necessary to repeat, in the Protocol title, the principle of respect for the wounded, the sick and the disabled, as affirmed by the Convention. One reason for that was to show that this principle predominates over and justifies the principle of protection for medical personnel. Another reason was deference for the logical lay-out of the Protocol and the desire to make of it a well-balanced document, complete in itself.

Re Article 2 (1) - The list of persons to be particularly protected is a little more explicit here than in the Convention. Article 16 of the Convention mentions the wounded, the sick, the infirm, and expectant mothers. Maternity cases, are added in this article.

Re Article 2 (2) - This is a repetition of a basic principle of humanitarian law : non-discrimination. However, it was not thought necessary to list the criteria of discrimination which may be found several times in the Geneva Conventions, as in Articles 3, 13 and 27 of the Fourth Convention. These criteria are now well known, one might even say conventional, and when mentioned it is merely by way of example.

### Article 3 - Respect for Persons

1) Any interference, without medical benefit for the person concerned, in the health and the physical or mental well-being of human beings shall be forbidden.

2) In particular, experiments shall be forbidden, including scientific research and the removal or transplant of organs, on persons, including the wounded and sick, prisoners of war, interned civilians and the nationals of enemy or occupied countries, deprived of freedom, even if they give their consent to such experiments.



In the main, this article is taken from the Draft Rules. Its promoters wished to reaffirm, extend and slightly change a rule already postulated in the four Geneva Conventions 1/. This provision, prompted by memories of outrages on human beings, examples of which have been all too numerous, is intended to prohibit specially, illicit medical experiments.

Article 32 of the Fourth Geneva Convention prohibits "...medical or scientific experiments not necessitated by the medical treatment of a protected person". The first two Conventions only mention "biological experiments". This principle is repeated here but it was thought that the more precise prohibitions in the second paragraph were necessary in view of developments in modern medicine, particularly the removal and transplanting of organs 2/.

Similarly, it was thought expedient to protect people from themselves, as it were, and to preclude their giving consent through lassitude or ignorance or when offered improved conditions as bait or when the balance of their mind is disturbed.

#### Article 4 - Medical Establishments and Units

1) Fixed medical establishments, including blood transfusion centres, and mobile medical units organized to tend civilian wounded and sick, the infirm and maternity cases, may in no circumstances be attacked : they shall at all times be respected and protected by the parties to the conflict.

2) States which are parties to a conflict shall provide such establishments and units with certificates recognizing their nature and testifying to the fact that

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1/ Art. 12, Ist and IIInd Conventions; art. 13, IIIrd; art. 32, IVth.

2/ Similarly, Article 7 of the 1966 International Covenant on Civil and Political Rights lays down that "no one shall be subjected without his free consent to medical or scientific experimentation".

they are used for the humanitarian purposes for which they are intended.

3) The nursing of sick or wounded members of the armed forces in these establishments or by such units, shall not be considered to be an act harmful to the enemy for which the establishments and units forfeit their right to protection.

4) With authorization from the State, medical establishments and units shall be marked by means of the emblem of the red cross (red crescent, red lion and sun) on a white background.

5) The parties to the conflict shall, so far as military considerations permit, take the necessary steps to make the distinctive emblems indicating the civilian medical establishments and units clearly visible to the enemy land, air and naval forces, in order to obviate the possibility of any hostile action.

The absence from the Fourth Convention of provisions equivalent to Articles 19, 22 and 42 of the First Convention, protecting fixed medical establishments and mobile medical units, became apparent. This article would therefore supplement Article 18 of the Fourth Convention which refers only to strictly "civilian" hospitals.

Such an addition is a necessary corollary to Article 2 of the Protocol. If the civilian sick are to be better protected, protection must be extended to the civilian medical services' facilities devoted to their care. The development of those services in many countries is another argument in the same direction.

Re Article 4 (1) - This provision is based on the first paragraph of Article 19 of the First Convention. It was deemed expedient to mention expressly the blood transfusion centres which today are indispensable for the population.

Re Article 4 (2) - This is the extension to various establishments of the principle contained in the second paragraph of Article 18, of the Fourth Convention. It constitutes an essential guarantee against abuse.

Re Article 4 (3) - This is consistent with Articles 21 and 22 of the First Convention and Article 19 of the Fourth Convention.

Re Article 4 (4) - This repeats the general rule to be found in Articles 38, 39 and 42 of the First Convention and in the third paragraph of Article 18 of the Fourth Convention.

Re Article 4 (5) - This is equivalent to the fourth paragraph of Article 42 of the First Convention and the fourth paragraph of Article 18 of the Fourth Convention.

#### Article 5 - Medical Transports

1) Ambulances and vehicles belonging to medical establishments and units, including blood transfusion centres, as well as all other vehicles which, in isolation or in convoy, convey wounded, sick, medical personnel and medical equipment, shall be respected and protected.

2) They may be marked by the emblem of the red cross (red crescent, red lion and sun) on a white background.

This article would supplement Article 21 of the Fourth Convention which in practice proved to be restrictive. In theory it only granted protection to hospital trains and medical vehicles on land travelling in convoy. However, more often than not ambulances travel singly.

Immunity is extended first of all to ambulances and vehicles attached to medical establishments. These vehicles shall be, as a general rule, exclusively assigned to their relief mission and even, in the majority of cases, specially equipped for this task. They shall be protected, whether or not they contain wounded or personnel.

In addition, protection should be envisaged for vehicles conveying medical personnel and equipment; so far, such protection is provided only for air transports (Article 22 of the Fourth Convention). As in the case of the solution adopted in 1949 in the First Geneva Convention, it is not essential that such vehicles be exclusively

assigned to medical transports : they may be utilized only temporarily for this purpose (private cars, lorries). In such cases, they shall be protected only when they are used on a humanitarian mission. Care should be taken that the emblem be removed as soon as the mission has been completed.

#### Article 6 - Requisition

The Occupying Power may requisition medical establishments and units, including blood transfusion centres and medical vehicles, only temporarily and only in cases of urgent necessity for the care of military and civilian wounded and sick and only on the condition that suitable arrangements are made in due time for the care and treatment of the patients and for the needs of the civilian population.

This article is a simplified version of the provisions of Articles 33 to 35 of the First Convention and Article 57 of the Fourth Convention.

#### Article 7 - Civilian Medical Personnel

1) Civilian medical personnel organized and duly authorized by the State, including administrative personnel and the duly authorized personnel of National Red Cross (Red Crescent, Red Lion and Sun) Societies employed in similar work shall, in all circumstances, be respected and protected during the period they are so employed.

2) Such personnel shall make themselves known by means of an identity card, showing the bearer's photograph and the embossed stamp of the responsible authority, and also by wearing on the left arm whilst on duty a stamped armband displaying the distinctive emblem of the red cross (red crescent, red lion and sun) on a white background.

3) As far as possible, every assistance shall be given such personnel in order that they may carry out their humanitarian mission to the best of their ability. In

particular they shall be allowed to go to the places where they may be required, subject to whatever supervisory and safety measures may be considered necessary by the parties to the conflict.

4) If they fall into the hands of the adverse party they shall be given the necessary facilities for the performance of their mission. They shall preferably be assigned to the nursing of persons of their own nationality. They shall not be compelled to perform any work outside their medical duties.

Re Article 7 (1) - This provision is based on Articles 24 and 26 of the First Convention and Article 20 of the Fourth. It postulates the general rule that, whatever circumstances may be, civilian medical personnel shall be entitled to respect and protection in the discharge of their humanitarian mission.

Such a regulation for the benefit of military medical personnel has for a long time been embodied in the Conventions : it is less explicit in connection with the civilian medical personnel. The protection for the latter does undoubtedly stem from several provisions of the Fourth Convention, such as Articles 56, 14, 16, 20, 21, 22, 27, 32 and 57. Harmful action against such personnel would unquestionably constitute a breach of the spirit and the letter of the law, but the value of a clear stipulation of general scope is undeniable.

If there is need to provide more protection to members of civilian medical personnel than to other civilians, that is because, unlike the latter, they go to those spots most exposed to danger in the discharge of their mission of mercy. When they approach, they should not be mistaken for resistance fighters, snipers or saboteurs. As has been said of them, "they must have the right to carry out their duty".

On this point, the promoters of the Protocol departed from the old Draft Rules, considering that they should formulate provisions commensurate with the demands which parties to a conflict could legitimately make in order to guard against abuses : to qualify for protection, the civilian medical personnel must be "organized and duly authorized by the State".

The military medical personnel protected by treaties are a class of persons organized in a system of ranks of subordinates and superiors, subject to military discipline. In 1949, the plenipotentiaries were reluctant to extend the treaty protection and the distinctive emblem to all civilian medical personnel, for there were many ill-defined categories of medical personnel, wide-spread throughout each country and without proper registration or control. Consequently, the extension was made only to cover the staff of civilian hospitals recognized as such by the State.

Since that time the idea has taken root that all civilian medical personnel should be granted greater protection in terms of the ever-wider humanitarian function that they are called upon to discharge in modern conflicts in which military and civilian are often stricken by the same events of war and treated without discrimination by civilian or military medical personnel. However, the objective is not to bring about equalization of status or protection.

The proponents of this thesis base their arguments on the fact that many countries are planning the merger of the military and civilian medical services, or at least on the fact that a genuine civilian medical service would be set up with personnel organized or supervised by the State.

This preliminary question seeming basic, the ICRC, in agreement with other promoter institutions, has started enquiries in this connection among governments of States parties to the Geneva Conventions. The results of those enquiries are contained in a special report attached hereto. The main conclusions may be summarized as follows :

Question 1 : "In the event of a conflict in your country, will civilian medical (health) personnel be organized or supervised by the State ?"

In 61 countries, provisions existed according to which the civilian medical (health) personnel would, in the event of an armed conflict, be organized or supervised by the State. Three countries, two of which had no armed forces, did not envisage any organization or supervision by the State at all, while, in four countries, the matter was either still being examined or had not been the subject of any special provisions.

Question 2 : "Is a total or partial amalgamation of this personnel or, failing this, co-ordination with the Medical Army Service, envisaged or does it already exist ?"

Here, 56 countries had plans, or were planning, various forms of amalgamation in the event of armed conflict, or, at least, some kind of co-ordination with the Army Medical Service, taking into account the organization of the army and of national defence in the country.

Nine countries did not envisage any amalgamation of the civilian medical (health) service with the Army Medical Service, nor any co-ordination between the two services, for various reasons.

One country did envisage a certain degree of co-ordination, while maintaining the independence of the civilian medical (health) service.

The promoters of the Protocol considered it difficult to draw up a list of categories of medical personnel who could be authorized to display the emblem. Such a catalogue would not have equal value in all countries, as the terms of reference, functions, and even the existence of categories, varied from State to State. This was the case for example of assistants, chiropractors and therapists.

It therefore appeared that the only solution was to leave each State itself to draw up a list of persons authorized to display the emblem, the criterion being membership of medical or paramedical professions recognized by the State and incorporated into the civilian medical service.

Re Article 7 (2) - This provision is based on Article 40 of the First Convention.

It was considered indispensable for members of medical and paramedical professions, to have a means of identification. For example, a medical worker who went to the assistance of a casualty during street fighting or to the bedside of a sick person during a curfew should be able to identify himself quickly as a member of the medical profession. An identity card, although essential, is not sufficient. The purpose of the emblem in such a case was first and foremost practical : it facilitated movement and checking, and saved valuable time when human lives were at stake.

In the Draft Rules submitted to the XXth International Conference of the Red Cross in Vienna, in 1965, and in previous reports, the sponsors proposed a special sign to identify civilian medical personnel, namely the old emblem of the medical profession, the Staff of Aesculapius in red on a white background.

Nevertheless, Resolution XXX of the XXth Conference requested the ICRC to give detailed study to the possibility of extending the use of the red cross, red crescent and red lion and sun.

The results of the studies undertaken by the ICRC, the International Committee of Military Medicine and Pharmacy and the World Medical Association, were not conclusive, the number of persons in favour of the extension of the red cross sign being more or less equal to the number who advocated the adoption of the Staff of Aesculapius.

However, the XXIst International Conference of the Red Cross, at Istanbul, in 1969, adopted the following resolution, namely No. XVI :

"The XXIst International Conference of the Red Cross, recognizing the interest attached in time of armed conflict, of whatever nature it may be, to increased protection for civilian health personnel and for their hospital installations, ambulances and other medical material,

referring to Resolution XXX of the XXth International Conference of the Red Cross,

having noted the studies and surveys which the ICRC has since made concerning the distinctive sign,

emphasizing that all categories of health services, both civilian and military, must co-operate closely in cases of armed conflict, of whatever nature they may be,

notes that the sign of the red cross (red crescent, red lion and sun) is the most appropriate to ensure increased protection for civilian personnel organized and duly authorized by the State, and for their hospital installations, ambulances and other medical material,



request the ICRC to submit specific proposals to Governments along these lines, with a view to the rapid conclusion of an additional protocol to the First and Fourth Geneva Conventions."

Pursuant to that resolution, the ICRC, when drawing up this Protocol, opted for the extension of the red cross sign to civilian medical personnel. However, in order to consolidate its grounds for doing so, it carried out an enquiry among governments, as mentioned in the comment concerning Article 7 (1). As had been mentioned, in 61 of 70 countries, provisions existed whereby the civilian medical personnel would be organized or supervised by the State. There appears, therefore, to be no objection to the adoption of the solution proposed by the Istanbul Conference.

In addition, the Staff of Aesculapius is retained as the sign for personnel not included in the medical service supervised or organized by the State, as provided for in Article 11 of the Protocol.

Re Article 7 (3) - This provision is taken from the Draft Rules. It introduces two ideas which are new although prompted by the spirit and general principles of the Geneva Conventions.

In order the better to discharge their humanitarian mission, the doctor and the nurse will need help : the provision of premises, transport, medical supplies, an escort, and so forth. This assistance is required to be given "as far as possible"; it is therefore not an obligation.

Experience also revealed that relief was often hampered by restrictions on the movement of medical personnel. It is these restrictions which medical circles require to be lifted, subject, of course, to justifiable supervision and security measures which the authorities consider must be taken.

Re Article 7 (4) - This provision stems from Article 28 of the First Convention. What is required is to lay down the treatment applicable to civilian medical personnel who fall into the hands of an adverse party. On this point the Draft Rules did not set out any provisions. Consistent

with an established principle, this personnel should be able to continue their mission so long as is necessary.

It is not in the Protocol that the status of such personnel in the hands of an adverse party should be specified; that status is dependent on the general rules of law, particularly of the Fourth Geneva Convention.

The question might be asked however whether provision should not be made for the repatriation of civilian medical personnel, in the same way as for military medical personnel.

#### Article 8 - Protection in the Discharge of Medical Duties

1) Under no circumstances shall the exercise of medical activities, consistent with professional rules, be considered an offence, no matter who the beneficiary may be.

2) No military or civilian authority shall compel a doctor to behave in a manner contrary to his vocation and professional conscience and shall in particular not compel him to do any act, work or research harmful to human life or health.

3) No doctor shall be compelled to notify an occupation authority of the wounded or sick having recourse to his administrations.

Re Article 8 (1) - This provision stems from the principle set forth in the third paragraph of Article 18 of the First Geneva Convention of 1949 : "No one may ever be molested or convicted for having nursed the wounded or sick". This is repeated, incidentally, in Article 9 (3) of the Protocol.

The changes in the statement of this principle are due to the realization that the doctor's legitimate activity, which is a source of protection, is not limited to "nursing". He may be called upon also to diagnose (which may reveal that nothing is wrong), report as an expert consultant, give proof of death, or merely advice, and so forth. That is why the more general expression "medical activities" is used. In addition, and to make allowance

for national laws which do not authorize just any "medical activities" this article specifies, as in fact those laws require, that the activities must be "consistent with professional rules".

Re Article 8 (2) - This is new. It is in response to the wish of international medical circles. When taking the Hippocratic Oath, the doctor undertakes to protect human life in all circumstances. He must obey the dictates of professional ethics - known as deontology and laid down by the national and international bodies of the medical profession. A great deal is left to the doctor's own conscience. Nothing should divert the doctor from the mission entrusted to him, namely the protection of human life; a fortiori must he do it no harm. Consequently if doctors, as scientists or technicians, undertake active work of national defence (manufacture of arms, research into methods of destruction) they should no longer belong to the medical profession.

Re Article 8 (3) - This paragraph is intended to solve a delicate problem which has been thoroughly discussed in medical circles. It was for a long time called - apparently improperly - "medical secrecy" 1/. In this clause it is clearly non-delation of the wounded and sick which is meant.

During the debates which led to the conclusion of the Geneva Conventions in 1949, some voices were raised in favour of stating precisely in the Conventions that doctors and population may not conceal the wounded and sick collected by them from any military control, on the grounds that they would infringe their neutral status by doing so.

Others were opposed to this, fearing it would confer legitimacy on measures taken by occupation authorities to compel doctors and the population to denounce wounded members of the enemy forces or of resistance movements and which would sometimes prevent the wounded from

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1/ "Medical secrecy" is generally construed as the secrecy which a doctor should maintain about the nature of his patients' illnesses.

receiving attention. There were also those who advocated stipulating non-delation.

Finally it was decided not to mention this controversial issue in the First Convention. But it has still not been resolved and in the future we must expect conflict between military requirements and the dictates of conscience. For that reason the study was resumed.

The International Law Association (Buenos Aires, 1968) and the Congress of the Neutrality of Medicine (Rome, 1968) studied this question and advocated categorical postulation of the non-delation principle.

The promoters of the Draft Protocol finally came up with this exemption clause, one which is consistent with the spirit of medical deontology. It lays down that the doctor may not be compelled to denounce the wounded or sick under his care to the occupation authorities.

In fact, a doctor may legitimately wish to prevent someone taking action he considers to be dangerous for other human lives, just as, in peacetime, he may wish to prevent a delinquent who has consulted him from continuing on a career of crime.

Normally doctors may reasonably expect the wounded whom they notify to the authorities to be treated as provided for in the Geneva Conventions.

#### Article 9 - The Role of the Population

1) The civilian and military authorities shall permit the inhabitants and relief societies, even in invaded or occupied areas, spontaneously to collect and care for wounded or sick, of whatever nationality.

2) The civilian population shall respect these wounded and sick, and in particular abstain from offering them violence.

3) No one may ever be molested or convicted for having nursed military or civilian wounded or sick.

The promoters of the Protocol deemed it necessary to introduce provisions corresponding to Article 18 of the First Geneva Convention on the population's charitable role.

Re Article 9 (1) - This provision corresponds to the first sentence of the second paragraph of Article 18 of the First Geneva Convention. It gives the force of law to the right of the population and relief societies spontaneously to give care to the wounded and sick of any nationality.

Supervision by the authorities is not mentioned as in the First Convention but it goes without saying that they may exercise it to the full.

Re Article 9 (2) - This is the second sentence of the second paragraph of Article 18. The purpose of this reminder to the population is to prevent any regrettable acts prompted by hostile public feelings against enemy wounded. Experience over the last few years has shown the utility of this reminder.

Re Article 9 (3) - This is the third paragraph of Article 18, which has already been the means of solving many painful problems which arose during and after the Second World War when people were killed, imprisoned or persecuted for having tended partisans and enemy parachute troops or nationals of the Occupying Power.

The immunity does not of course extend to the political or military acts committed by a doctor or member of the medical personnel outside of his humanitarian duties and for which he may be required to answer before the courts of his country. It is, however, expedient to underline the main idea of the First Geneva Convention : nursing care, even to an enemy, is always permissible; it shall never be construed as a hostile act; the medical personnel is above fighting.

Article 10 - Control of the Distinctive Emblem

States shall take all necessary measures to control the use of the distinctive emblem of the red cross (red crescent and red lion and sun) and to prevent and repress any misuse thereof.

This is only a reminder, since Article 39 of the First Convention provides for display of the emblem solely under the direction of the military authority while Article 54 stipulates that the High Contracting Parties shall take measures necessary for the prevention and repression of any abuse.

It may be recalled that the 1949 Diplomatic Conference in Geneva had recommended, in its Resolution 5, "that States take strict measures to ensure that the said emblem, as well as other emblems referred to in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of August 12, 1949, is used only within the limits prescribed by the Geneva Conventions, in order to safeguard their authority and protect their high significance".

Article 11 - Special Emblem

1) Doctors and nurses who are not members of the State medical service may, with the consent of the relevant authority, display the red Staff of Aesculapius on a white background as a means of identification. They shall carry with them an official identity card.

2) Medical associations may be entrusted with responsibility for supervision.

As mentioned earlier, the extension of the red cross sign to civilian medical personnel may only be allowed if that personnel is organized or supervised by the State. Other medical or paramedical personnel may display as their emblem the Staff of Aesculapius. The latter does not confer any new immunity since civilians per se are already protected. However, an official identity card is demanded as being the only guarantee of authenticity.

This card could be issued to the bearer at the same time as the authorization to exercise his profession.

From an examination of the replies received by the ICRC to the questionnaire it sent to Governments, it was found that 36 out of 58 countries were in favour of the creation of a new emblem, under the conditions here contemplated. In some countries, the Staff of Aesculapius has already been accepted as the emblem for civilian medical personnel not under State supervision.

The last paragraph of this last article implies that the authorities may, if they deem it expedient, entrust the associations of the medical profession to carry out the necessary supervision. They could also entrust those associations with the production and issuing of identity documents. For that, of course, the medical association must be adequately organized and must be reasonably representative of the whole medical profession.

The measures of supervision which could usefully be entrusted to the professional bodies are, for example, the up-to-date registration of authorized persons, the renewal of identity cards and the right to institute legal proceedings against offenders.

CIVILIAN MEDICAL PERSONNEL

Report on the replies to the questionnaire  
of 18 February 1970

The essential aim of the questionnaire sent by the ICRC to Governments and National Red Cross (Red Crescent, Red Lion and Sun) Societies was to gather all useful information on the organization of civilian medical personnel and their relations with military medical services, so as to seek a solution to the problem involving the protection of that personnel and the emblem to be assigned to them, in accordance with Resolution XVI of the XXIst International Conference of the Red Cross, which met at Istanbul in 1969. By 16 November 1970, the ICRC had received replies from 70 countries. An outline of these is given below.

1. In the event of a conflict in your country, will civilian medical (health) personnel 1/ be organized or supervised by the State ?

In 61 countries, provisions existed whereby the civilian medical (health) personnel would, in the event of an armed conflict, be organized or supervised by the State. In 46 cases, the State would take over both organization and supervision; 15 replies only mentioned supervision, and two countries, which had given negative answers, did not have any armed forces.

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1/ The term "civilian medical (health) personnel" comprises all personnel carrying on an officially recognized medical or paramedical profession, including voluntary health personnel of National Red Cross Societies or other recognized relief societies.



2. Is a total or partial amalgamation of this personnel or, failing this, co-ordination with the Army Medical Service, envisaged or does this already exist ?

Here, seven Governments gave clearly affirmative answers as regards total amalgamation, while 48 countries envisaged only co-ordination or partial amalgamation, under different forms.

There were 10 negative replies, either because of the lack of an Army Medical Service, or because the matter was still under examination. In one case, the Red Cross Society was called upon to amalgamate with the Medical Army Service while the civilian medical (health) services remained independent.

3. What are the links envisaged between civilian medical (health) personnel, in general, and the Civil Defence Service ?

The replies varied greatly. Several States envisaged links with the Civil Defence Service. To quote an example : "In time of war, all categories of civilian medical (health) personnel carrying on a medical profession shall be incorporated in the Civil Defence Services. The Minister of the Interior shall apply emergency legislation".

A large number of countries do not have a Civil Defence Service. In some of these, these tasks are carried out by other bodies such as the "police force", or fire brigade units. In one country, rescue organizations and others formed for combating disasters (professional and volunteer firemen, Red Cross workers' voluntary organizations) could carry out the duties falling within the scope of a defence service. In another, it was envisaged that the Civil Defence would seek wounded persons and transport them to medical outposts, where they would be taken care of by civilian medical personnel. In a further case, the Civilian Defence Service had its own medical units.

4. Do you think that civilian medical (health) personnel not organized or supervised by the State could be distinguished by a special emblem (red Staff of Aesculapius on a white ground) ?

Among replies received, 36 were in favour of the utilization of the Staff of Aesculapius under these conditions, while 22 were not. Some countries had already stated using the new emblem.

Among the negative replies, there were several that pointed out that the adoption of a new emblem would lead to confusion and would lower the prestige universally enjoyed by the red cross sign.

Some countries were in favour of envisaging the adoption of the Staff of Aesculapius for Civil Defence personnel.

II. DRAFT ADDITIONAL PROTOCOL TO THE GENEVA  
CONVENTIONS OF 1949 RELATIVE TO CONFLICTS  
NOT INTERNATIONAL IN CHARACTER

Chapter concerning the Protection  
of the Wounded and the Sick

Introduction

Article 3, common to the four Geneva Conventions of 1949, and applicable in non-international conflicts, has already rendered signal service. However, it cannot be denied that it has loopholes and shortcomings. Its promoters themselves considered it only as the first step.

One point in respect of which a loophole soon became evident is the protection of the wounded and the sick, both civilian and military. The only provisions referring to them in this article are those in paragraph 1 which states that "persons.... placed hors de combat by sickness, wounds,... shall in all circumstances be treated humanely, without any adverse distinction...." and in paragraph 2 : "The wounded and sick shall be collected and cared for".

Article 3 is silent on, for example, the protection to be granted to doctors and other medical personnel, on medical establishments and transports and on the respect due to the sign of the red cross.

Of course, such concepts, truly elementary and emerging from a long tradition, should be deemed to be implied. That the wounded shall be cared for implies that medical personnel shall be enabled to carry out their mission. But it must be admitted that there would be considerable advantage in stating expressly, among the provisions to be confirmed, principles which have never been contested.

In addition, recent experience has shown the urgent need to solve these problems. Improper knowledge of the rules of humanity, combined with partisan quarrels, too often interferes with the free exercise of the medical profession in internal conflicts. It endangers the lives of doctors and nurses and hampers the availability of medicines and dressings. In the long run it is the wounded and sick who suffer, while, for a hundred years, the world has conceded that they should be kept out of the fighting.

The XIXth International Conference of the Red Cross, which met in New Delhi in 1957, adopted with regard to this the following resolution (No. XVII) :

"Medical Care

" The XIXth International Conference of the Red Cross,

considering the efforts already made by the International Committee of the Red Cross to minimise the suffering caused by armed conflicts of all types, expresses the wish that a new provision be added to the existing Geneva Conventions of 1949, extending the provisions of Article 3 thereof so that :

- a) the wounded may be cared for without discrimination and doctors in no way hindered when giving care which they are called upon to provide in these circumstances,
- b) the inviolable principle of medical professional secrecy may be respected,
- c) there may be no restrictions, other than those provided by international legislation, on the sale and free circulation of medicines, it being understood that these will be used exclusively for therapeutic purposes,

furthermore, makes an urgent appeal to all Governments to repeal any measures which might be contrary to the present Resolution".

The aim of this draft Protocol is to fill the gaps.

Without excluding any solution which would make the Geneva Conventions as a whole, or part thereof, applicable in conflicts not international in character, the promoters of the Protocol have avoided consideration of anything more than a set of minimum rules which can justifiably be considered as essential and they have endeavoured to draw up those rules in as succinct a manner as possible.

The draft takes its inspiration from the Draft Rules already submitted to International Conferences of the Red Cross, from the draft Protocol to the Fourth Geneva Convention relative to the Protection of the Wounded and the Sick, and, of course, from the First and Fourth Geneva Conventions themselves.

The present Draft could be included, as a separate section, in a more general Protocol relative to conflicts not international in character.

DRAFT ADDITIONAL PROTOCOL TO THE GENEVA  
CONVENTIONS OF 1949 RELATIVE TO CONFLICTS  
NOT INTERNATIONAL IN CHARACTER

Chapter concerning the Protection  
of the Wounded and the Sick

Article 1 - Protection and Care

1) All persons, whether military or civilian, combatants or non-combatants, who are wounded or sick, as well as the infirm, expectant mothers and maternity cases, shall be given particular protection and respect.

2) They shall in all circumstances be treated humanely and, with the least possible delay, shall receive the care necessitated by their condition, without any adverse distinction.

3) Any interference, without medical justification for the person concerned, in the health and the physical or mental well-being of persons shall be forbidden.

Article 2 - Search and Recording

1) At all times and particularly after an engagement, Parties to the conflict shall without delay take all possible measures to search for and collect the wounded and the sick, to protect them against pillage and ill-treatment and to ensure their adequate care.

2) Parties to the conflict shall endeavour to communicate to each other all details on enemy wounded, sick and dead in their hands.

Article 3 - Role of the Population

1) The civilian population shall respect the wounded and the sick, and in particular abstain from offering them violence.

2) No one may ever be molested or convicted for having nursed the wounded or sick.

Article 4 - Medical Personnel

Military and civilian medical personnel and chaplains shall be, in all circumstances, respected and protected during the period they are engaged. If they should fall into the hands of the enemy they shall not be deemed prisoners of war. They shall receive all facilities to discharge their functions and shall not be compelled to perform any work outside their mission.

Article 5 - Medical Establishments and Transports

1) Fixed establishments and mobile medical units, both military and civilian, which are solely intended to care for the wounded and the sick shall under no circumstances be attacked; they and their equipment shall at all time be respected and protected by the Parties to the conflict.

2) Transports of wounded and sick, or of medical personnel or equipment shall be respected and protected in the same way as mobile medical units.

Article 6 - The Distinctive Emblem

The emblem of the red cross (red crescent or red lion and sun) on a white background continues to be the distinctive emblem of the medical services of the parties to a conflict. It shall not be used for any other purposes and shall be respected in all circumstances.

C O M M E N T A R Y

Article 1 - Protection and Care

1) All persons, whether military or civilian, combatants or non-combatants, who are wounded or sick, as well as the infirm, expectant mothers and maternity cases, shall be given particular protection and respect.

2) They shall in all circumstances be treated humanely and, with the least possible delay, shall receive the care necessitated by their condition, without any adverse distinction.

3) Any interference, without medical justification for the person concerned, in the health and the physical or mental well-being of persons shall be forbidden.

This article repeats word for word, Article 2 and the first paragraph of Article 3 of the draft Protocol to the Fourth Geneva Convention. Reference should therefore be made to the Commentary on those provisions.

Article 2 - Search and Recording

1) At all times and particularly after an engagement, Parties to the conflict shall without delay take all possible measures to search for and collect the wounded and the sick, to protect them against pillage and ill-treatment and to ensure their adequate care.

2) Parties to the conflict shall endeavour to communicate to each other all details on enemy wounded, sick and dead in their hands.



Re Article 2 (1) - This clause repeats the first paragraph of Article 15 of the First Convention, except for the rule concerning the dead which is not repeated here.

Reference may also be made to Article 16 of the Fourth Convention.

Re Article 2 (2) - This is a simplified version of Article 16 of the First Convention.

### Article 3 - The Role of the Population

1) The civilian population shall respect the wounded and the sick, and in particular abstain from offering them violence.

2) No one may ever be molested or convicted for having nursed the wounded or sick.

Re Article 3 (1) - This is an elementary principle contained in the second sentence of the second paragraph of Article 18 of the First Geneva Convention. It is repeated in Article 9 (2) of the additional Protocol to the Fourth Geneva Convention, to the Commentary on which the reader is referred.

Re Article 3 (2) - This provision is borrowed from the third paragraph of Article 18 of the First Geneva Convention. It is repeated in Article 9 (3) of the additional Protocol to the Fourth Convention (see commentary thereon).

### Article 4 - Medical Personnel

Military and civilian medical personnel and chaplains shall be, in all circumstances, respected and protected during the period they are engaged. If they should fall into the hands of the enemy they shall not be deemed prisoners of war. They shall receive all facilities to discharge their functions and shall not be compelled to perform any work

outside their mission.

This provision draws its inspiration from Article 24 and the second paragraph of Article 28 of the First Convention and also from Article 7 of the additional Protocol to the Fourth Convention, to which reference may be made.

This is the matter in relation to which, so far as the wounded and sick are concerned, Article 3, common to the four Geneva Conventions, proved to be most deficient, namely : the express provision that doctors and other members of the medical personnel and chaplains should be protected.

It has been asked whether the term "chaplains" should not be replaced by the broader expression "ministers of religion", in order more clearly to include the various faiths.

#### Article 5 - Hospital Establishments and Transports

1) Fixed establishments and mobile medical units, both military and civilian, which are solely intended to care for the wounded and the sick shall under no circumstances be attacked; they and their equipment shall at all time be respected and protected by the Parties to the conflict.

2) Transports of wounded and sick, or of medical personnel or equipment shall be respected and protected in the same way as mobile medical units.

Re Article 5 (1) - This repeats the first sentence of Article 19 of the First Convention. Reference may also be made to Article 4 (1) of the additional Protocol to the Fourth Geneva Convention and to the Commentary thereon.

Re Article 5 (2) - This is the first paragraph of Article 35 of the First Convention. Reference may be made also to Article 5 (1) of the additional Protocol to the Fourth Convention and to the Commentary thereon.

Article 6 - The Distinctive Emblem

The emblem of the red cross (red crescent or red lion and sun) on a white background continues to be the distinctive emblem of the medical services of the parties to a conflict. It shall not be used for any other purposes and shall be respected in all circumstances.

This too is a field in which Article 3 of the Geneva Conventions was felt to be seriously deficient.

This provision is based on Article 38 of the First Convention and Articles 4 (4), 5 (2), 7 (2) and 10 of the additional Protocol to the Fourth Geneva Convention.

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PART TWO

SAFETY OF MEDICAL TRANSPORTS

I. MEDICAL AVIATION

1) Introduction

Qualified authorities have come forward on a number of occasions to underscore the very real inadequacy of the provisions of international law with regard to the transport by air of the sick and wounded, as well as of medical personnel and equipment, at the same time expressing the hope that there would be a resumption of the studies in this field.

It is a known fact that, far from developing the provisions of the Convention of 1929, rudimentary though they were, the Diplomatic Conference of 1949 had made the use of all protected medical aviation dependent on prior agreements between the belligerent parties. As has been pointed out, this amounts to keeping the medical aircraft permanently grounded.

However, the existence of big transport planes that can be outfitted as flying hospitals, together with the remarkable improvement in helicopters, offers vast possibilities for the relief of the armies' sick and wounded and for their evacuation.

The main reason why the experts had proved to be so reticent in 1949 was that it was then impossible to provide medical aircraft with adequate means of identification, whilst the modern facilities for anti-aircraft defence, among other things, made it possible to fire at planes before they could be seen.

Since then, significant technical progress has been made in the matter of identification of aircraft, so that, according to the experts, there should no longer be any insurmountable obstacles.

With a new and legitimate hope thus opening up for the utilisation and the development of protected medical aviation, the International Committee of the Red Cross suggested to the Commission médico-juridique de Monaco that it continue its work in this field. Responding to this encouragement, the Monaco Commission, in 1965, drew up technical specifications relating to additional means of identification of aircraft on medical missions, as well as Draft Regulations relative to medical transport by air in time of armed conflict (reproduced hereinafter as an annex). The ICRC brought these texts to the attention of the XXIst International Conference of the Red Cross, which met at Istanbul in 1969.

Since that time, being anxious to make certain that the technical specifications still satisfied the most modern requirements 1/, the ICRC submitted them to a meeting of technical experts on the safety and identification of medical transports, held at the ICRC headquarters on 28 and 29 October 1970. The following persons took part :

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1/ According to the experts, it would be well to provide that the additional means of identification of aircraft examined here should be brought up to date from time to time, say every 5 years.

- Mr. A. Blanc, International Electrotechnical Commission,
- Mr. H. Bosly, Director of the Military Law and Law of War Review,
- Mr. J. Danton, Engineer,
- Mr. Ph. Eberlin, former convoying agent for ICRC ships,
- Mr. K. Emanuelson, Swedish Board of Civil Aviation, Expert of the International Electrotechnical Commission,
- Medical Major-General E. Evrard, Member of the "Commission médico-juridique de Monaco",
- Mr. R. Grosclaude, Chief Administrator of Maritime Affairs,
- Corvette Captain Guillot, Studies and Co-ordination Section, S.A.R.,
- Mr. R. Kay, International Electrotechnical Commission,
- Mr. A. Münch, Assistant Director of the Federal Air Office, Berne,
- Professor P. de la Pradelle, Vice-President of the "Commission médico-juridique de Monaco",
- Mr. J. Quéguiner, Chief Administrator of Maritime Affairs,
- Mr. C.J. Stanford, Secretary-General of the International Electrotechnical Commission,
- Mr. Th. Wettstein, Departmental Head of the General Secretariat of the International Frequency Registration Board, International Telecommunication Union.
- Group Captain Th. Whiteside, R.A.F. doctor, Institute of Aviation Medicine.

The meeting was chaired by General Evrard.

The specifications as modified by the aforesaid meeting will be found below.

## 2) Main points for study

The ICRC considers the following to be the principal points that should be subjected to the most thorough examination :

a) Definition of medical aircraft

Under the law in force at present (Conventions, I, Art. 36, II, Art. 39 and IV, Art. 22), if medical aircraft are to be respected 1/ in the course of a medical mission they must be utilised exclusively for that purpose, and, consequently, must not carry any weapons at all.

But today, as in 1929, to be protected, it is not necessary for an airplane to be specially equipped for or permanently assigned to medical duties. Hence it can be temporarily utilised for a relief mission.

There seems to be no reason why this concept should be questioned. Medical airplanes are called upon to provide urgent aid, often in an emergency operation. They may at times afford the only means of transport, if the land routes have been demolished. An airplane temporarily assigned to a medical task must, naturally, only bear the distinctive sign when it is accomplishing such a mission, and will be respected only while that mission lasts.

The First Convention of 1949 defines restrictively the tasks of medical aircraft ("exclusively employed for the removal of wounded and sick and for the transport of medical personnel and equipment") and this formulation can be considered satisfactory. The question might still have to be raised as to whether from now on the civilian wounded and sick and the members of the civilian medical personnel ought not to be included in the definition. From the humanitarian point of view, this would appear to be desirable and to be in conformity with the current trend which seeks to afford better protection to wounded and sick civilians.

On the other hand, the text of the Convention says nothing with reference to the origin of the aircraft.

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1/ The articles in question do not employ the word "protected", although prohibiting attacks against medical airplanes. But this has to do with a traditional notion of the Geneva Conventions, which should be expressly specified here.

It may be assumed that they will belong primarily to a belligerent country (military or civilian medical service, National Red Cross Society) or possibly to a neutral country.

Such being the case, it would appear desirable to provide protection for aircraft utilized for humanitarian purposes by the international institutions, for example WHO and the ICRC. However, we may note that the planes of these organizations are used for missions having a much broader scope than those of medical airplanes as such : they often transport relief supplies, consisting of medicaments as well as of foodstuffs and clothing, intended not solely for the sick, but also for the civilian population, including children and even for prisoners of war.

b) Requirements for protection

As already noted, it appears essential to release medical aircraft from the obligation now imposed by para. 1 of Article 36, of the First Convention and by the corresponding articles of the Second and Fourth Conventions which make all use dependent on the existence of a flight schedule established by agreement between the belligerents. It is clear that such a requirement has resulted in paralysing the development of medical aviation.

In 1949, when the requirement of a prior flight schedule was considered necessary, even though all that was involved was flight over the national territory, it was then believed that this was the only means likely to ensure the safety of airplanes.

But since that time, the best qualified experts have pointed out that technical advances have enabled belligerents to recognize medical aircraft at a distance, just as they recognize warplanes. In this connection, a report is given below on the various technical means capable of ensuring such identification.



c) Markings

Apart from technical means of identification for which concrete proposals will be formulated in section 3, it will be worth while to ascertain whether we must continue to prescribe that medical airplanes should bear some exterior markings, i.e. as imposed by the present convention - the distinctive sign on their lower, upper and lateral surfaces, together with their national colours, or even - as in the Convention of 1929 - a colour uniformly painted over their whole surface. The 1929 text prescribed white paint, but the experts consulted in 1970 felt that this colour was to be avoided because of the risk of confusion with fighter aircraft, which often are light in colour.

d) Flight over enemy territory

Flight over enemy territory has always constituted the salient difficulty. In 1949, as in 1929, it was necessary to defer to the requirements of military security. The risks of its use for military observation or for a perfidious hostile act seemed too great to the plenipotentiaries. Hence, the 1949 text states that "unless agreed otherwise, flights over enemy or enemy-occupied territory shall be prohibited".

Since the Convention has already left open the possibility of agreement to waive this prohibition, might it not be possible to prescribe the necessary conditions therefor in advance and, for exceptional flights of this sort, restore the flight schedule prescribed in 1949 for all medical aircraft and from which we now want to exempt flights carried out over national territory ?

Should it be specified that flights over the battlefield zone are, as a general rule, prohibited, as was stipulated in 1929 ?

e) Imposed or involuntary landing

The Convention provides (Art. 36, para. 4) that in case of imposed landing, the medical aircraft

may resume its flight, but that in case of involuntary landing in enemy or enemy-occupied territory, it cannot take off again.

Can this latter rule, though justified by reasons of security, be made flexible? If, following a visit to inspect the craft, nothing can be held against its crew, could not it be authorized to continue on its mission with its wounded?

f) Flight over neutral countries

Since 1949, the First Convention had devoted an entire article (No. 37) to flight over neutral countries 1/. As a general rule, medical aircraft may fly over the territory of neutral countries and also use it as a port of call, but subject to the conditions and restrictions which the neutral Powers might decree.

But the legislators of 1949 introduced into this article a wording which repeats that found in the preceding article applying to belligerents, but which here takes on an unwarranted rigidity when applied to a neutral country. The wording in question is that of the second sentence of the 1st paragraph ("They will be immune from attack only when flying on routes at heights and at times specifically agreed upon between the Parties to the conflict and the neutral Power concerned"). In other words, is a flight schedule imperative for flying over a neutral country? Reckoning on the fact that entry into neutral air space will often have the character of a hasty improvisation, it might be considered that, in this case, some relaxation would be welcome, it being understood that by the terms of paragraph 2 of Article 37 the neutral Powers may place conditions or restrictions on flight over their territory.

It is obvious, from the context and from general principles of law, that when a medical plane lands in a neutral country, either by choice or in obedience to a summons, it may take off again with its occupants, possibly after a check has been made by the neutral Power. Would it nevertheless be well to mention this explicitly?

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1/ The Second Convention does likewise in Article 40.

3) Specifications for additional identification systems  
for aircraft on medical missions

I. Light signals

Colour : blue

Type : intermittent flashing lights in groups of  
two flashes

Transmission according to one of the following two  
alternatives :

- a) - duration of flash : 1 second  
- pause between two flashes  
of the same group : 0.5 second  
- pause between each group : 1.5 seconds  
- frequency of flashing per minute : 15 groups of  
two flashes.
- b) - maximum duration of flash : 0.1 second  
- pause between two flashes  
of the same group : 1.5 seconds  
- pause between 2 groups : 2.5 seconds  
- frequency of flashing per minute : 15 groups of  
two flashes.

Location on aircraft (airplanes, helicopter, etc.) :

light signals should be so placed as to be visible  
from all directions.

II. Radio detection (radar)

1. Secondary radar (SSR)

Mode : 3 A

Code : a 3 A mode code to be determined and  
reserved by international agreement.

The code chosen for medical aviation should be transmitted not only in cases of interrogation by observation stations in zones where the latter are to be found, but likewise, where there is no interrogation, in the following two cases :

- a) when lit by interception or monitoring radar;
- b) a priori, in all zones where medical aircraft are liable to be intercepted.

Note : These two methods presuppose the generalized utilization of passive decoders.

2. Systems not utilizing any formal interrogation or any reply on a specific frequency.

(aircraft carrying equipment for generating identification echos on primary radar).

These systems are applicable so long as the Parties to the conflict and neutral Powers flown over by the aircraft have been informed of their use and have given their assent.

### III. Radio links

For purposes of identification, the frequencies and methods laid down by International Telecommunication Conventions and Regulations in cases of emergency and distress should be employed, with the addition of the word "Medical", repeated 3 times, to the signals sent.

Note : this signal must be added in the appropriate Tables of abbreviations and signals.

TECHNICAL COMMENTARY ON SPECIFICATIONS FOR ADDITIONAL  
IDENTIFICATION SYSTEMS FOR AIRCRAFT ON MEDICAL MISSIONS

A. Need for additional identification systems

In order to ensure the protection of wounded and sick transported by air, it is essential that the aircraft on medical transport mission should be clearly identifiable.

The First Geneva Convention envisaged identification of aircraft only by marking them with the red cross emblem on a white ground placed on the lower, upper and lateral surfaces (Article 36 (2)).

The traditional red cross emblem and other accepted emblems (red crescent, red lion and sun) will always have a high moral value as a symbol of immunity for those who use them and for third parties who have agreed to respect them. We cannot therefore make any valid objection to their use.

But are these traditional signs, specified by the Convention, efficacious for the identification of medical aircraft? Today, it can be said that they are certainly no longer adequate.

First of all, it is evident that this means of identification is valueless in night flights. Even in daylight it is not always possible to distinguish easily the white fuselage and the red cross. This is especially the case in misty weather or due to the effect of reflected sunlight.

Further, attacks by interceptor fighter aircraft are no longer carried out at short range. All aircraft, whatever they may be, are detected by radar and identified subsequently as friendly or enemy planes. Even though direct visual recognition is possible, fighters launch attacks at long range, that is to say, well before there is any possibility of making out the red cross or the white paint.

Heavy transport aircraft never fly at low altitudes. The range of radar detection devices and of strategic defence weapons, such as ground-to-air and air-to-air missiles, has outdated and invalidated the notion of identification by the red cross sign alone.

Helicopters fly practically all the time below 350 metres (1150 ft.). Their operational altitude is mostly around 15 to 20 metres (50 - 65 ft.) along routes as far as possible hidden from the enemy's sight. Their speed is far lower than that of an aeroplane. It would seem that their identification by the distinctive sign (red cross on a white ground) established by the Convention would have been much easier. But such is not the case.

It should be first pointed out that the available surfaces for placing the red cross sign are often smaller and less visible on helicopters than on airplanes, as the former have no wings and part of the body is often taken up by an extensive surface area of transparent material. Problems of detection and identification are subject to the same hazards as with aircraft, whether observers are in the air, on land or at sea. The low operational altitudes of helicopters render them most vulnerable to firing by ground forces with light weapons. As they approach a combat area, it is therefore important that their medical mission should be clearly and distinctly signalled to the troops of both sides, as soon as they are sighted, that is to say a long time before one can distinguish whether they are marked with red crosses on a white ground or not.

Finally, a helicopter approaching enemy units is liable to offer an excellent target, even while it is still flying over friendly territory.

#### B. Specifications for proposed additional identification systems

Because of the inadequacy of identification based only on the red cross painted on a white ground, it is essential to decide upon other additional systems for markings or identification.

After having studied the question, the Commission médico-juridique de Monaco had proposed in 1965 modern visual and non-visual methods that would enable the combatants of all three branches of the armed forces to effect a rapid and indisputable identification of aeromedical missions, without unusual or sophisticated equipment. This draft project constituted the basis for the study carried out by the experts convened in 1970 by the International Committee of the Red Cross.

On completion of their study, the experts selected three types of additional identification systems for aircraft on medical missions :

- a) specific light signals;
- b) radio detection (radar);
- c) radio links.

#### I. Specific light signals

Of all identification systems, the simplest and best is the one involving the use of the human eye. Light signals are included in this category. Whether by day or by night, the distance at which detection and identification of an aircraft is possible is three times greater if light signals are used than if detection and identification depends on recognition of the silhouette or colour, atmospheric conditions being equal. It is therefore desirable to use the former method.

Detection and identification are much easier and the range is greater when series of flashes are signalled rather than when an uninterrupted beam of light is emitted.

Proposed specifications for light signals are as follows :

- (1) Colour : Blue

As the colours now in use for navigation lights are red, white, green and orange, another colour had to be chosen for the identification lights of aircraft on medical missions. The colour blue was selected. As it also is most suitable for detection, it is the colour proposed.

Besides, in many countries, ambulances of civilian and even of military relief services already utilize blue lights to show that they are on an emergency call, so as to be able to move more easily through crowded streets and disregard traffic regulations.

It would be, of course, desirable that the adoption of an identification system using blue lights should be preceded by preliminary consultations carried out by the International Civil Aviation Organization (ICAO). Further, these lights, when flashed, should possess certain characteristics that will not render them liable to confusion or abuse.

(2) Type

Intermittent flashing lights in groups of two flashes.

Signals to be sent according to one of the following two alternatives :

a) first alternative

- duration of flash : 1 second
- pause between two flashes of the same group : 0.5 second
- pause between each group : 1.5 seconds
- frequency of flashing per minute : 15 groups of 2 flashes

b) second alternative

- maximum duration of flash : 0.1 second
- pause between two flashes of the same group : 1.5 seconds
- pause between 2 groups : 2.5 seconds
- frequency of flashing per minute : 15 groups of 2 flashes

In solution a), the idea of the experts was to send two long dashes, this being, in Morse the letter "M" for "Medical". There are thus 15 M's per minute.



In solution b), the fact that very short and very powerful flashes can be sent was considered. Duration of flashes between intervals was established so as to maintain, as for solution a), groups of two flashes at a rate of 15 groups per minute. The choice between these two possibilities may be left to users; the very slight difference between them cannot lead to any misunderstanding.

(3) Location on aircraft (airplane, helicopter, etc.)

Light signals should be so placed as to be visible from all angles.

A luminous device of this kind is simple. It may be fixed permanently without any difficulty on all transport planes and helicopters, and operated from the aircraft electrical system. When the aircraft is flown on a medical mission, all that the pilot has to do is to set the automatic lighting system until the mission is over.

If a luminous device of this type were to be accepted and universally recognized, it would have the advantage of enjoying the many improvements that are envisaged and expected as a result of recent research on lighting methods for day and night photography. The range of existing luminous devices, which are both simple and powerful, is limited only by the line of sight of observers or troops on the ground. Simultaneous detection and identification are possible with these devices, which may be used, without further aids, for very low-flying medical missions, i.e. those carried out by helicopter. The same applies to some missions carried out by transport planes flying at relatively low altitudes. They may be used, too, on all missions where transport aircraft are liable to be intercepted by friendly or enemy fighters and where direct visual identification is possible and useful.

II. Radio detection (radar)

Luminous identification means do not provide any satisfactory solution for the protection of transport aircraft flying at medium altitudes or in cloud. They are especially inadequate in the case of jet planes which must fly at very high altitudes. As they may be detected on a radar network while still at very long range, they could be attacked by missiles before their medical mission could be established, if identification is solely

based on direct visual means. As strategic air evacuations make use of jet transport aircraft on a large scale, it is evident that direct visual methods, that may be adequate under certain conditions but unsatisfactory under others, must be supplemented or replaced by a long-range identification system, in other words, by electronic or radio-electrical devices.

Commentary on the two electronic systems envisaged in the specifications :

1. Secondary radar (SSR)

Mode : 3A

Code : a 3A mode code to be determined and reserved by international agreement.

The code signal selected by the government experts for Medical Aviation should be sent not only in reply to interrogation by ground stations, but also, even if there is no interrogation, in the two following cases :

- a) when lit by interception or monitoring radar;
- b) a priori, in all zones where aircraft on aero-medical missions are liable to be intercepted.

It should be observed that both these methods require the general employment of passive decoders.

Thanks to this system, aircraft on medical missions at high and medium altitudes would be able to reply to information requests coming either from the ground or from a plane. It is very widely utilized in most air forces. It should be possible to come to an agreement whereby the code would be restricted internationally to aero-medical missions alone. In addition, parties to a conflict must undertake not to jam the specific frequency adopted. The system also assumes an adequate infrastructure. This does not exist yet everywhere, but, thanks to the technical aid provided to developing countries, it is to be hoped that existing gaps will be gradually and rapidly bridged.

2. Systems not utilizing any formal interrogation or any reply on a specific frequency.

It was observed by one of the experts that research on such systems had reached an advanced stage.

The experts therefore proposed that these systems, which might well be the ones to be adopted in the future, should be mentioned and listed among those to be authorized, with the proviso that parties to the conflict, as well as neutral Powers whose territories might be flown over, be advised of their utilization and that those parties signify their assent.

III. Radio links

The adoption of a device based on the use of secondary radar, with a code restricted internationally to medical aviation, still leaves a risk : interception by fighter aircraft on roving patrol, i.e. not under the control of a radar station.

As all transport aircraft, whether military or civilian, are equipped with radio, it would seem, at first sight, easy and expedient to supplement direct visual and radar identification with an official system of radio identification.

This solution is mentioned in the comments on Article 36, par. 2, in volume I of the Commentary on the Geneva Convention (pages 289-290). It would appear, from a preliminary study, that if every aircraft on a medical mission over territory where it might be intercepted transmitted a continuous signal in accordance with specifications to be laid down in a Protocol, it could be identified by all radio stations in charge of tactical air defence. On close examination, it will be found that whilst this system is very simple in theory, the practical means for its implementation are lacking. It would require all control stations, defence units, guided missile launching stations and all interceptor aircraft on mission on the course followed to be constantly listening on the frequency agreed upon. This is obviously

impossible. Even if it were possible to monitor in such a fashion the selected frequency permanently, it would not enable interceptor aircraft of both sides to determine the position of medical aircraft. This could only be done by ground stations.

The experts therefore have limited the use of radio-electrical equipment for identification purposes to a simple and more modest role. This is the employment of frequencies and signals laid down by International Telecommunication Conventions and Regulations in cases of emergency and distress, with the addition to the signals of the word "Medical" repeated three times.

The signal should be added in the appropriate tables of abbreviations and signals.

Of course, its use ought to be limited to short periods of interception and in cases of distress when the identification of aero-medical missions takes on an urgent and vital character.

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Member of the Commission  
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A P P E N D I X

DRAFT REGULATIONS RELATIVE TO MEDICAL TRANSPORT  
BY AIR IN TIME OF ARMED CONFLICT

(drawn up in 1965 by the "Commission médico-juridique de Monaco")

Considering that respect for wounded, sick and shipwrecked members of armed forces is one of the fundamental principles of the humanitarian Geneva Conventions and that its effective implementation must be ensured by every possible means;

Considering that this major problem should induce governments to supplement the Geneva Conventions of August 12, 1949, either when these are revised or without awaiting such revision, by means of an additional agreement in the form of a codicil; the aim thereof being to ensure, in time of armed conflict :

1. the development of air transport of wounded, sick medical personnel and medical equipment, by the use of a greater number of aircraft, and
2. maximum safety standards for such transport by means of appropriate technical specifications and legal regulations;

Considering that technological progress in radio and telecommunications as applied to navigation and air defence makes it possible to equip aircraft on medical missions with identification systems and signals which could increase the degree of safety provided by traditional protective markings 1/;

Convinced of the need to relieve aircraft on medical missions of the present obligation stipulated in

1/ cf. markings suggested in Article 36 (2nd para) of the First 1949 Convention. (Footnote of the "Commission médico-juridique de Monaco").

the Conventions to draw up a flight programme to be agreed by belligerents in view of the difficulties inherent in the very circumstances arising from hostilities;

The Commission médico-juridique de Monaco recommends that the necessary steps be taken to ensure implementation of the following regulations.

#### Article 1

Military aircraft used, whether temporarily or permanently, by parties to a conflict for the evacuation of wounded and sick and for the transport of medical personnel and equipment shall not be attacked, but shall be respected and protected throughout their mission.

#### Article 2

All aircraft operating for army medical services shall be respected and protected in all circumstances, both in time of peace and of war.

Not only State-owned aircraft may be specially fitted out for medical duties, but civilian aircraft of all types may also be converted to suit that purpose, provided they are not transferred to other duties during the conflict.

Neutral Powers, National Red Cross Societies and officially recognized relief societies may provide one or more parties to a conflict with medical aircraft.

#### Article 3

Aircraft belonging to inter-governmental organizations, to the Specialized Agencies of the United Nations or to the International Committee of the Red Cross assigned to the operations aforesaid shall be respected and protected in all circumstances.

#### Article 4

The aircraft mentioned in the foregoing articles shall display conspicuously the distinctive sign of the red cross (red crescent, red lion and sun).

They shall, moreover, be fitted with a continuous system of either light signals or of instantaneous electrical and radio identification, whichever is appropriate to operating conditions, or with both.

#### Article 5

It is forbidden for all aircraft mentioned in the present regulations to fly over enemy or enemy-occupied territory or areas where belligerents are engaged in military operations.

Notwithstanding the preceding clause, exceptions shall be permissible by special agreement between belligerents or with an international organization.

#### Article 6

All aircraft covered by the present regulations when flying over enemy or enemy-occupied territory shall be respected but shall obey any order to land or alight on water.

In the event of a landing on enemy or enemy-occupied territory, whether forced or as a result of fortuitous circumstances, the wounded and sick may, in the absence of any contrary agreement between the parties in conflict, be taken prisoner of war. The medical personnel and crew shall be treated in conformity with the provisions of the present Convention. 1/

Aircraft mentioned in article 2 above may not be seized unless for use on medical missions.

Aircraft mentioned in article 3 above and all persons aboard thereof, after control, shall be permitted to continue their mission.

#### Article 7

Aircraft mentioned in these regulations may, in case of need, fly over or land on the territory of a neutral Power. They shall notify the neutral Power of their passage and obey any order.

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1/ cf. First Convention, Article 24 and ff. (Footnote of the Commission médico-juridique de Monaco).

However, a neutral Power may lay down conditions and restrictions on flight over or landing on its territory. Such conditions or restrictions shall apply equally to all parties to the conflict.

#### Article 8

In the event of a forced or ordered landing in a neutral country, an aircraft and its occupants shall be permitted to continue the flight after control, if the neutral Power decides to effect such a control. The aircraft may not be detained unless the control reveals the commission of or intention to commit acts incompatible with the humanitarian mission for which the aircraft is intended.

Any wounded or sick disembarked with the consent of the local authorities shall, failing any agreement to the contrary between the neutral Power and the parties in conflict, be detained by the neutral Power when international law so requires, in such a manner as to preclude their taking further part in the hostilities. Hospital charges and the cost of maintenance in internment shall be borne by the Power to which the wounded or sick persons belong.

If an aircraft having landed in neutral territory is in no condition to resume flight, its crew and medical personnel shall be returned to their own authorities.

The general rules of the Convention concerning the rights and obligations of neutral Powers and persons in time of war shall be applied to aircraft, crews and medical personnel of neutral countries. 1/

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1/ Articles 39 and 40 of the second Convention should be replaced by provisions similar to the foregoing. Article 22 of the fourth Convention should likewise be amended. (Footnote of the Commission médico-juridique de Monaco).



SUGGESTIONS AND COMMENTS

Concerning the Draft Regulations relative to Medical Transport by Air in Time of Armed Conflict proposed by the "Commission médico-juridique de Monaco", formulated by the experts who took part in the Meeting of Technical Experts organized by the International Committee of the Red Cross on 28 and 29 October 1970.

- It would be advisable to specify that these are regulations which are applicable in case of international armed conflict;
- It is desirable that the Draft Regulations be adapted to the existing system of the Geneva Conventions;
- The experts proposed the following new wordings:

Article 3

"Aircraft belonging to the United Nations, to specialized Institutions, to the International Committee of the Red Cross and other relief organizations assigned to the operations aforesaid shall likewise be respected and protected in all circumstances."

Article 4 - para. 1

"So that they may be identified, the aircraft mentioned in the foregoing articles shall display conspicuously the distinctive sign of the red cross (red crescent, red lion and sun) on a white ground".

Article 4 - para. 2

"In addition, they shall, both by day and by night, be equipped with a fixed system of luminous visual signals, or with a system of instantaneous electronic or radio-electrical identification, or with both", or else :  
"In addition, they shall both by day and by night, be equipped with a fixed system of luminous visual signals.

Systems of electronic and radio-electrical signals and identification would be assigned to them and the rules for their utilisation laid down".

Article 5

"Flights by aircraft mentioned in Article 3 over territories of Parties to the conflict or over territories occupied by them shall be the subject of agreement between the organizations mentioned in that article and the State concerned.

It is forbidden for all aircraft mentioned in Articles 1 and 2 to fly over enemy or enemy-occupied territory or areas where belligerents are engaged in military operations. Notwithstanding the preceding clause, exceptions shall be permissible by special agreement between belligerents or with an international organization.

The agreements mentioned in the first two paragraphs shall specify the details of all authorized flights and the methods of transmitting and of applying the flight schedule (at heights, times and on routes specifically agreed upon between the Parties to the conflict)."

Article 6- para. 1

"All aircraft covered by these regulations when flying over territory mentioned in Article 5 shall not be attacked, but shall obey any order to land or alight on water".

## II. HOSPITAL SHIP SIGNALLING SYSTEMS

Besides the markings that are specifically mentioned (white ground and emblem of the red cross, red crescent or red lion and sun) 1/, the Second Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea of August 12, 1949, has envisaged that modern methods of identification should also be employed.

Article 43, para. 8, reads :

"Parties to the conflict 2/ shall at all times 3/ endeavour to conclude mutual agreements in order to use the most modern methods available to facilitate the identification of hospital ships 4/".

As means of combat have developed, it would seem most desirable that agreements consonant with this provision should be concluded.

In view of the foregoing, in the course of, and following the meeting of technical experts devoted to the signals to be sent by medical transports and to their safety, held in October at the ICRC 5/, some experts, at

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1/ Art. 43 paras. 1, 2, 3 and 7.

2/ "Contracting Parties" should apparently be understood here.

3/ As in the case of medical aviation, it would be desirable to bring some points up to date from time to time.

4/ I.e. hospital ships, coastal rescue craft, lifeboats of hospital ships and small craft used by the Medical Service (Art. 43, paras. 1 and 3).

5/ See above under "Medical Aviation - Introduction".

the request of the ICRC, specified adequate signalling techniques by hospital ships, prefaced by a few introductory remarks. These specifications would form an integral part of an agreement such as was envisaged in the Second Convention. The proposals are contained in the following report :

Report of experts on additional signalling  
means for maritime medical transports

Introductory remarks

Since the Second Geneva Convention was signed, electronic means of detecting and spotting ships at sea, by surface vessels or fighter aircraft and guided missile weapons have been invented, developed and put into operation by all the most advanced armed forces.

It is therefore necessary to review the signalling means available so as to secure the protection provided for in the Convention in case of further conflicts.

Basing themselves on the studies carried out with regard to medical aircraft, the writers of this report propose the following additional signalling means :

- 1) luminous signals, for visual detection;
- 2) radio-electrical signals, for non-visual detection;
- 3) electronic signals, for long-range detection.

Luminous signals are simple and incorporate developments based on the most recent laboratory studies on the penetration coefficient of coloured light in the atmosphere. They harmonize, too, with the provisions proposed for the safety of medical air transports, and allow an efficacious means of visual signalling.

Radio-electrical methods are based on techniques successfully utilized in marker beacons for wrecks. The automatic and infrequent nature of transmissions and the short range of the transmitters should combine the maximum number of advantages with the smallest number of disadvantages.

With regard to electronic methods, it has not been found possible to list detailed specifications. It seemed preferable to define objectives, and keep the door open for any opportunities to introduce further improvements.

### Specifications

#### I - Visual light signals 1/

In addition to the lights provided for by the International Regulations for the Prevention of Collisions at Sea, hospital ships at sea must carry on port and starboard by day as well as by night a flashing blue light, arranged in such a way as to show an uninterrupted light throughout an arc of 180° (16 points of the compass) from the stern to the bows of the vessel. These lights should be visible at a distance of at least 5 miles 2/ and should be so placed so as not to obstruct the vessel's navigation lights and so as not to be obscured by them.

These lights shall send, at the rate of 15 cycles per minute, a signal consisting of the following group : flash, interval of 1.5 seconds, flash, interval of 2.5 seconds 3/.

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- 1/ It might be agreed that visual light signals would be authorized only at a distance from ports.
  - 2/ The source of energy for these lights should have a power of 4 amperes and 10 amperes at the time it is switched on, at 250 volts. A secondary transformer of 500 volts should also be fitted.
  - 3/ This signal is somewhat similar to the letter I of the International Code of Signals, but it should be observed that here the signal is given by means of blue "flashes" and not by means of a searchlight. No mistake is possible. This signal is proposed because it is the same as that suggested for hospital aircraft.

## II - Radio links

- An FM automatic transmitter with a range of 50 nautical miles, sending on a frequency of 2182 KHz a signal, consisting in : the word "MEDICAL" repeated three times 1/ followed by the ship's call sign spelt out according to the International Signal Code.

The transmission to be repeated three times at regular intervals within a three-minute cycle.

- An automatic transmitter sending on a frequency of 243 MHz the signal described above.

The transmission to be repeated three times at regular intervals within a three-minute cycle.

## III - Radio detection (Radar)

A secondary radar transponder, permitting at least the identification of hospital ships :

- by airplanes equipped with secondary radar interrogators;
- by aircraft with special receivers tuned to the ship's secondary radar transponder;
- by other surface vessels equipped either with secondary radar interrogators or with special receivers.

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1/ With syllables distinctly separated, English fashion.

### III. MEANS OF COMMUNICATION ABOARD HOSPITAL SHIPS

The Diplomatic Conference which concluded the Geneva Conventions in 1949 gave attention to the question of ensuring the protection of medical transports at sea. The Committee which drafted the Second Convention examined the problem of means of transmission and communication aboard hospital ships and rescue craft. The Italian Delegation had even put forward draft regulations laying down how this communication was to operate.

The Diplomatic Conference considered, however, that it was not for it to provide regulations on this matter, which was not within its strict field of competence. It therefore merely confined itself to adopting on this question two resolutions, the text of which is as follows :

#### Resolution 6

Whereas the present Conference has not been able to raise the question of the technical study of means of communication between hospital ships, on the one hand, and warships and military aircraft on the other, since that study went beyond its terms of reference;

whereas this question is of the greatest importance for the safety and efficient operation of hospital ships,

the Conference recommends that the High Contracting Parties will, in the near future, instruct a Committee of Experts to examine technical improvements of modern means of communication between hospital ships, on the one hand, and warships and military aircraft on the other, and also to study the possibility of drawing up an International Code laying down precise regulations for the use of those means, in order that hospital ships may be assured of the maximum protection and be enabled to operate with the maximum efficiency.

Resolution 7

The Conference, being desirous of securing the maximum protection for hospital ships, expresses the hope that all High Contracting Parties to the Geneva Convention for the Amelioration of the Condition of the Wounded, Sick and Shipwrecked Members of Armed Forces at Sea of August 12, 1949, will arrange that, whenever conveniently practicable, such ships shall frequently and regularly broadcast particulars of their position, route and speed.

With a view to implementing Resolution No. 6, the Italian authorities drew up draft regulations which the Swiss Government communicated in 1950 to States parties to the Geneva Conventions. It was apparent, from the twenty-eight replies received in Berne, that this draft could not be retained without amendments. The Swedish delegation, too, had drawn up a draft which differed considerably from the Italian one.

In view of these differences, it was decided to arrange for the experts of the two countries concerned, that is to say of Italy and Sweden, to meet at the headquarters of the International Committee of the Red Cross. The Swiss Government, acting in its capacity as depositary of the Geneva Conventions, delegated to this meeting its own experts in international law and radiocommunications.

This small group met in Geneva from 9 to 11 June 1959. It consisted of the following persons :

For Italy : Captain G. Fiorani, of the Italian Admiralty, and Mr. F. Nicotera, Engineer, Inspector-General in the Ministry for Postal, Telegraph and Telephone Services.

For Sweden : Captain H. Hansson, Director of the Swedish Sea Rescue Institution, Captain A. Björling, of the Swedish Admiralty and Mr. T. Övergaard, Director in the Swedish Telecommunications Office.



For Switzerland : Mr. H. Thévenaz, Professor of international law at the University of Neuchâtel and representing the Federal Political Department, Mr. C. Gillioz and Mr. R. Monnat, respectively Chief and Inspector in the Radio Section of the Swiss Postal, Telegraph and Telephone Administration.

The experts drew up, in common agreement, the draft regulations, the text of which is given hereafter (see Annex I).

The same year that it was drawn up, the draft regulations were submitted to the Plenipotentiary Conference of the International Telecommunication Union, which authorized its chairman to communicate to the ICRC that these draft regulations did not contain any provisions contrary to the provisions of the 1959 International Telecommunications Convention of Geneva, and of the Regulations annexed thereto. At the Conference, an amendment was, nevertheless, proposed (see Annex II).

In 1961, at the request of the Italian and Swedish Governments, the draft regulations were submitted by the Swiss Federal Council to the Governments of States parties to the Geneva Conventions. Some Governments adopted them as their own internal regulations while other Governments proposed further amendments.

Following the meeting of technical experts held at the ICRC in October 1970 1/, a number of experts drafted proposals with regard to updating 2/, to be found hereafter (see Annex III).

- Annex I : 1949 Draft
- Annex II : Proposal for corrigendum put forward at I.T.U. Plenipotentiary Conference, 1959.
- Annex III : Updating proposals drawn up in 1970.

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1/ See above, under "Medical Aviation - Introduction".

2/ At the time, it was pointed out that it would be desirable to bring the regulations up to date from time to time (e.g. every 5 years).

ANNEX I

**Means of Radioelectrical and Visual communication to give increased security during armed conflicts to ships, craft and aircraft protected under the Geneva Conventions of 12 August 1949 for the Protection of War Victims**

I. — COAST RADIO STATIONS

- A. *During an armed conflict coast radio stations or substitutes therefor*
- (1) *shall keep permanent watch on the distress radio frequencies 500, 2182 and 8364 Kc/s, or any other distress frequency which might be internationally adopted in the future;*
  - (2) *shall receive on these frequencies distress calls;*
  - (3) *shall receive on these frequencies messages about position, course, and speed emanating from protected ships, craft and aircraft, and any other messages in conformity with the Geneva Conventions of 1949;*
  - (4) *if possible, shall reply to such calls and messages;*
  - (5) *shall retransmit the same calls and messages, in the speediest possible way, to the competent services in order to provide assistance and to ensure that protected ships, craft and aircraft are not attacked in error.*
- B. *Any harmful interference to the said distress radio frequencies and distress communications shall be avoided.*
- C. *If need be, English shall be used as the common language.*

II. RULES APPLICABLE TO PROTECTED SHIPS AND CRAFT

1. *All protected ships and craft shall whenever feasible be equipped with the following means of communication;*
  - (a) *Radiotelegraph equipment operating on the frequency 500 Kc/s and/or radiotelephone equipment operating on the frequency 2182 Kc/s, for alarm and communication, and eventually any other equipment operating on frequencies at present recognized, or which may be recognized in the future, for use for distress calls and calls for assistance emanating from ships or aircraft;*
  - (b) *A signalling lantern equipped for transmitting Morse signals in clear language, and if possible with a minimum range of three nautical miles in daylight;*
  - (c) *Signal flags as provided in the International Code of Signals, as large as possible having regard to the masts;*
2. *Protected ships and craft shall also be equipped with the following:*
  - (a) *the International Code of Signals, radio section;*
  - (b) *"Q" Code of miscellaneous abbreviations and signals for use in telecommunication, as mentioned in the Radio Regulations in force;*
  - (c) *the International Code of Signals, visual section;*

3. *Protected ships and craft equipped with the above-mentioned means of communication shall be given the same call sign for radio communication and for visual communication; the said call sign shall be included in the notification for which provision is made in Article 22 of the Second Convention of Geneva of 1949.*

*If any collective national call sign is assigned to such protected ships and craft, it shall also be notified to the Parties to the conflict.*

*Where necessary, a collective international call sign approved by the International Telecommunication Union may be used.*

4. *Protected ships and craft which are illegally attacked may have recourse to all the signalling means at their disposal in order to ensure their protection.*

### III. DIRECT COMMUNICATION

#### A. **Between protected ships and craft, on the one hand, and enemy warships or military aircraft, on the other hand**

##### I. Radio communication

- (a) *Communication between protected ships and craft, on the one hand, and enemy warships or military aircraft, on the other hand, may take place by radio, but only at the express request of the enemy warship or military aircraft.*
- (b) *If possible, such communication should be established in accordance with the wishes expressed by the enemy warship or military aircraft over the above-mentioned frequencies.*

##### 2. Communication by visual signalling

*Protected ships and craft, on the one hand, and naval or air forces, on the other, may enter into contact with each other, for purposes of communication or identification, as follows:*

- (a) *by projector, in Morse*
- (b) *by signal flags*
- (c) *by lights, rockets, or any other pyrotechnical device agreed upon by the Parties to the conflict.*

#### B. **Between medical aircraft and enemy armed forces**

*Signalling and communication in order to ensure the safe passage of protected aircraft shall be effected only in accordance with special agreements between the Parties to the conflict. Medical aircraft which are illegally attacked may, however, have recourse to all the signalling means at their disposal in order to ensure their protection.*

\* \* \*

**Important messages from a warship to a hospital-ship**

	" Q " Code	International Code of Signals	
		Radio	Visual
<i>Stop your ship at once</i>	—	IRJKI	K
<i>Stop your ship, I will send a boat</i>	—	EHNBU	OP
<i>Alter course... degrees to starboard</i>	—	BOUCL	JP
<i>Alter course... degrees to port</i>	—	BOTYQ	JO
<i>Continue on your present course</i>	—	BIRCO	JS
<i>You are ordered to proceed to...</i>	—	HANIT	LMS
<i>What harbour do you intend to make for ?</i>	—	EFWUX	GYS
<i>What is your true course ?</i>	QTI	BOROR	ECI
<i>What is your speed ?</i>	QTJ	IPCIZ	WF
<i>I request assistance for shipwrecked in position...</i>	—	—	—
<i>Tune in your r.t.</i>	—	—	UB
<i>Stop sending</i>	QRT	—	—
<i>Indicate your call sign</i>	QRA	ILVUP	NNJ
<i>Move off as quickly as possible</i>	—	—	—
<i>You are standing into danger</i>	—	IPTUH	U
<i>I require medical assistance</i>	—	ALIDL	—

**Important messages from a military aircraft to a hospital-ship**

Message	" Q " Code	International Code of Signals	
		Radio	Visual
<i>Stop your ship at once</i>	—	—	—
<i>Alter course... degrees to starboard</i>	—	BOUCL	JP
<i>Alter course... degrees to port</i>	—	BOTYC	JO
<i>Continue on your present course</i>	—	BIRCO	JS
<i>You are ordered to proceed to...</i>	—	HANIT	LMS
<i>Where are you bound ?</i>	QRD	—	—
<i>What harbour do you intend to make for ?</i>	—	EFWUX	GYS
<i>What is your true course</i>	QTI	BOROR	ECI
<i>What is your speed ?</i>	QTJ	IPCIZ	WF
<i>I request assistance for shipwrecked in position...</i>	—	—	—
<i>Indicate your call sign</i>	QRA	ILVUP	NNJ
<i>Move off as quickly as possible</i>	—	—	—
<i>You are standing into danger</i>	—	IPTUH	U
<i>Stop sending</i>	QRT	—	—
<i>Tune in your r.t.</i>	—	—	UB

APPENDIX

**Manœuvres:**

*Recent experience has shown that the most appropriate way of signalling from a military aircraft to a protected ship is by manœuvres.*

*Such manœuvres should be agreed upon, however, by the Parties to the conflict. The manœuvres indicated below are only given by way of example.*

<b>Message</b>	<b>Manœuvre</b>
<i>Stop your ship at once</i>	<i>Circle the ship at least twice</i>
<i>Continue on your present course</i>	<i>Cross the ship's track astern, at low altitude, opening and closing the throttle or varying the engine speed</i>
<i>Indicate your call sign</i>	<i>Fly over the ship at low altitude at least twice, along its track, opening and closing the throttle or varying the engine speed</i>
<i>Move off as quickly possible</i>	<i>Dive towards the ship repeatedly</i>
<i>You are standing into danger</i>	<i>Cross the ship's track before the bows, at low altitude, opening and closing the throttle or varying the engine speed</i>
<i>Stop sending</i>	<i>Rock the wings, flying away from the ship</i>
<i>Tune in your r.t.</i>	<i>Rock the wings, flying towards the ship.</i>

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ANNEX II

DOCUMENT COMMUNICATED BY THE  
INTERNATIONAL TELECOMMUNICATION UNION  
AND DRAWN UP AT THE  
PLENIPOTENTIARY CONFERENCE  
GENEVA, 1959

PLENARY MEETING

CORRIGENDUM

Note by the Acting Secretary-General

Document No. 116-E. Page 4. Section I. Paragraph A

Substitute the following text for sub-paragraph 1):

- "1) shall keep permanent watch on the distress radio frequencies 500 and 2 182 kc/s or on any other distress frequency which might be internationally adopted in the future;
- 2) shall, moreover, when operating in the maritime mobile exclusive bands between 4 000 and 23 000 kc/s, keep permanent watch on the frequency 8 364 kc/s;"

Renumber sub-paragraphs 2, 3, 4 and 5 as 3, 4, 5 and 6 respectively.

ANNEX III

PROPOSALS FOR AMENDMENTS AND POINTS  
TO BE BROUGHT UP TO DATE FORMULATED  
BY EXPERTS WHO TOOK PART IN THE  
MEETING OF TECHNICAL EXPERTS  
HELD IN OCTOBER 1970

I. Coast radio stations

No other changes, except for those already effected or which might be proposed by the ITU.

II. Rules applicable to protected ships and craft

In this section, it would be necessary to adopt some changes in terminology and one substantive modification.

1. Changes in terminology

These concern only sub-section 1, and would be as follows :

- "Kc/s" to be replaced by "Khz" in par. a)
- the word "lantern" to be replaced by the word "searchlight" in par. b)
- in the French version "signaux flottants" should replace "panneaux de signalisation" in par. c)

2. Substantive Modification

In Section II, sub-section 2, the words "radio section" in par. a), and the whole of par. c) should be deleted.

Sub-section 2 would then read as follows :

- "2. Protected ships and craft shall also be equipped with the following :
- a) the International Code of Signals;
  - b) "Q" Code of miscellaneous abbreviations and signals for use in telecommunication, as mentioned in the Radio Regulations in force."

III. Direct communication

In sub-section A 2, par. b) should be deleted, par. c) thus becoming new par. b).

Important messages from a warship or a military aircraft to a hospital ship

In order to take into account the provisions of the new International Code of Signals, it is recommended :

1. to group in a single table the table of "messages from a warship to a hospital ship" and the table of "messages from a military aircraft to a hospital ship"
  2. to adopt the new table attached hereto.
-



Important messages from a warship or a military  
aircraft to a hospital ship

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	"Q" Code	International Code of Signals
Stop your Ship at once		L
Draw alongside to starboard		QN
Draw alongside to port		QN 1
Indicate the name or distinctive flag of your ship (station)	QRA	CS
Hoist your distinctive flag		VF
Send your call sign and a series of dashes or your wave-length so as to enable the ship or aircraft to contact you by radio		FQ
Where are you bound ? )		UT
What was your last port of call ? )	QRD	UT 1
What is your present position and speed ?		EV 1
What is your position ?	QTH	
What is your true course ?	QTI	
What is your speed ?	QTJ	
Continue on your present course		PI
Proceed to ...		RV
Move off as quickly as possible		PP
You are standing into danger		U

---

	"Q" Code	International Code of Signals
There is danger of explosion		JB
I have suffered a serious nuclear accident; approach with care		AJ
I have ... victims		AP
I require boats for ... persons		DI
You are moving into danger		NF
I require medical assistance		W
I have located survivors in the sea in position      lat ... long ...		HF
I have located survivors in lifeboats in position    lat ... long ...		HG
In what state are the survivors ?	QTW	
Survivors are in poor state I urgently require medical assistance		HM
Stop sending	QRT	

D O C U M E N T A R Y    A N N E X

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ANNEX I

THE GENEVA CONVENTIONS

OF AUGUST 12, 1949

(extracts)

A) GENEVA CONVENTION FOR THE AMELIORATION  
OF THE CONDITION OF THE WOUNDED AND SICK  
IN ARMED FORCES IN THE FIELD

(extracts)

ARTICLE 15

At all times, and particularly after an engagement, Parties to the conflict shall, without delay, take all possible measures to search for and collect the wounded and sick, to protect them against pillage and ill-treatment, to ensure their adequate care, and to search for the dead and prevent their being despoiled.

Search for  
casualties.  
Evacuation

Whenever circumstances permit, an armistice or a suspension of fire shall be arranged, or local arrangements made, to permit the removal, exchange and transport of the wounded left on the battlefield.

Likewise, local arrangements may be concluded between Parties to the conflict for the removal or exchange of wounded and sick from a besieged or encircled area, and for the passage of medical and religious personnel and equipment on their way to that area.

ARTICLE 18

The military authorities may appeal to the charity of the inhabitants voluntarily to collect and care for, under their direction, the wounded and sick, granting persons who have responded to this appeal the necessary protection and facilities. Should the adverse party take or retake control of the area, he shall likewise grant these persons the same protection and the same facilities.

Role of the  
population

The military authorities shall permit the inhabitants and relief societies, even in invaded or occupied areas, spontaneously to collect and care for wounded or sick of whatever nationality. The civilian population shall respect these wounded and sick, and in particular abstain from offering them violence.

No one may ever be molested or convicted for having nursed the wounded or sick.

The provisions of the present Article do not relieve the occupying Power of its obligation to give both physical and moral care to the wounded and sick.

## ARTICLE 19

Fixed establishments and mobile medical units of the Medical Service may in no circumstances be attacked, but shall at all times be respected and protected by the Parties to the conflict. Should they fall into the hands of the adverse Party, their personnel shall be free to pursue their duties, as long as the capturing Power has not itself ensured the necessary care of the wounded and sick found in such establishments and units.

**Protection**

The responsible authorities shall ensure that the said medical establishments and units are, as far as possible, situated in such a manner that attacks against military objectives cannot imperil their safety.

## ARTICLE 24

Medical personnel exclusively engaged in the search for, or the collection, transport or treatment of the wounded or sick, or in the prevention of disease, staff exclusively engaged in the administration of medical units and establishments, as well as chaplains attached to the armed forces, shall be respected and protected in all circumstances.

Protection of  
permanent  
personnel

## ARTICLE 26

The staff of National Red Cross Societies and that of other Voluntary Aid Societies, duly recognised and authorised by their Governments, who may be employed on the same duties as the personnel named in Article 24, are placed on the same

Personnel of  
aid societies

## ARTICLE 28

Canteens shall be installed in all camps, where prisoners of war may procure foodstuffs, soap and tobacco and ordinary articles in daily use. The tariff shall never be in excess of local market prices.

**Canteens**

The profits made by camp canteens shall be used for the benefit of the prisoners; a special fund shall be created for this purpose. The prisoners' representative shall have the right to collaborate in the management of the canteen and of this fund.

When a camp is closed down, the credit balance of the special fund shall be handed to an international welfare organization, to be employed for the benefit of prisoners of war of the same nationality as those who have contributed to the fund. In case of a general repatriation, such profits shall be kept by the Detaining Power, subject to any agreement to the contrary between the Powers concerned.



## ARTICLE 35

Transports of wounded and sick or of medical equipment shall be respected and protected in the same way as mobile medical units. **Protection**

Should such transports or vehicles fall into the hands of the adverse Party, they shall be subject to the laws of war, on condition that the Party to the conflict who captures them shall in all cases ensure the care of the wounded and sick they contain.

The civilian personnel and all means of transport obtained by requisition shall be subject to the general rules of international law.

## ARTICLE 36

Medical aircraft, that is to say, aircraft exclusively employed for the removal of wounded and sick and for the transport of medical personnel and equipment, shall not be attacked, but shall be respected by the belligerents, while flying at heights, times and on routes specifically agreed upon between the belligerents concerned. **Medical aircraft**

They shall bear, clearly marked, the distinctive emblem prescribed in Article 38, together with their national colours, on their lower, upper and lateral surfaces. They shall be provided with any other markings or means of identification that may be agreed upon between the belligerents upon the outbreak or during the course of hostilities.

Unless agreed otherwise, flights over enemy or enemy-occupied territory are prohibited.

Medical aircraft shall obey every summons to land. In the event of a landing thus imposed, the aircraft with its occupants may continue its flight after examination, if any.

In the event of an involuntary landing in enemy or enemy-occupied territory, the wounded and sick, as well as the crew of the aircraft shall be prisoners of war. The medical personnel shall be treated according to Article 24 and the Articles following

## ARTICLE 37

Subject to the provisions of the second paragraph, medical aircraft of Parties to the conflict may fly over the territory of neutral Powers, land on it in case of necessity, or use it as a port of call. They shall give the neutral Powers previous notice of their passage over the said territory and obey all summons to alight, on land or water. They will be immune from attack only when flying on routes, at heights and at times specifically agreed upon between the Parties to the conflict and the neutral Power concerned. **Flight over neutral countries. Landing of wounded**

The neutral Powers may, however, place conditions or restrictions on the passage or landing of medical aircraft on their territory. Such possible conditions or restrictions shall be applied equally to all Parties to the conflict.

Unless agreed otherwise between the neutral Power and the Parties to the conflict, the wounded and sick who are disembarked, with the consent of the local authorities, on neutral territory by medical aircraft, shall be detained by the neutral Power, where so required by international law, in such a manner that they cannot again take part in operations of war. The cost of their accommodation and internment shall be borne by the Power on which they depend.

## ARTICLE 39

Under the direction of the competent military authority, the emblem shall be displayed on the flags, armlets and on all equipment employed in the Medical Service.

Use of the emblem

## ARTICLE 40

The personnel designated in Article 24 and in Articles 26 and 27 shall wear, affixed to the left arm, a water-resistant armlet bearing the distinctive emblem, issued and stamped by the military authority.

Identification of medical and religious personnel

Such personnel, in addition to the identity disc mentioned in Article 16, shall also carry a special identity card bearing the distinctive emblem. This card shall be water-resistant and of such size that it can be carried in the pocket. It shall be worded in the national language, shall mention at least the surname and first names, the date of birth, the rank and the service number of the bearer, and shall state in what capacity he is entitled to the protection of the present Convention. The card shall bear the photograph of the owner and also either his signature or his finger-prints or both. It shall be embossed with the stamp of the military authority.

## ARTICLE 42

The distinctive flag of the Convention shall be hoisted only over such medical units and establishments as are entitled to be respected under the Convention, and only with the consent of the military authorities.

Marking of medical units and establishments

In mobile units, as in fixed establishments, it may be accompanied by the national flag of the Party to the conflict to which the unit or establishment belongs.

Nevertheless, medical units which have fallen into the hands of the enemy shall not fly any flag other than that of the Convention.

Parties to the conflict shall take the necessary steps, in so far as military considerations permit, to make the distinctive emblems indicating medical units and establishments clearly visible to the enemy land, air or naval forces, in order to obviate the possibility of any hostile action.

B) GENEVA CONVENTION FOR THE AMELIORATION OF  
THE CONDITION OF WOUNDED, SICK AND  
SHIPWRECKED MEMBERS OF ARMED FORCES AT SEA

(extracts)

ARTICLE 24

Hospital ships utilized by National Red Cross Societies, by officially recognized relief societies or by private persons shall have the same protection as military hospital ships and shall be exempt from capture, if the Party to the conflict on which they depend has given them an official commission and in so far as the provisions of Article 22 concerning notification have been complied with.

These ships must be provided with certificates of the responsible authorities, stating that the vessels have been under their control while fitting out and on departure.

Hospital ships  
utilized by  
relief societies  
and private  
individuals of  
I.  
Parties to the  
conflict

ARTICLE 25

Hospital ships utilized by National Red Cross Societies, officially recognised relief societies, or private persons of neutral countries shall have the same protection as military hospital ships and shall be exempt from capture, on condition that they have placed themselves under the control of one of the Parties to the conflict, with the previous consent of their own governments and with the authorization of the Party to the conflict concerned, in so far as the provisions of Article 22 concerning notification have been complied with.

II.  
Neutral  
countries

ARTICLE 29

Any hospital ship in a port which falls into the hands of the enemy shall be authorised to leave the said port.

Hospital ships  
in occupied  
ports

ARTICLE 39

Medical aircraft, that is to say, aircraft exclusively employed for the removal of wounded, sick and shipwrecked, and for the transport of medical personnel and equipment, may not be the object of attack, but shall be respected by the Parties to the conflict, while flying at heights, at times and on routes specifically agreed upon between the Parties to the conflict concerned.

They shall be clearly marked with the distinctive emblem prescribed in Article 41, together with their national colours, on their lower, upper and lateral surfaces. They shall be provided with any other markings or means of identification which may be agreed upon between the Parties to the conflict upon the outbreak or during the course of hostilities.

Unless agreed otherwise, flights over enemy or enemy-occupied territory are prohibited.

Medical aircraft shall obey every summons to alight on land or water. In the event of having thus to alight, the aircraft with its occupants may continue its flight after examination, if any.

In the event of alighting involuntarily on land or water in enemy or enemy-occupied territory, the wounded, sick and shipwrecked, as well as the crew of the aircraft shall be prisoners of war. The medical personnel shall be treated according to Articles 36 and 37.

Medical  
aircraft

## ARTICLE 40

Subject to the provisions of the second paragraph, medical aircraft of Parties to the conflict may fly over the territory of neutral Powers, land thereon in case of necessity, or use it as a port of call. They shall give neutral Powers prior notice of their passage over the said territory, and obey every summons to alight, on land or water. They will be immune from attack only when flying on routes, at heights and at times specifically agreed upon between the Parties to the conflict and the neutral Power concerned.

Flight over  
neutral  
countries.  
Landing of  
wounded

The neutral Powers may, however, place conditions or restrictions on the passage or landing of medical aircraft on their territory. Such possible conditions or restrictions shall be applied equally to all Parties to the conflict.

Unless otherwise agreed between the neutral Powers and the Parties to the conflict, the wounded, sick or shipwrecked who are disembarked with the consent of the local authorities on neutral territory by medical aircraft shall be detained by the neutral Power, where so required by international law, in such a manner that they cannot again take part in operations of war. The cost of their accommodation and internment shall be borne by the Power on which they depend.

## ARTICLE 43

The ships designated in Articles 22, 24, 25 and 27 shall be distinctively marked as follows:

**Marking of  
hospital ships  
and small craft**

- (a) All exterior surfaces shall be white.
- (b) One or more dark red crosses, as large as possible, shall be painted and displayed on each side of the hull and on the horizontal surfaces, so placed as to afford the greatest possible visibility from the sea and from the air.

All hospital ships shall make themselves known by hoisting their national flag and further, if they belong to a neutral state, the flag of the Party to the conflict whose direction they have accepted. A white flag with a red cross shall be flown at the mainmast as high as possible.

Lifeboats of hospital ships, coastal lifeboats and all small craft used by the Medical Service shall be painted white with dark red crosses prominently displayed and shall, in general, comply with the identification system prescribed above for hospital ships.

The above-mentioned ships and craft, which may wish to ensure by night and in times of reduced visibility the protection to which they are entitled, must, subject to the assent of the Party to the conflict under whose power they are, take the necessary measures to render their painting and distinctive emblems sufficiently apparent.

Hospital ships which, in accordance with Article 31 are provisionally detained by the enemy, must haul down the flag of the Party to the conflict in whose service they are or whose direction they have accepted.

Coastal lifeboats, if they continue to operate with the consent of the Occupying Power from a base which is occupied, may be allowed, when away from their base, to continue to fly their own national colours along with a flag carrying a red cross on a white ground, subject to prior notification to all the Parties to the conflict concerned.

All the provisions in this Article relating to the red cross shall apply equally to the other emblems mentioned in Article 41.

Parties to the conflict shall at all times endeavour to conclude mutual agreements in order to use the most modern methods available to facilitate the identification of hospital ships.

GENEVA CONVENTION RELATIVE TO THE PROTECTION  
OF CIVILIAN PERSONS IN TIME OF WAR

(extracts)

ARTICLE 16

The wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect.

As far as military considerations allow, each Party to the conflict shall facilitate the steps taken to search for the killed and wounded, to assist the shipwrecked and other persons exposed to grave danger, and to protect them against pillage and ill-treatment.

Wounded  
and sick  
I.  
General  
protection

ARTICLE 18

Civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, may in no circumstances be the object of attack but shall at all times be respected and protected by the Parties to the conflict.

States which are Parties to a conflict shall provide all civilian hospitals with certificates showing that they are civilian hospitals and that the buildings which they occupy are not used for any purpose which would deprive these hospitals of protection in accordance with Article 19.

Civilian hospitals shall be marked by means of the emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of August 12, 1949, but only if so authorized by the State.

The Parties to the conflict shall, in so far as military considerations permit, take the necessary steps to make the distinctive emblems indicating civilian hospitals clearly visible to the enemy land, air and naval forces in order to obviate the possibility of any hostile action.

In view of the dangers to which hospitals may be exposed by being close to military objectives, it is recommended that such hospitals be situated as far as possible from such objectives.

III.  
Protection  
of hospitals

ARTICLE 19

The protection to which civilian hospitals are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy. Protection may, however, cease only after due warning has been given, naming, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded.

The fact that sick or wounded members of the armed forces are nursed in these hospitals, or the presence of small arms and ammunition taken from such combatants which have not yet been handed to the proper service, shall not be considered to be acts harmful to the enemy.

IV.  
Discontinuance  
of protection  
of hospitals

## ARTICLE 20

Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases shall be respected and protected.

**V.  
Hospital  
staff**

In occupied territory and in zones of military operations, the above personnel shall be recognisable by means of an identity card certifying their status, bearing the photograph of the holder and embossed with the stamp of the responsible authority, and also by means of a stamped, water-resistant armband which they shall wear on the left arm while carrying out their duties. This armband shall be issued by the State and shall bear the emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of August 12, 1949.

Other personnel who are engaged in the operation and administration of civilian hospitals shall be entitled to respect and protection and to wear the armband, as provided in and under the conditions prescribed in this Article, while they are employed on such duties. The identity card shall state the duties on which they are employed.

The management of each hospital shall at all times hold at the disposal of the competent national or occupying authorities an up-to-date list of such personnel.

## ARTICLE 21

Convoys of vehicles or hospital trains on land or specially provided vessels on sea, conveying wounded and sick civilians, the infirm and maternity cases, shall be respected and protected in the same manner as the hospitals provided for in Article 18, and shall be marked, with the consent of the State, by the display of the distinctive emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of August 12, 1949.

**VI.  
Land and sea  
transport**

## ARTICLE 22

Aircraft exclusively employed for the removal of wounded and sick civilians, the infirm and maternity cases or for the transport of medical personnel and equipment, shall not be attacked, but shall be respected while flying at heights, times and on routes specifically agreed upon between all the Parties to the conflict concerned.

They may be marked with the distinctive emblem provided for in Article 38 of the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of August 12, 1949.

Unless agreed otherwise, flights over enemy or enemy occupied territory are prohibited.

Such aircraft shall obey every summons to land. In the event of a landing thus imposed, the aircraft with its occupants may continue its flight after examination, if any.

**VII.  
Air transport**

## ARTICLE 27

Protected persons are entitled, in all circumstances, to respect for their persons, their honour, their family rights, their religious convictions and practices, and their manners and customs. They shall at all times be humanely treated, and shall be protected especially against all acts of violence or threats thereof and against insults and public curiosity.

Women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault.

Without prejudice to the provisions relating to their state of health, age and sex, all protected persons shall be treated with the same consideration by the Party to the conflict in whose power they are, without any adverse distinction based, in particular, on race, religion or political opinion.

However, the Parties to the conflict may take such measures of control and security in regard to protected persons as may be necessary as a result of the war.

**Treatment**  
**I.**  
**General**  
**observations**

## ARTICLE 32

The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents

**Prohibition of**  
**corporal**  
**punishment,**  
**torture, etc.**

## ARTICLE 57

The Occupying Power may requisition civilian hospitals only temporarily and only in cases of urgent necessity for the care of military wounded and sick, and then on condition that suitable arrangements are made in due time for the care and treatment of the patients and for the needs of the civilian population for hospital accommodation.

The material and stores of civilian hospitals cannot be requisitioned so long as they are necessary for the needs of the civilian population.

**Requisition**  
**of hospitals**

ANNEX II

RESOLUTIONS ADOPTED BY  
INTERNATIONAL RED CROSS  
CONFERENCES



A) COUNCIL OF DELEGATES,  
GENEVA, 1963

RESOLUTION VIII.

VIII

**Protection of Civil Medical and Nursing Personnel**

The Council of Delegates,

having taken note of the Draft Rules for the Protection of the Wounded and Sick and Civil Medical and Nursing Personnel in time of conflict submitted by the International Committee of the Red Cross,

invites the International Committee of the Red Cross to pursue the study of the problem, if possible with the help of Government experts, and present a Report to the next International Conference of the Red Cross.

B) XXth INTERNATIONAL CONFERENCE,  
VIENNA, 1965

RESOLUTION XXX.

XXX

**Protection of Civil Medical and Nursing Personnel**

The XXth International Conference of the Red Cross,

recognising the interest attached to ensuring a better protection for civil medical and nursing personnel in the event of international conflicts or internal disturbances,

thanks the International Committee of the Red Cross for having presented a report on this subject, approves its basic elements and expresses the wish that the whole question and especially the problem of the distinctive sign and the possibility of the extension for this purpose of the use of the red cross, red crescent or red lion and sun emblem should be given more detailed study with the collaboration of Government and Red Cross experts as well as with the assistance of the World Health Organization and interested professional circles,

requests that the conclusions reached in this study be submitted to the next International Conference of the Red Cross unless the problem is solved earlier.

C) XXIst INTERNATIONAL CONFERENCE,  
ISTANBUL, 1969

RESOLUTION No XVI

XVI

**Protection of Civilian Medical and Nursing Personnel**

The XXIst International Conference of the Red Cross,

recognizing the interest attached in time of armed conflict, of whatever nature it may be, to increased protection for civilian health personnel and for their hospital installations, ambulances and other medical material,

referring to Resolution No. XXX of the XXth International Conference of the Red Cross,

having noted the studies and surveys which the ICRC has since made concerning the distinctive sign,

emphasizing that all categories of health services, both civilian and military, must co-operate closely in cases of armed conflict, of whatever nature they may be,

notes that the sign of the red cross (red crescent, red lion and sun) is the most appropriate to ensure increased protection for civilian personnel organized and duly authorized by the State and for their hospital installations, ambulances and other medical material,

requests the ICRC to submit specific proposals to Governments along these lines with a view to the rapid conclusion of an additional protocol to the First and Fourth Geneva Conventions.

## ANNEX III

DRAFT RULES

for the Protection of Wounded, Sick and Civil Medical  
and Nursing Personnel in Time of Conflict, presented  
by the International Committee of the Red Cross to  
the International Conferences of the Red Cross in  
Vienna and Istanbul.

(1965 and 1969)

1. The present rules confirm and complete the provisions referring to the wounded and sick and medical personnel in the IVth Geneva Convention of 12 August 1949 relative to the Protection of Civilian Persons in Time of Conflicts.

They apply to all cases provided for by Article 2 of that Convention.

They also apply in cases of armed conflict of a non-international character occurring in the territory of one of the High Contracting Parties, as provided for under Article 3 of the Convention.

2. All wounded or sick persons, whether military or civilian, expectant mothers and women in confinement, young children, infirm and delicate persons will be accorded special protection and respect.

They will be treated humanely at all times and will receive whatever care they may require as speedily as possible, without any discrimination based on nationality, race, colour, religion or faith, political opinion, sex, birth, wealth, or any other similar criteria.

3. Any interference with the health and the physical or mental soundness of persons for which there is no therapeutic justification is prohibited.

It is especially prohibited to proceed to experiments on detained persons, in particular prisoners of war and civilian internees and nationals of enemy or occupied countries, even with their consent.

4. Civil medical and nursing personnel of all categories will at all times be respected and protected while engaged in the performance of their duties.

Insofar as possible, every assistance will be given to such personnel in order that it may carry out its humanitarian mission to the best of its ability. In particular it will have the right to free movement at all hours and to go to all places where its presence may be required, subject to whatever supervisory and safety measures may be considered necessary by the Parties to the conflict.

5. Under no circumstances will the performance of duties of a medical character in accordance with the rules of professional ethics be considered as an offence, whoever the beneficiary may be.
6. Civil medical and nursing personnel in occupied territory shall not be constrained to depart from the rules relating to professional secrecy in force in that territory.
7. Fully authorised civil medical and nursing personnel may at all times wear a distinguishing emblem, which shall be the Staff of Aesculapius, red, on a white ground.

This emblem can also be affixed to the equipment and vehicles of such personnel and on the premises where they are carrying out their professional duties.

8. The right to wear the distinguishing emblem will be conferred by the competent civilian authorities, in agreement with the professional associations.

The authorities shall also supply an identity card to all the members of the personnel concerned, stating in what capacity they are entitled to wear the emblem.

9. States shall take the necessary measures to prevent any abuse in the employment of this emblem. The professional association can be entrusted with supervising the application of these measures.
10. The present provisions do not affect the right conferred on certain categories of medical and health personnel to wear the distinguishing emblem provided for in Article 38 of the Geneva Convention of 12 August, 1949, for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the field.

ANNEX IV

M I S C E L L A N E O U S

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A) THIRD INTERNATIONAL CONGRESS  
OF THE NEUTRALITY OF MEDICINE  
ROME - 16 - 20 APRIL 1968

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SIXTH RESOLUTION

ORGAN GRAFTS

The Third International Congress of the Neutrality of Medicine

considering that, while organ grafts may be of benefit to certain sick or wounded persons, there are, on the other hand, undeniable risks of attempts against the life or the bodily integrity of persons held detained or controlled by a foreign or hostile Power which might be tempted to constitute monstrous organ banks to their detriment for the benefit of its nationals or its partisans;

considering that the Geneva Conventions of 12 August 1949 could not have been sufficiently explicit in excluding such risks;

Expresses the wish

that the provisions of the Geneva Conventions may be completed and more fully specified in regard to forbidding mutilations and medical or scientific experiments not necessitated by the medical treatment of a protected person, in particular any operation intended to destroy a physiological function such as the reproductive function, as well as any form of genocide;

that any practising of an organ graft on a person deprived of his liberty or the object of any measures of racial discrimination may be forbidden, other than when this graft would be justified by the medical treatment of the person concerned and be to his interest, with his consent duly expressed or justifiably presumed;

that it may be forbidden to excise any organ from a person deprived of liberty, or affected by racial discrimination, or subjected to the domination of a foreign or hostile Power in time of war or in case of conflict;

that any excision of organs from a dead body, after death has been duly established, and their transplantation to the ailing person, may at all times be strictly reserved to teams of qualified doctors, acting within the scope of fully equipped hospital centres, and, under the safeguard and the supervision of certain International Organizations, enjoying complete neutrality with regard to any arbitrary or tyrannical intervention of a totalitarian State or an occupying Power, and showing absolute respect for life, as well as for the moral and religious values to which the persons concerned and their rightful successors may adhere.

B) INTERNATIONAL LAW ASSOCIATION  
53rd Session, Buenos Aires, 1968  
Resolution concerning medical  
secrecy during armed conflicts

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The 53rd Conference of the International Law Association (Buenos Aires, 1968) approved the following proposals on medical secrecy during armed conflicts :

"1. To develop international rules which would oblige the parties to a conflict in all circumstances to respect the neutrality of doctors in the armed conflicts and to allow them to carry on their tasks.

2. To develop international rules which would forbid the parties to a conflict to use force against doctors who practise their profession with due respect for the principles of medical ethics, or to employ other measures of coercion which would prevent them from carrying out their humanitarian duties.

3. Under national law, a citizen must not serve the interest of a foreign country. Thus all the citizens and even the doctors are obliged not to expose their country's combatant to the enemy or to the occupying authorities, especially when the combatant concerned is sick and wounded. The doctor is therefore obliged not to denounce his patient, whether a combatant of the regular army of the resistance movement, to the occupying authorities, by virtue of two principles :

a) in the capacity of citizen, he must respect the laws of his country, and

b) in his capacity of doctor, he must live up to the standards of medical ethics and preserve professional secrecy.

4. The Geneva Conventions should be completed by a clause providing that the parties to the conflict must scrupulously respect medical secrecy and cannot require the doctor and the military or civil para-medical personnel to denounce their patients who are combatants of the opposing party.



5. In internal conflicts also doctors must have the benefit of a status of neutrality, which should be governed by international rules, by the terms of which the doctor would be obliged to hold as a professional secret the fact that he has treated or is treating a combatant of the opposing party."