

APPENDIX H

THE GENEVA CONVENTIONS

H-1. Effect of Geneva Conventions on Health Service Support

The conduct of armed hostilities on land is regulated by both written and unwritten law. This land warfare law is derived from two principal sources—custom and lawmaking treaties such as the Hague and Geneva Conventions. The rights and duties set forth in these conventions are part of the supreme law of the land; a violation of any one of them is a serious offense.

H-2. Geneva-Wounded and Sick (GWS)

a. Custodial and medical responsibilities must be carried out for persons (military or civilian) who are wounded as a result of military operations regardless of their nationality or legal status.

NOTE

Persons whose legal status is in doubt are accorded protection and treatment as prisoners of war until their legal status is determined.

b. Collection and treatment of the sick and wounded are responsibilities of medical personnel. The custodial and accounting functions are responsibilities of military police.

H-3. Identification and Protection of Medical Personnel Under GWS

Medical personnel who become captured are not considered prisoners of war but retained personnel.

a. Protected personnel include—

(1) AMEDD personnel exclusively engaged in the—

- Search for or collection, transport, or treatment of the wounded or sick.
- Prevention of disease.
- Administration of medical units and establishments (for example, this includes

personnel such as the office staff, ambulance drivers, cooks, cleaners which form an integral part of the unit or establishment).

- Veterinary staff functions relating to the administration of medical units and establishments.

(2) Non-AMEDD personnel who have received special medical training, if carrying out their auxiliary medical duties when captured by the enemy. Once in enemy hands they become prisoners of war when not doing medical work.

(3) Chaplains.

b. Each protected individual must—

(1) Carry a special water-resistant, pocket-size identity card (DD Form 1934) which—

- Bears the red cross on a white background (the distinctive emblem of the Geneva Conventions).

- Is worded in the national language of the issuing force.

- Contains the surname and first name (at least), date of birth, rank, social security number, protected capacity serving, photograph, signature, and/or fingerprints of carrier.

- Is embossed with the stamp of the appropriate military authority (AR 640-3).

(2) Wear on the left arm a water-resistant armband bearing the red cross emblem of the Geneva Convention (DA Pam 27-1 and FM 27-10).

H-4. Identification of Medical Units, Facilities, and Vehicles Under GWS

a. Identify—

(1) All medical units and facilities except veterinary units. Medical facilities also include the nonpatient care areas, such as those for dining, maintenance, and administration.

(2) Air and surface (ground and water) medical vehicles.

Paragraph H-5 implements STANAG 2931.

NOTE

Under tactical conditions, the need for concealment may outweigh the needs for recognition (AR 750-1).

b. How:

(1) Display the distinctive flag of the Geneva Conventions (red cross on a white background) over the unit/facility and in other places on the unit/facility as necessary to adequately identify it. (The other emblem recognized by terms of Geneva Convention is the red crescent. Emblems not recognized by the Geneva Convention but used by other countries, such as the red shield of David by Israel, should also be respected.)

(2) Mark with the distinctive Geneva emblem (red cross on a white background).

(3) The GWS protects from attack any medical vehicle appropriately marked and exclusively employed for the evacuation of the sick and wounded or for the transport of medical personnel and equipment. The GWS prohibits the use of medical vehicles marked with the distinctive emblems for transporting nonmedical troops and equipment.

H-5. Camouflage of the Geneva Emblem

NATO Standardization Agreement 2931 OP provides for camouflage of the Geneva emblem on medical facilities where the lack of camouflage might compromise tactical operations. Medical facilities on land, supporting forces of other nations, will display or camouflage the Geneva emblem in accordance with national regulations and procedures. When failure to camouflage would endanger or compromise tactical operations, the camouflage of medical facilities may be ordered by a NATO commander of at least brigade level or equivalent. Such an order is to be temporary and local in nature and countermanded as soon as the circumstances permit. It is not envisaged that fixed, large, medical facilities would be camouflaged. The Standardization Agreement defines "medical facilities" as "medical units, medical vehicles, and medical aircraft on the ground."

H-6. Defense of Self and Patients Under Care**a. Protected personnel are—**

(1) Authorized to be armed with only individual small arms. (AR 71-13 provides the doctrine that governs the small arms medical personnel are authorized [limited to pistols or rifles, or authorized substitutes].) These small arms may only be used for defensive purposes. The presence of machine guns, grenade launchers, booby traps, hand grenades, light antitank weapons, or mines in or around a medical unit would seriously jeopardize its entitlement to protected status under the GWS. The deliberate arming of a medical unit with such items could constitute an act harmful to the enemy and cause the medical unit to lose its protected status under the Convention. This conclusion is not altered in the case of mines regardless of the method by which they are detonated nor is it altered by the location of the medical unit. If the local non-AMEDD commander situates a medical unit where enemy attacks may imperil its safety, then that commander should provide adequate protection for the medical unit and its personnel.

(2) Permitted to fire only when they or their patients are under direct attack in violation of the GWS. Use of arms by AMEDD personnel for other than protection of themselves or their patients violates the GWS provisions governing the protected status of AMEDD personnel and results in the loss of protected status. AR 350-41 states the AMEDD personnel and non-AMEDD personnel in medical units will not be required to train or qualify with weapons other than individual or small arms weapons. However, AMEDD personnel attending training at NCO education system courses will receive weapons instruction that is part of the curriculum. This will ensure that successful completion of the course is not jeopardized by failure to attend the weapons training portion of the curriculum.

(3) Responsible for their own defense when operating at locations which preclude their being incorporated within defensive perimeters of nonmedical units. In addition to relying on their special status, medical units can provide for their defense by employing passive defense measures. Passive measures are those taken to reduce the

probability of and to minimize the effects of damage caused by hostile action. Examples of these measures are the preparation of individual fighting positions within the immediate unit area; noise and light discipline; posting perimeter sentries; and channeling traffic in the unit area.

b. Protected personnel (under overall security defense plans) will NOT be required—

- To man or help man the perimeter defense of nonmedical units such as unit trains, logistical areas, or base clusters.
- To take offensive action against enemy troops.

To require such actions will cause loss of protected status and will result in inadequate care of our sick and wounded prisoners of war. The platoon leader must clearly articulate this to all levels of command. The misuse of HSS vehicles/equipment will void all protection granted under the Geneva Conventions.

H-7. Geneva-Prisoners of War

a. US Military Forces are responsible for EPWs from the moment of capture.

b. The echelon commander and medical unit commanders jointly exercise responsibilities for the custody and treatment of the sick, injured, or wounded enemy personnel and detained civilian personnel.

c. The sick, injured, or wounded prisoners are treated and evacuated through normal medical channels but are physically segregated from United States and allied patients. They are guarded by persons other than medical personnel as provided by

the echelon commander. Evacuation of these EPW patients from the combat zone is initiated as soon as their medical conditions permit.

d. When intelligence indicates that large number of EPWs may result from an operation, medical units may require reinforcement to support the anticipated additional EPW patient work load. Procedures for estimating the medical work load involved in the treatment and care of enemy EPW patients are described in FM 8-55.

e. Enemy medical personnel are considered retained personnel rather than prisoners of war. They are to be employed to the maximum extent possible in such health service support duties as caring for detained or EPW patients, preferably those of their own armed forces. Captured medical supplies should be used in the care of these patients.

H-8. Geneva-Civilian Persons

a. When the United States is the occupying power, US Forces have the responsibility to ensure that all civilian and refugee subsistence and health service needs are provided.

b. Sick or injured civilian persons resulting from military operations are provided initial medical treatment, as required, in conformance with established theater policies; then, they are transferred to appropriate civil control authorities as soon as possible. When such persons are evacuated, proper accommodations must be provided, including satisfactory conditions of hygiene, health, safety, and nutrition (Articles 49 and 55). In conditions of armed conflict and to the extent practicable, the Army must seek to fulfill the above commitments, as well as to protect and assist civilians and refugees under its control.