

APPENDIX A

EFFECTS OF GENEVA CONVENTIONS ON MEDICAL EVACUATION

A-1. General

a. 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—practiced and accepted customs as well as 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.

b. An in-depth discussion of the provisions applicable to medical units and personnel is provided in FM 8-10. This appendix discusses only those articles or actions which affect medical evacuation operations.

A-2. Distinctive Markings and Camouflage of Medical Facilities and Evacuation Platforms

This paragraph implements STANAG 2027 and QSTAG 512.

a. All US medical facilities and units, except veterinary, display the distinctive flag of the Geneva Conventions. This flag consists of a red cross on a white background. It is displayed over the unit or facility and in other places as necessary to adequately identify the unit or facility as a medical facility.

This paragraph implements STANAG 2931 OP.

b. Camouflage of the Geneva Conventions emblem is authorized on medical facilities (medical units, medical vehicles, and medical aircraft on the ground) when the lack of camouflage might compromise tactical operations.

- If the failure to camouflage endangers or compromises 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 is countermanded as soon as circumstances permit.

A-3. Self-Defense and Defense of Patients

When engaging in medical evacuation operations, medical personnel are entitled to defend themselves and their patients. They are only permitted to use individual small arms.

a. The mounting or use of offensive weapons on dedicated medical evacuation vehicles and aircraft jeopardizes the protections afforded by the Geneva Conventions. These offensive weapons can include, but are not limited to—

- Machine guns.
- Grenade launchers.
- Hand grenades.
- Light antitank weapons.

b. Medical personnel are only permitted to fire when they or their patients are under direct attack by marauders.

A-4. Enemy Prisoners of War

a. Sick, injured, or wounded EPWs are treated and evacuated through normal medical channels, but are physically segregated from US or allied patients. The EPW patient is evacuated from the CZ as soon as his medical condition permits.

b. Personnel resources to guard EPW patients are provided by the echelon commander. Medical personnel do not guard EPW patients.

A-5. Compliance with the Geneva Conventions

The US is a signatory to the Geneva Conventions. These Conventions afford protection for medical personnel, facilities, and evacuation platforms (to include aircraft on the ground). All medical personnel should thoroughly understand the provisions of the Geneva Conventions that apply to medical activities. Violation of these Conventions can result in the loss of the protection afforded by them. Medical personnel should inform the tactical commander of the consequences of violating the provisions of

these Conventions. The consequences can include, but are not limited to, the following:

- Medical evacuation assets subjected to attack and destruction by the enemy.
- Health service support capability degraded.

- Captured medical personnel becoming prisoners of war rather than retained persons. They may not be permitted to treat fellow prisoners.

- Loss of protected status for medical unit, personnel, or evacuation platforms (to include aircraft on the ground).