INTERNATIONAL COMMITTEE OF THE RED CROSS

Report concerning Hospital and Safety Localities and Zones

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INTERNATIONAL COMMITTEE OF THE RED CROSS

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Safety Localities and Zones

HISTORICAL INTRODUCTION

In 1929, General Georges Saint-Paul, of the French Army Medical Corps, published a plan for ensuring in war-time better protection for mothers and young children, expectant mothers, the aged, sick and crippled, by sheltering them in safety localities or zones, far from large towns. 1) It was on his initiative and with a view to carrying out this plan that the "Association des Lieux de Genève" was founded in Geneva in 1931.

Furthermore, in 1934, as a result of the recommendation made by the VIIth Congress of Army Doctors and Pharmacists, a commission of medical practitioners and legal experts met in Monaco to draw up a first Draft Convention (the so-called "Monaco Draft"). This included, in particular, provisions concerning the creation of hospital towns and localities for wounded and sick combatants, and security towns and localities which would serve as a refuge for certain classes of the civilian population. The Monaco Draft was submitted to the Belgian Government, who planned to convene a Diplomatic Conference for the study of this document, but had however to abandon this intention.

The Fifteenth International Red Cross Conference, held in Tokyo in 1934, recommended that the Monaco Draft should be examined once more, and that the International Committee and national Red Cross Societies "should approach Governments, with a view to stimulating their efforts in view of early application of all measures for the protection of both wounded and sick combatants, and the civilian population".

The Permanent Committee of International Congresses of Army Doctors and Pharmacists submitted to the International Committee the Monaco proposals, offering their cooperation in the revision and wording of the texts which might serve as a basis for the deliberations of a Diplomatic Conference.

In compliance with these recommendations, the International Committee convened a Commission of experts which met on

1) See Revue internationale de la Croix-Rouge, December 1930, pp. 1066-1068.
October 15 and 16, 1936, and included twenty-seven delegates from ten national Red Cross Societies, the Committee of Congresses of Army Doctors, and the International Save the Children Union.

The discussions of this meeting showed a strong trend of opinion in favour of the creation of hospital towns, but revealed that the problem raised many questions of an essentially military character which it would be advisable to submit to appropriate experts.

Moreover, the Commission was called upon to give a pronouncement in regard to the possible extension of the suggested protection for wounded combatants (hospital towns) to certain classes of the civilian population (safety localities). It considered that such extension would be highly desirable, but that it was preferable to give priority to the creation of hospital towns— which would follow more closely the lines of the Geneva Convention and of the traditional work of the Red Cross — and, only later, undertake to study the wider problem of safety localities, with greater chances of success. Thus, the International Committee limited their concern at that time to the welfare of wounded and sick of armies in the field.

On the basis of the discussions of the Commission which met in October 1936, the International Committee drew up draft articles which might serve as a framework for a Convention for the institution of hospital towns. These were submitted to the national Red Cross Societies in Circular No 336, in which the Committee asked them to present these proposals to their Governments, with a view to hearing the views of the General Staffs. The National Societies were also requested to ascertain if their Governments would agree to delegate representatives to a Commission of military experts which the Committee intended to convene, should the response be favourable.

Despite repeated démarches, this consultation produced inadequate results, and it was not possible to convene the proposed commission. The International Committee thus confined themselves to presenting a provisional report to the Sixteenth International Red Cross Conference, held in London in 1936.

The Conference renewed the mandate conferred upon the International Committee and voiced the recommendation that "the Committee should convene within the near future a commission of international military experts and jurists, with a view to establishing a final draft which could be submitted forthwith for study by a Diplomatic Conference", and further, "expressing the hope that pending the adoption of such a draft, the Governments should, when opportune, study the possibility of concluding between themselves particular agreements providing for the creation of hospital towns and localities".
In compliance with this mandate, the International Committee, in their Circular No 350, asked National Societies, in agreement with their Governments, to appoint military experts and legal advisers on matters of international law, to form a commission which would establish a Draft Convention.

This Commission met on October 21 and 22, 1938; it included in particular, delegates from eighteen States and national Red Cross Societies. The documents laid before it included the Report presented by the International Committee to the Sixteenth International Red Cross Conference, containing the draft articles drawn up after the discussions of the preparatory Commission of experts, in October 1936, two draft conventions presented by the Rumanian and Yugoslav Red Cross Societies, and the Monaco Draft. Moreover, M. Camille Gorgé, who was at the time Head of Section at the Swiss Foreign Office, had personally drawn up a draft convention, which the Commission also took as a basis of discussion.

Taking into account these various texts, the Commission agreed on a new draft convention, called the "1938 Draft", and asked the International Committee to annex a report which would serve as commentary. This report entitled "Draft Convention for the creation of Hospital Localities and Zones in War-time" was communicated to the Governments by the Swiss Federal Government in January 1939, as a preliminary document for study by the Diplomatic Conference which should have met early in 1940, but which was postponed on account of the war.

Steps taken by the International Committee of the Red Cross during the Second World War

It will be recalled that, upon the outbreak of hostilities, the International Committee sent to the belligerent Powers, and subsequently to each State which entered the conflict, a Circular letter informing them that the Committee were, as a welfare agency, at their disposal, according to their accustomed rôle, and to the best of their ability, to alleviate the suffering caused by war. In this communication, the International Committee stated their readiness, in particular, to study how safety zones protected by the Red Cross emblem might be organized, and what necessary measures of control could be provided for, should the belligerent Governments envisage the creation of such zones for the better protection of civilian populations.

On September 9, 1939, the International Committee sent to the belligerent Governments a Memorandum on hospital localities and zones, and on safety localities and zones. They suggested to these Governments either to conclude between
themselves particular agreements which would implement the Draft of 1938, or at all events ensure safeguards similar to those contained in this draft for the Army Medical Corps of the enemy, on a basis of reciprocity, and according to methods to be determined. In the same document the International Committee also raised the question as to whether and under what conditions safety localities and zones, - i.e. districts planned to shelter certain classes of the civilian population requiring special protection, - could be created for the duration of the war.

In a further Memorandum, dated October 21, 1939, concerning the possibility of agreements for alleviating the distress of war victims, and for facilitating the work of Army Medical Corps, the Committee also dealt with the problem of hospital localities and zones, and safety localities and zones. Referring to their Memorandum of September 9, 1939, they noted that the German Government were disposed, subject to reciprocity, to accept the Draft of 1938. As for safety localities and zones, the Committee asked the belligerent States to notify them whether and under what conditions they would be ready to recognize safety zones established on the territory of the enemy belligerent party, even though they themselves established none on their own territory; and in the event of their constituting such zones, what guarantees they would be ready to extend to the adverse party. Lastly, the International Committee proposed to the belligerent Powers to delegate plenipotentiaries who could meet officially or unofficially on neutral territory, for instance in Geneva, with the object of negotiating the conclusion of provisional agreements.

These steps having met with no success with the Governments concerned, the Committee had to abandon any further pursuit of the matter.

More than four years after the despatch of their last Memorandum, the International Committee held it imperative to make a final attempt. At that time, the war in the air had developed on a hitherto unknown scale and with a violence that justified only too fully the concern which the Committee had voiced in the beginning of the war. It thus constituted a terrible scourge for the civilian population; almost daily defenceless children, women and old people met their death in large numbers beneath the ruins of their homes.

Faced with the exceptional gravity of these events, the Committee decided to issue to all Governments their Memorandum of March 15, 1944. This document was accompanied by a pressing and earnest appeal which in the case of the five Powers chiefly concerned, took the form of a personal letter from the President of the International Committee to the heads of their Governments, urging them to make a supreme effort in this domain, while there was yet time.

The underlying motive that guided the Committee in this new démarche was the following: The principle of the law of nations,
defended by the Committee in particular in their appeal of March 12, 1940, (1) according to which the bombardment of military objectives was alone recognised as allowable - a principle which should govern assumedly air warfare, - seemed to be increasingly neglected in military operations. Thickly populated centres thus became the object of systematic destruction. The tendency had hitherto been to countenance such attacks only against certain legitimate targets, but now bombardment was in actual fact extended to the whole territory, and by a kind of reversal, logic led us to seek once more to determine safety zones which would be free from attack. The intention was by no means to admit that existing treaties and the law of nations, in general, were modified by the mere fact that war involved new methods of destruction, but only to seek some practical means of safeguarding what could still be saved, in the face of a novel and most tragic situation.

According to the conception of the International Committee, the creation of safety zones rests on the fundamental principle of the Geneva Convention which, since the inception of the Red Cross, is its most priceless birthright: the protection, even in the theatre of war, of certain persons who are entitled to immunity, because they are incapable of harming the enemy.

The Committee therefore advocated in their memorandum of March 15, 1944, the establishment of protected zones where the following could find shelter:

a) Wounded and sick combatants (hospital localities and zones, in the sense of the Draft of 1938);

b) Civilian wounded and sick;

c) Certain classes of the civilian population who take no part, even indirectly, in the fighting, and who in no wise contribute to the war potential of a State (children, the aged, expectant mothers, and women with young children).

In respect of the categories mentioned under b) and c), the population of the belligerent States and that of the territories occupied by them, should be placed on a footing of complete equality. The International Committee also recommended the study of how certain categories of prisoners of war could enjoy the benefit of shelter in safety zones.

The Committee expressed the view that the Draft of 1938 might serve as a useful basis when establishing hospital and safety zones, even though such areas might offer refuge to wider categories of persons than had at first been contemplated under the above Draft. The Committee therefore asked the belligerent Powers to indicate their views on the principle of establishing such areas.

(1) Appeal for the protection of the civilian population against air attack. Revue internationale de la Croix-Rouge, April 1940, p.321.
If in the affirmative, the Committee requested these Powers to notify the adverse party, through the channels they might deem suitable, of:

a) the zones they contemplated using for the protection of the said classes of persons;

b) the conditions under which they would agree to recognize the zones established by the enemy party, in particular as regards the supervision of such zones.

The Committee stressed the need for reaching as quickly as possible a de facto agreement between the States concerned, and expressed the view that it was primarily for the States to indicate the location of the zones which they proposed to establish on their own territory, or on the territory of the countries occupied by them.

Moreover, the Committee called attention to several specific aspects. They pointed out, in particular, that the night-marking of the said zones was one which the experts had left open in 1938. Should a belligerent State decide to mark the zones in the night-time, by means of appropriate illumination, it should not diminish the usefulness of this illumination by lighting up other areas not coming under the heading of hospital or safety localities. The Committee therefore stressed the advantage of placing these zones in the immediate vicinity of the territory of neutral States, provided the latter did not apply or maintain constantly a total black-out. This would meet the objection that hospital or safety zones might serve as landmarks for the enemy air forces.

In submitting to the Powers their Memorandum of March 15, 1944, the International Committee strongly hoped that their opinion would be considered and that their proposals would soon lead to practical measures. They stated they were at the disposal of the Governments, should their cooperation be desired, to promote negotiations and, in particular, should the Powers deem it useful to hold a meeting of their representatives on neutral soil.

The reception by the belligerent Powers of the Memorandum of March 15, 1944, once more precluded any practical results. Although about ten States sent a favourable reply in principle, usually after long delay, none took action on the concrete and precise proposals made by the Committee. In addition, amongst the Great Powers which were chiefly concerned, and who for the major part decided upon the conduct of operations, Germany alone gave evidence of positive intentions; the United States and Japan replied in the negative, whereas Great Britain and the Union of Socialist Soviet Republics abstained.

In a letter of August 25, 1944, the Government of the Reich recalled that the German delegation to the Sixteenth International Red Cross Conference (June 1938), expressed themselves definitely in favour of the creation of hospital localities and
safety zones, and that in October of the same year, experts from the Reich Government and German Red Cross took part in the drafting of the so-called "1938 Draft", relative to the creation of hospital localities and zones. In the beginning of the war, in September and November 1939, the German Government notified the International Committee that they considered the 1938 Draft as an appropriate basis for discussion, with a view to adopting a convention. They also stated their readiness to give favourable consideration to all proposals in the matter of safety zones.

The Reich Government added that, despite the difficulties prevailing at that time, they were still ready to take part in a discussion on the establishment of hospital localities and safety zones.

The United States Government, on February 12, 1945, replied that it would be difficult to designate in Germany safety areas which would not contribute, in some way or other, to the war effort of that country, or would not comprise a line of communication that might be considered a military objective. Moreover, the American Government stressed that the use by Germany of self-propelled bombs and rocket missiles, which cannot be accurately aimed, would deprive the Allied Powers of any advantage they might themselves derive from the establishment of such zones.

The Japanese Government pointed out by telegram on November 22, 1944 that while approving on principle the endeavours of the Committee, they doubted the possibility of creating hospital localities and safety zones. They advocated that the Committee should take up once more the principle laid down in their Memorandum of March 12, 1940, which stated that only the bombardment of military objectives was legitimate (1), and that the Committee should draft new concrete proposals along these lines.

As regards the British Commonwealth, only the Government of the Union of South Africa replied to the memorandum of March 15, 1944, in the negative.

Parallel with these general negotiations conducted with a view to the creation of hospital and safety localities and zones, a certain number of suggestions, all more or less official, were laid before the International Committee, with a view to establishing such areas in certain specific cases.

(1) See above.
The International Committee were, more often than not, unable to take any practical action on these proposals, or to lay them before the Powers, firstly because they were submitted, not by Governments, but by Red Cross Societies, local civil authorities or even private citizens, and secondly, because general negotiations were in progress relative to the basic principle of establishing such zones, and were not leading to very encouraging results. Moreover, the Committee had made a test case of one of the first of these instances, and consulted the Powers concerned at a comparatively favourable moment. The refusal then received made it appear preferable not to run the risk of importuning Governments by repeated démarches in regard to proposals that were unofficial and did not form part of any coordinated scheme.

In each of these instances, the International Committee took care to explain the foregoing to the authors of the suggestions, recommending them to endeavour to obtain the formal agreement of the authorities having de facto military power in the country, to any plan for the constitution of a specific zone. In addition, and as far as possible, the Committee informed the appropriate authorities of the adverse party of the facts which had come to their notice.

The following is a summary of the principal specific cases which were laid before the International Committee:

a) During the first months of the war, the French forces made a sort of hospital town of Phalsbourg, which had no railway station, army workshops or storehouses, and situated far from any railway. Only the members of the Army Medical Corps had access to it, excluding any fighting unit. The Red Cross emblem was displayed on the hospitals and on the main square of the town.

In reply to the Committee's question, the French Government replied that no particular international significance should be attached to this action taken by the French army.

b) The Central Committee of the Italian Red Cross informed the International Committee, in January 1944, of arrangements made by the local Red Cross and the hospitals in Sienna for converting the town, with the consent of the German and Italian military commands, into a large hospital centre for military and civilian wounded and sick. The town also sheltered a large number of refugees. It was pointed out that Sienna contained no military objective and that the barracks would soon be removed. The Holy See, towards the same period, took steps with a view to safeguarding the buildings of Sienna.

This action by the Italian Red Cross came to the knowledge of the International Committee shortly after the despatch of the Memorandum of March 15, 1944, and the Committee decided to notify to that effect the Governments concerned (the German, United States, British, Royal Italian and Neo-Fascist Italian Governments). In a letter dated April 12, 1944, the Royal
Italian Government answered that the responsible Allied authorities found it impossible to confer upon the town of Sienna the status of an open city, as it was a road and railway centre which was utilised by the enemy. However, measures would be taken to protect the hospitals and art treasures of the town.

c) In April 1944, the Italian Red Cross requested the International Committee to act as intermediary for the protection of safety localities established in villages which were 8 to 10 kilometres removed from the outskirts of the city of Bologna, and which were intended to shelter civilians who had been bombed out of their homes in the above town. Neutral markings, namely rectangles divided into two triangles, one yellow, and the other black, had been affixed to a certain number of houses in these villages.

Subsequently, in February 1945, the International Committee were informed by their delegation in Northern Italy that the German military authorities had organized police barrages at the gates of Bologna, in order to prevent combatants who had no special call to go there, from entering the city.

In both these cases, the International Committee brought the facts to the knowledge of the appropriate Allied authorities.

d) In August 1944, a similar request was laid before the International Committee by the Red Cross of Northern Italy, in regard to the town of Imola, situated near the firing line, and sheltering more than 5000 hospitalised sick, wounded, children and aged people. They had to confine themselves, as in the preceding case, to notifying the Allied authorities.

e) In February, 1945, the Burgomaster of Constance proposed that this town should become a centre of hospitalisation and exchange for prisoners and internees who were being repatriated on grounds of illhealth. The Interallied Military Authorities, approached on the matter by the International Committee, expressed favourable views. The German Government also stated that they had no objection to the plan. However, the matter was overtaken by military developments, for the town was then occupied, without a struggle, by the French forces.

f) The Norwegian Red Cross in Oslo laid before the Committee in March 1945 proposals by which the town of Tromsø should be recognized as a safety locality. This town being built on an island, and its houses of wood, over-populated with refugees and having no means of evacuation, the slightest bombardment would have led to a catastrophe for the civilian population. Here again, the International Committee notified the facts to the Allied authorities.
In March 1945, likewise, certain neutral Governments, on advice from their consular representatives in Shanghai, suggested to the belligerent Governments concerned that a safety zone should be set up in that city, in view of the over-crowding of the urban area, and the fact that it was impossible to evacuate it, or even to dig shelters, as the soil was not suitable for the purpose.

The International Committee participated in this démarche, and offered their services and those of their delegation, in case of need.

The Committee subsequently learned that the Chinese Government had given up any idea of making a safety zone of Shanghai, in view of the situation prevailing at the time in China.

The Committee learned that other attempts had been made to set up hospital and safety zones in the towns of Beauvais, Bregenz, Hauteville, Lindau, Lubeck, Prague and Vienna. It proved, however, impossible to put these schemes into actual effect.

Declaration of Open Towns

According to time-honoured conceptions of war on land, an "open town" was a town or locality which offered no resistance to an invading army, because it was not fortified or did not contain troops. By occupying it, the attacking forces prevented the adversary from using it for immediate purposes, military or otherwise.

However, technical progress in modern warfare has considerably altered this concept of the open town. The new arms, represented by an air force and long-range guns and rockets, allow objectives situated very far behind the firing line to be attacked and neutralised over a certain period of time. Under these conditions, an open town would be a town or locality sheltering no military objective, and in regard to which a belligerent could give the adverse party an undertaking that it would serve no military purpose until the end of the war, or at least until the end of hostilities in the area where it was situated.

This is, however, a purely theoretical view, the significance of which has still further been reduced by recent experience. If belligerents consider that bombardment of inhabited areas is legitimate, even though the latter may be of no direct military or strategical value, or if they at least resort to destruction which is quite out of proportion to the extent and importance of the military objectives the area may contain, - in other words, if destruction of towns has for its primary object to destroy the economic potential or the morale of the enemy, the very concept of open towns has no further meaning whatever.

It may have occurred that in the course of the recent, so-called "total" war, certain towns were spared, either through a
decision taken by the attacking party alone, or following a perhaps tacit agreement concluded between the parties (e.g. the case of Athens, Rome and Paris). Such facts exemplify a voluntary limitation to methods of warfare considered admissible; they are the result, not so much of humanitarian considerations, as of political and military decisions taken in concrete and specific cases.

The International Committee, for their part, were on several occasions requested during the recent conflict to undertake negotiations with a view to certain localities being declared open towns by the belligerents. They found themselves unable to follow up these requests, which were primarily of a political or military nature, and would have taken them outside their own specific sphere of action.

However, exceptional circumstances persuaded them to serve as intermediary as regards the city of Lyons. The Lyons Section of the French Red Cross requested the International Committee, by letter dated August 30, 1944, to undertake the necessary steps in order that the city of Lyons, which sheltered over 700,000 inhabitants, and which had suffered severely from bombardment, should be declared an open town. This request was urgently recommended by the Cardinal-Archbishop of Lyons and by the Chairman of the Twelfth Region of the Reformed Church of France. In the absence of any Protecting Power, the International Committee forwarded the request of the French Red Cross of Lyons to the German, American, British and French Supreme Commands, supporting the application. However, the question was very soon of no further current interest, in view of military developments.

During the fighting in Budapest, which took heavy toll of the civilian population, the International Committee proposed to the Governments concerned the conclusion of a local armistice which might enable non-combatants to be removed. This proposal came to nothing, and very soon was without value, as the whole of the Hungarian capital was occupied.

**Conclusion**

It will henceforth devolve upon the Powers to determine, in the light of the experience of the war and recent developments of military technique, how far the establishment of hospital and safety localities and zones should be envisaged in the future. More especially, they should decide to what extent the Draft of 1938 still has value. It would then be desirable, no doubt, to complete this Draft and adapt it to the experience gained in the second World War.

For the time being, the International Committee confine themselves to reproducing as an annex to the present Report, and without amendment, the eleven Articles of the Draft of 1938.

In their present form, these Articles reflect the desire of the experts to facilitate, as far as possible, the creation of hospital localities and zones in war-time, granting the wounded and sick of the armed forces conditions of safety that may enable
their treatment to be considerably improved. In addition, the experts were agreed that such an institution should in no wise lead to reduced protection under the present system of rules in international law, but that its sole aim was to make existing protection more effective. In actual fact, this Draft Convention is an integrant part of the system of legal protection under the Geneva Convention. Its mechanism is simple, and in the minds of its authors, it ought to be capable of almost automatic application in all circumstances (1).

DRAFT CONVENTION
ON HOSPITAL LOCALITIES AND ZONES (1938)

Article 1. - Field of Application.

1. Hospital localities and zones, as specified hereinafter, are intended to accommodate the wounded and sick as defined by Article 1 of the Geneva Convention of 27 July, 1929, for the relief of the wounded and sick of armies in the field.

2. As such, they shall be respected and protected in accordance with Article 6 of the Geneva Convention of 27 July 1929, under the conditions specified hereinafter.

3. The benefit of the present Convention shall apply not only to the territory, but to the air space extending above hospital localities and zones.

(1) For fuller particulars, reference should be made to the document entitled: "Draft Convention for the creation of hospital localities and zones in war-time, adopted by the Experts Commission which met in Geneva on October 21 and 22, 1938. Report by the International Committee of the Red Cross". This document, as mentioned earlier, was communicated in January 1939 by the Swiss Federal Government to the States signatories to the Geneva Convention. It was likewise reproduced as an annex to the Memorandum sent on March 15, 1944, to the Governments of the belligerent States by the International Committee. It also appeared in the Revue Internationale de la Croix-Rouge, August 1938, page 681, (in French).
Article 2.—Definition.

1. Hospital localities and zones shall be used solely for the requirements of the Army Medical Corps, excluding any military utilisation whatever.

2. They shall, moreover, fulfil the following conditions:
   a) They shall be situated and maintained outside the zone of operations (including the coast-line), and shall be sufficiently far removed from military objectives, to run no danger through bombardment of the latter;
   b) they shall have no anti-aircraft means of defence within the surrounding zone, to a depth at least equal to the useful range of the said means of defence;
   c) they shall be free, within a surrounding zone of 5 kilometres depth, from all military units and establishments connected with national defence, including all radio broadcasting stations;
   d) they shall not serve as a refuge to persons who were not resident there before hostilities;
   e) they shall be thinly populated in relation to the possibilities of hospitalisation.

3. The proviso mentioned under section 1 of the present Article does not include:
   a) utilisation in transit of the lines of communication and transport by military convoys;
   b) the presence of men on leave who are natives of the locality or zone;
   c) the presence of the staff required for aid-raid precaution work;
   d) the cases stipulated under Article 8 of the Geneva Convention, provided application of the said Article be not contrary to Section 1 of the present Article.

Article 3.—Markings.

Hospital localities and zones shall be clearly marked in the day-time around their outer precincts, by the emblem of the Geneva Convention of July 27, 1929.
Article 4. - Notification.

1. Already in peace-time, each High Contracting Party shall communicate to the International Committee of the Red Cross the list of hospital localities and zones which it proposes to establish in time of war. This list shall be available at all times to the High Contracting Parties.

2. When war has broken out or is in progress, each of the belligerent High Contracting Parties shall notify the other belligerent Contracting Parties, through the International Committee of the Red Cross, of the hospital localities and zones which it proposes to institute, specifying their exact location and area. The International Committee of the Red Cross shall simultaneously notify the non-belligerent High Contracting Parties.

Article 5. - Opposition

1. Each belligerent High Contracting Party who receives the notification provided for under Section 2 of the preceding Article shall be entitled to raise opposition to it:

   a) If the hospital localities and zones designated in accordance with Article 4, Section 1, are mentioned on the list communicated to the International Committee of the Red Cross three months at least before the outbreak of hostilities, the High Contracting Party concerned shall notify its opposition, through the International Committee of the Red Cross, within a period of three days as from receipt of the notification.

   b) If the hospital localities and zones thus designated are not mentioned on the above list, the delay for opposition shall be extended to twenty days.

2. Opposition shall be grounded; it shall form an obstacle to the creation of the said hospital locality or zone.

Article 6. - Withdrawal of approval

Each High Contracting Party shall be entitled to withdraw, at any time during hostilities, approval given for the creation of a hospital locality or zone. The withdrawal of approval shall be grounded and notified to the State concerned. It shall automatically, and within a period of five days from the date of receipt of the notification, entail loss for the hospital locality or zone of the benefit of the present Convention.
Article 7.- Conciliation

If the High Contracting Party under whose authority the hospital locality or zone is placed is of opinion that opposition or withdrawal of approval, as defined under Articles 5 and 6, are not founded de jure or de facto, it shall be entitled to submit the contestation to an inquiry or conciliation procedure established in accordance with Article 30 of the Geneva Convention of July 27, 1929, for the relief of wounded and sick of armies in the field.

Article 8.- Occupation

1. In the event of occupation by the enemy, the hospital locality or zone shall continue to be utilised as such by the occupying Power, unless there is contrary notification on its part, or opposition on the part of the dispossessed enemy.

2. The occupying Power shall grant to persons protected by the Geneva Convention the treatment to which they are entitled under that Convention.

3. The situation of the civilian population of the hospital locality or zone shall be governed by the general rules of the law of nations.

Article 9.- Control

1. The hospital localities and zones shall be placed under the control of a commission of at least three neutral nationals appointed under emergency procedure by the International Committee of the Red Cross, and approved by the State on whose territory it will have to carry out its duties.

2. A Commission of control shall be set up for each belligerent country possessing hospital localities and zones.

3. The Commission shall be a travelling one, according to the decision of its chairman; any one of its members may be charged with a specific mission of control.

4. The costs of the Commission shall be borne by the State under whose authority the hospital locality or zone is placed; the accounting shall be undertaken by the International Committee of the Red Cross.
Article 10.—Duties of Control Commissions

1. The Control Commissions shall have as their duties to supervise the observance of the provisions of the present Convention.

2. They shall draw the attention of the belligerent under whose authority the hospital localities and zones are placed to any fact which they consider contrary to the stipulations of the present Convention.

3. Should no account be taken of its observations, the Commission is entitled to resign its control duties for the hospital locality or zone to which their complaint applied. It shall so inform the belligerent States through the International Committee of the Red Cross.

4. Belligerents shall, in the widest measure possible, facilitate the duties of the commissioners. The latter shall, in particular, enjoy the privileges and immunities which are necessary for the performance of their office.

Article 11.—Alleged Infringement of the Convention

In the case of alleged infringement of the present Convention, each of the High Contracting Parties shall be entitled to claim that an enquiry be opened, in accordance with Article 30 of the Geneva Convention of July 27, 1929, for the relief of wounded and sick of armies in the field.