REPORT
on the Work of the Preliminary Conference of National Red Cross Societies for the study of the Conventions and of various Problems relative to the Red Cross

Geneva, July 26—August 3, 1946
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Report on the Work of the Preliminary Conference of National Red Cross Societies for the study of the Conventions and of various Problems relative to the Red Cross

FOREWORD

Immediately upon the close of hostilities the International Committee of the Red Cross undertook the task, which they considered essential, of preparing the revision of the Geneva Conventions and similar agreements, and of drafting new international agreements. With this end in view they set about assembling the fullest preliminary data available.

The proper execution of this task presupposed the cooperation of National Red Cross Societies, these having acquired during the War much valuable experience as regards the application of the Conventions. The International Committee were also anxious to furnish National Societies with an early opportunity of exchanging views on the problems which face the Red Cross as a whole, and on the principal aspects of the work they had accomplished during the War.

These considerations led the Committee to propose, in their Circular Letter No. 371, of September 10, 1945, to all duly recognized National Red Cross Societies still in operation, the sending of qualified representatives to a meeting which would take place in Geneva at the earliest possible date. This proposal having met with unanimous approval, the Committee hastened to draft a preliminary Agenda, which was submitted on October 22, 1945, to the delegates of National Societies on
the occasion of a Consultative Conference convened in Geneva by the League.

The Preliminary Agenda was approved with but few amendments, and then sent to all National Societies on February 1, 1946 (Circular Letter No. 372). Requesting their views on this matter, the International Committee asked National Societies to inform them of any additions they might wish to have made, and to support such proposed additions with written statements facilitating subsequent discussion.

The majority of National Societies expressed their approval of the Preliminary Agenda and stated their intention of sending full delegations to Geneva. The Committee, in Circular Letter No. 373 of June 14, 1946, definitely fixed the date of the meeting from July 26 to August 3, 1946. The meeting was described as the “Preliminary Conference of National Red Cross Societies for the Study of the Conventions and of Various Problems relative to the Red Cross”.

The Final Agenda comprised two general headings: firstly, the examination, with a view to the assembling of preliminary data for the revision and drafting of welfare Conventions, of all matters which lie particularly within the province of Red Cross Societies, and secondly, the study of specific Red Cross problems in war-time.

As a preliminary to facilitate the meetings, the Committee had devoted several months to the careful scrutiny of the items on the Agenda, and furnished National Societies and their delegations with Reports providing a brief summary of the experiences made in each particular field, and whenever possible, concrete suggestions for the amendment or modification of the present situation. These Reports, of which more is said below, were issued in the shape of four volumes, and constituted the starting-point of the sessions.

Several National Societies also submitted documents furnishing matter for discussion on certain important points. These documents, of which a list will also be found below, were issued to the delegations and proved of considerable value.
LIST OF DELEGATES

**Albania:**
- Dr. Xhavit Gjata, head of the Delegation (I);
- M. Vandush Vincani (III); M. Ciril Pistoli (II);

**Argentina:**
- Dr. Heriberto A. Mascheroni, President (III);
- Dr. Luis Boffi, Counsellor (I, II);

**Australia:**
- Dr. J. Newman Morris, Chairman (III, II, I);
- Lady Owen, Liaison Officer of the Australian Red Cross in U.K. (II, III, I);
- Miss Rose Nuttall, Secretary to the Delegation (I, III, II);

**Austria:**
- Dr. Rudolf Bluehdorn, Ministerial Counsellor (I);
- Dr. Hans Popper, delegate of the Austrian Red Cross to the International Committee and the League of Red Cross Societies (II, III);

**Belgium:**
- Dr. Pierre Depage, President (III);
- M. Edmond Dronsart, Director-General (I);
- M. Henry van Leynseele, Chairman of the Special Commission for revision of the Conventions (II);
- Professor Maurice Bourquin (II, III);
- Mlle Simone Vercamer, Head of the International Department (II);

**Brazil:**
- General Ivo Soares, President (III);
- Mme Isabel W. Gomm (III);

**Bulgaria:**
- Dr. Lubin Ratcheff, President (III);
- Mme Dr. Vesselina Batchvarova, Vice-President (I);
- Dr. Constantin Koussitaseff, member of the Executive Committee (II);
- Dr. Bratan Bratanoff, member of the Executive Committee (I);
- Dr. Vera Zlatareva, member of the Executive Committee (II);
- Dr. Georges Sotiroff (III);
- M. Lazar Tochkoff, Bulgarian Consul in Geneva (III);

**Canada:**
- Dr. Frederick W. Routley, National Commissioner (III);
- Col. William Frost, Overseas Commissioner (I);
- Mrs. Fred. W. Routley, Associate Delegate;
- Miss E. F. Moir, Secretary to Director (I);

**Chili:**
- H. E. M. Carlos Morla Lynch, Minister of Chili in Switzerland;
- Mlle Amelia Balmaceda, Pre-

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1 The figures in brackets indicate the Commission(s) in whose work the delegates were chiefly interested.
China:
Dr. Lan Senn Woo, Secretary-General (II, III).

Columbia:
Señor Gabriel Giraldo Jaramillo, Consul-General of Columbia in Switzerland (III).

Cuba:
Dr. Guarino Radillo, President (II); Dr. Eulalio Guerra y Segui (II); Señor Luis Valdès Roig, Acting Chargé d’Affaires in Berne, Assistant Delegate (III).

Czechoslovakia:
Mme Zdenka Maria Havrankova, Vice-President (III); Major Dr. Peter Simko (III).

Denmark:
M. Kai Hammerich, President (I, III); M. Sigurd Skibsted, Head of Department (II, I, III); M. Tage Hind, Secretary (III).

Egypt:
H. E. Tewfiq Doss Pasha (I) and Dr. Abdel Halim Mahfooz Bey, Members of the Board of the Egyptian Red Crescent (III).

Ecuador:
Señora Maria Elvira Yoder, Vice-President (III); Mlle Mercedes Tous (III).

Finland:
Professor Erik Castren, Member of the Council of the Finnish Red Cross, Professor of Law, Helsinki University (II, III).

France:
General Adolphe Sicé, French A.M.C., President (III); Professor Louis Milliot, Vice-President (III); Vicomte de Truchis de Varenne, Member of Council (II); Professor Henri Bonnet, Director-General (I, II); General Pierre Oudard, French A.M.C., Head of Hospital Units (I); M. Fernand d’Aillières, Head of Foreign Relations Department (III); M. Charles Guillon, Delegate, and M. Robert Emile Beaufour, Assistant Delegate of the French Red Cross in Switzerland.

Great Britain:
Major-General Sir John Kennedy, Vice-Chairman of the Executive Committee (III); Major-General Leonard A. Hawes, Secretary-General (II); Miss Esther M. Thornton, P.O.W. Department, Joint War Organisation (II); Miss S. J. Warner, Foreign Relations Department (III); Mr Frederick H. D. Pritchard, Legal Advisor (I).
Greece: M. Michel Pesmazoglou, Legal Counsellor (II); M. Spyro Marmora, Delegate in Switzerland of the Greek Red Cross (I, III).

Guatemala: Señor Oscar Bertholin y Galvez, Permanent Representative in Geneva of the Guatemalan Red Cross to the League of Red Cross Societies (III).

Hungary: H. E. M. J. Antall, Minister of Reconstruction, Government Delegate to the Hungarian Red Cross; Mme Arpad Szakasits, Chief Delegate, Hungarian Red Cross; M. Jules Vallai, Member of the General Directorate, Hungarian Red Cross; M. Alexandre Millok, Commissary for Repatriation of the Hungarian Government; M. Erwin Vladar, Delegate of the Hungarian Red Cross to the International Committee (II).

India: Sardar Bahadur Balwant Singh Puri, Secretary-General (III).

Iraq: Colonel Shaker Wadi, Chargé d'affaires, Iraq Delegation in London (III); Dr. Edouard Basmadji (II).

Iran: Dr. Gholam Hossein Mossadegh, Inspector-General of the Central Committee, Head of the Delegation (III); Mme Iran Aalam, M. d., Member of the Central Committee (II); Princess Safieh Firouz (III). M. Raphael Aghababian (I, II, III).

Ireland: Col. T. J. McKinney, member of Central Council (I); Mr. M. McNamara, Secretary of the Irish Red Cross (II); Mr. John B. Hamill, Honorary Secretary, Central Council (III).

Italy: Marquis Ugo Theodoli, Secretary-General (III); Signor Vittorio Minnucci, Chief Secretary to the President (I); Signor Carlo Mottironi, Delegate in Switzerland, Italian Red Cross (III); Signor Luciano Aillaud, First Secretary, Delegation in Switzerland of the Italian Red Cross.

Liechtenstein: Count Ferdinand Wilczek (III).

Luxembourg: M. Pierre Knaff, Director, Luxemburg Red Cross (III).
Mexico: Senor Alejandro Quijano, President (III); Senor Robert Casas Alatriste, Counsellor, Chairman of the Finance Commission (III); Senora Josefa Abril de Rueda, Permanent Representative, Mexican Red Cross (III); Senor J. J. G. de Rueda (III).

Netherlands: M. Wilhelm Veenstra, Director, Netherlands Red Cross (III); M. Johan Van de Vosse, Director, Central Committee (II); Jhr. Henry Beelaerts Van Blokland, Head of the Office for Foreign Relations (I, II); Dr. Charles Bernard Delegate (III) and M. Carl H. C. Flugi Van Aspermont, Assistant Delegate of the Netherlands Red Cross in Switzerland.

New Zealand: Mr. Charles Gilbert White, Chairman (III).

Norway: Professor Frede Castberg (II); M. Arnold Roerholt, Secretary-General (III, II); M. Peter Anker, Delegate of the Norwegian Red Cross to the International Committee (I, II, III).

Panama: Mlle Hilda Vallarino, Secretary (III).

Poland: Colonel Bronislaw Kostkiewicz, M. D., President (II); Colonel Feliks Kaczanowski, M. D., Vice-President (III); Mme Sophia Tyszynska, Secretary to the President (II); Dr. Stanislas Jurkiewicz, Permanent Delegate of the Polish Red Cross in Geneva (I); M. K. Korkozowicz (II); Mlle Lucie Schmidt, Secretary-General of the Polish Red Cross in Geneva (II, III); M. Niemira, Technical Advisor (II).

Portugal: Senhor N. M. Freire de Andrade, Delegate of the Portuguese Red Cross (III, II).

Rumania: H. E. M. Raoul Bossy, Delegate of the Rumanian Red Cross to the International Committee (III).

Siam: Dr. Chaloem Puranananda, Director, Science Department (III); Princess Marayat Diskul, Secretary, Central Bureau (II).

Sweden: Count Folke Bernadotte, President (III); Baron Erik Stjernstedt, former Secretary-General (III); Captain Count Eric von Rosen (II); M. Gösta J. Th. Streijffert (I).
Switzerland: Dr. Gustave A. Bohny, President (III); Lt.-Col. Hans Martz, substitute of the Chief Medical Officer of the Red Cross (I); Dr. Eric Martin, Member, Central Committee (II); Captain Gilbert Luy, Under Secretary-General (II).

Turkey: M. Ali Rana Tarhan, President (II); M. Nedim Abut, Director, International Department (II).

Union of South Africa: Mr. S. J. M. Osborne, Acting President (III).

United States of America: Hon. Basil O’Connor, Chairman (III); Mr Douglas Poteat, Executive Vice-Chairman (I); Mr. James Thomas Nicholson, Vice-Chairman in charge of Insular & Foreign Operations (III); Mr Harold Starr, Assistant General Council (II); Mr. Francis B. James, Assistant Director, P.O.W. (II); Mr Louis C. Boochever, Director Public Relations (III); Dr. G. F. McGinnes, Vice-Chairman for Health Services (II); Mr William L. Gower, Aide to the Chairman; Mr Henry W. Dunning, representative of the American Red Cross (II); Mr William Jefferson (I); Mr William Giblin, Director for Civilian War Relief in Western Europe (II).

Venezuela: Señor Raphael Isava Nunez, President (III);

Yugoslavia: Colonel Nikola Nikolic, M. D., head of the Delegation, Yugoslav Red Cross (III); Professor Peter Guberina, Delegate (III, II); Mme Jaroslava Ribnikar, Secretary-General (II); Mme Olga Milosevic (I); Mme Hélène Kosanovic, Delegate of the Yugoslav Red Cross in Switzerland (III); M. Ive Kisic, Secretary to the Delegation (III).

League of Red Cross Societies: Hon. Basil O’Connor, Chairman of the Board of Governors (III); Count Bonabes de Rougé, Secretary-General (II, III); M. George Milsom, Assistant Secretary-General (III); M. Pierre Giroy, Counsellor to the Secretariat (I).

International Committee of the Red Cross: M. Max Huber, Acting Chairman (III); M. E. Chapuisat, Vice-President (III); M. F. Barbey (I); M. M. Bodmer (II); Dr. A. Cramer (I); Mlle S. Ferrière (II); Mme R. Frick-Cramer (II); Mlle L. Odier (II); Dr. G. Patry (I); Professor D. Schindler (I); M. R. van Berchem (III), Members of the International Committee of the Red Cross.
LIST OF DOCUMENTS SUBMITTED TO THE PRELIMINARY CONFERENCE OF NATIONAL RED CROSS SOCIETIES

I. Documents submitted by the International Committee of the Red Cross.

A. Documents relative to the Conference.


Vol. IV. Specific Red Cross Problems. 29 p., French and English.


B. Other Documents.

— Documents on the Activities of the International Committee of the Red Cross in behalf of Civilians detained in Concentration Camps in Germany. — Published by the International Committee, Series II, No. 1. — Geneva, June 1946, 154 pages. (In French only.)

— State of Public Health among Civilian Population in Countries of Europe most severely affected by the War. Medical Department of the International Committee, 31 and 4 pages. (In French only.)

— Document N. Note relative to the Yugoslav Proposal (Document K), 4 pages, French and English.
II. Documents submitted by the League of Red Cross Societies.

— XIXth Meeting of the Board of Governors of the League of Red Cross Societies, Oxford, July 8-20, 1946. Resolutions adopted by the Board of Governors. (Rotograph document, not paginated.) Geneva, Headquarters of the League of Red Cross Societies. (French and English.)

— Articles of Association of the League of Red Cross Societies (Text revised in July 1946). Geneva, Headquarters of the League. 9 p. (French and English.)

III. Documents submitted by National Red Cross Societies.

Document A. — British Red Cross. Suggested points for consideration by the International Committee at the Preliminary Conference on the re-writing of the International Conventions dealing with (A) the Treatment of Prisoners of War and (B) Amelioration of the conditions of Wounded and Sick of the Armies in the Field, both dated 27th July, 1929. 10 p.


Document C. — Greek Red Cross. Reply to Circular No. 368 and subsequent circulars. 6 pages. (In French only.)

Document D. — Greek Red Cross. Report by the Greek Red Cross on Government intervention in its management. 4 pages. (In French only.)

Document E. — Greek Red Cross. Suggestions by the Greek Red Cross in the event of infringements of the International Conventions. 2 pages. (In French only.)

Document F. — Netherlands Red Cross. Draft Resolution concerning the Protection of Funds of National Red Cross Societies (in case of war). 1 page. (In French only.)

Document G. — Czechoslovak Red Cross. Memorandum by the Czechoslovak Red Cross on its dissolution during the War, 1939-45. 7 pages. (In French only.)


Document I. — Swedish Red Cross. Note to the Preliminary Conference of National Red Cross Societies, Geneva, 1946, by Count Folke
COMPOSITION OF THE BUREAU AND OF THE COMMISSIONS

On the appointed day, Friday July 26, at 10.30 hours, 141 delegates representing 45 National Red Cross Societies and the League of Red Cross Societies met in the Alabama Chamber of the Town Hall, Geneva. M. Max Huber, Acting President of the International Committee of the Red Cross, delivered the inaugural address, to which the Hon. Basil O'Connor, Chairman
of the American Red Cross and of the Board of Governors of the League replied. The Delegates then proceeded to elect the President of the Conference. Following a proposal of the representative of the Greek Red Cross, M. Max Huber was elected unanimously, on a show of hands. Furthermore, all the Chairmen of National Societies taking part in the Conference were elected Vice-Presidents of the Meeting. The bureau of the Preliminary Conference was set up as follows:

**President**: M. Max Huber, Acting President of the International Committee;

**Vice-Presidents**: Dr. Heriberto A. Mascheroni (Argentina); Dr. J. Newman Morris (Australia); Dr. Pierre Depage (Belgium); General Ivo Soares (Brazil); Dr. Lubin Ratcheff (Bulgaria); Dr. Guarino Radillo (Cuba); M. Kai Hammerich (Denmark); General Adolphe Sicé (France); Senor Alejandro Quijano (Mexico); Mr C. G. White (New Zealand); Colonel Bronislaw Kostkiewicz (Poland); Count Folke Bernadotte (Sweden); Dr. Gustave A. Bohny (Switzerland); M. Ali Rana Tarhan (Turkey); Mr S. J. M. Osborne (Union of South Africa); Hon. Basil O'Connor (United States of America); Senor Raphel Isava Nunez (Venezuela).

**Secretary-General**: M. J. Pictet, Director-Delegate of the International Committee of the Red Cross.

At the plenary sitting on Friday afternoon, July 26, the Conference set up three Commissions, as proposed by the International Committee. These Commissions, whose composition and terms of reference are shown below, were entrusted with: (I) Study of the revision of the Geneva Convention and related provisions; (II) Revision of the Convention relative to the Treatment of Prisoners of War and drafting of a Convention relative to Civilians; (III) Study of Specific Red Cross Problems.

The next day, Saturday, July 27, the Commissions began their sittings which lasted till August 1. They had a large volume of work to get through, which they brought to successful conclusion. The Second Commission, found it necessary to

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1 Extensive excerpts from both speeches were published in the "Revue int. de la C.-R.". August 1946, pp. 637-649.
constitute a Sub-Commission for the examination of problems relative to relief to Prisoners of War and to Civilians.

The officers of the Commissions were nominated as follows:

**Commission I**

*Chairman:* Professor D. Schindler, Member of the International Committee;

*Vice-Chairmen:* M. E. Dronsart (Belgium);
                   M. K. Hammerich (Denmark);
                   H. E. Tewfik Doss Pasha (Egypt).

*Rapporteur:* M. J. Pictet, Director-Delegate of the I.C.R.C.

*Rapporteur to the Assembly:* General Oudard (France);

**Commission II**

*Chairman:* M. M. Bodmer, Member of the International Committee;

*Vice-Chairmen:* Professor L. Milliot (France);
                   M. M. Pesmazoglou (Greece).

*Rapporteur:* M. C. Pilloud, Director, Legal Section, I.C.R.C.

*Rapporteur to the Assembly:* M. M. Pesmazoglou (Greece);
                              Miss E. M. Thornton (Great Britain).

**Commission III**

*Chairman:* Dr. P. Depage (Belgium);

*Vice-Chairmen:* Dr. F. W. Routley (Canada);
                  Count F. Bernadotte (Sweden).

*Rapporteur:* M. J. Ch. de Watteville, Director, Legal Section, I.C.R.C.

*Rapporteur to the Assembly:* Dr. Depage (Belgium).

To save time, the minutes of the sittings were not passed by the Commissions; each of these nominated a Sub-Commission to draft a brief summary of the work done. These summaries formed the actual Report which each Commission submitted to the Assembly on the last two days of the meetings, Friday, August 2, and Saturday, August 3.

It was late on the evening of Saturday, August 3, before the Preliminary Conference came to an end. Previous to the close
of the proceedings, a large number of delegates again expressed their thanks to the International Committee. M. Max Huber assured all National Societies how greatly the International Committee appreciated their very helpful assistance and wished them all most warmly that, true to principles of the Red Cross, they might see their activities develop and bear further fruit.

Below will be found the summarized Proceedings and the results obtained. For further details, the readers are referred to the shorthand minutes (in French), which have been made available to all National Red Cross Societies.
I. Geneva Convention

I. Introduction

A proposal for the revision of the Geneva Convention made its appearance in 1937, following the meetings of a Commission of international Experts, convened by the International Committee. This Draft, which had been adopted by the Sixteenth International Red Cross Conference, held in 1938, was placed on the Agenda of the Diplomatic Conference which the Swiss Federal Council had convened for the beginning of 1940, but which had to be adjourned owing to the second World War.

The conflict having come to a close, the International Committee considered it desirable to take up once more the 1937 Draft and to amplify it in view of the experience gained during six years of unprecedented warfare.

Since National Red Cross Societies are closely and historically connected with the application and development of the Geneva Convention, the Committee thought useful to submit the whole problem to the Preliminary Conference of 1946.

2. Application of the Convention to all cases of Armed Conflict

The Commission recommends the introduction, at the head of the Geneva Convention, of a new Article which might run as follows:

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1 The Commission nominated by the Preliminary Conference for the study of the revision of the Geneva Convention and related treaty provisions.
"The present Convention is applicable between the High Contracting Parties from the moment hostilities have actually broken out, even if no declaration of war has been made and whatever the form that such armed intervention may take.

"In the case of armed conflict within the borders of a State, the Convention shall also be applied by each of the adverse parties, unless one of them announces expressly its intention to the contrary 1."

The 1937 Commission, whose views were closely followed by the Sixteenth International Red Cross Conference, recognized unanimously that the Convention must apply to all cases armed conflict between States, even when not preceded by a declaration of war, and that its humanitarian principles must be respected in all circumstances, even when it is not juridically applicable. The Commission of 1937 recommended that this principle should be inserted into the Final Act of the future Diplomatic Conference.

The International Committee further suggested to the Preliminary Conference that, besides this principle, another rule should be inserted in the Convention, namely, that in case of Civil War within the frontiers of a State the adversaries should be invited to declare their readiness to apply the principles of the Convention, subject to reciprocity being observed.

The Conference adopted the text quoted above which stresses the provision relative to Civil War. By laying down that in case of armed conflict within the frontiers of a State, the Convention shall be applied by each of the adversaries, unless one of them refuses explicitly to do so, it is anticipated that no State or insurgent body would venture to proclaim, in the face of world opinion, its intention of disregarding the laws of humanity, whose value and essential character are universally recognized.

1 At the head of each Chapter will be found, in italics, the text of the Summary Report of the Commission meetings as approved and amended by the Assembly.
3. Extension of the Convention to cover Civilian Sick and Wounded

The Commission is unanimous in considering that the principles embodied in the Geneva Convention should be extended to wounded and sick Civilians, as also to the staff, buildings and equipment devoted to their care.

In the Report submitted to the Conference, the International Committee pointed out that the Convention now applies only, from a strictly legal viewpoint, to members of the armed forces and other persons officially attached to the forces.

During the meetings of the 1937 Commission, several members proposed that the Convention should be expressly extended so as to include civilian sick and wounded. Seeing especially the great development of air warfare, they pointed out that not only the zone where the armies were actually in contact, but the entire territory of belligerents would be subject to military operations, and that civilians are thus quite as liable to suffer injury as are the forces.

Although there was a strong body of opinion in favour of this contention, the majority of the 1937 Commission, whose views were afterwards approved by the Sixteenth International Red Cross Conference, decided not to recommend this extension, since to do so would trespass beyond the limits of the Convention’s specific and traditional field. It was considered that civilian wounded and sick could better be dealt with in a separate Convention.

However, the 1937 Commission had introduced two new provisions into the revised Draft Convention. One of these stipulated that the protection to be accorded to medical units and establishments, their staff and equipment would not be withdrawn if their activities extended to the civilian population; the other stipulated that Aid Societies might be allowed to employ the distinctive emblem while engaged, in time of war, in work of relief for civilian wounded and sick.

After the experience of the second World War, the International Committee considered necessary to examine once more
thoroughly the possible extension of the Geneva Convention to cover civilian wounded and sick, and to find without delay some method of ensuring better protection for civilians. The whole of the Red Cross movements is faced today with an essential problem that must at all costs be solved; it has to weigh the arguments for and against such a course, while remaining fully conscious of its responsibilities.

From this point of view, the Committee recommended the following three solutions:

(a) The plan to extend the Geneva Convention to cover civilian wounded and sick in time of war would be abandoned, and the question regulated by means of a separate Convention. It may, however, be asked whether drawbacks, both theoretical and practical, may not arise through actually extending the scope of the Geneva Convention, by referring to the said Convention in another Treaty, rather than by frankly amending the Geneva Convention itself. Moreover, conditions of modern warfare lead more and more to civilians and combatants being struck down in the same places and cared for without distinction.

(b) The Geneva Convention might be extended so as to apply fully to civilian wounded and sick in time of war; this would include the protection of civilian hospitals. Should this be accepted, there would of course be some risk that cases of misuse, or failure to apply the Convention, would multiply in proportion to its wider field of action, and consequently imperil the prestige surrounding the Convention and the Red Cross emblem.

(c) Another solution might be the partial extension of the Convention. Its protection might apply to sick and wounded civilians who are assembled together with combatants, as also to the medical staff caring for them, and to the equipment used

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1 In this case the title of the Convention would have to be altered. It might become "Geneva Convention for the Relief of Wounded and Sick in time of War".
for this purpose. The Geneva Convention would however not be extended so as to cover specifically civilian hospitals. Their protection would be the object of special regulations in a separate Convention. Markings other than the Red Cross would be allotted to them.

The Preliminary Conference noted the absolute necessity in future to give efficacious protection to civilian war-victims. Although fully aware of the difficulties such an extension might engender and the danger of abuses that might ensue, the Conference was opinion that the principles of the Geneva Convention should be extended to wounded and sick civilians, as also to the staff, buildings and equipment at their service.

Certain delegations pointed out, that, having regard to past experience, it had been impossible to draw a clear distinction between members of the armed forces and civilians during the War, and that numerous civilians had been cared for by the Army Medical Services.

The Conference thought, however, that civilian hospitals should be protected in the same manner as military hospitals under the Geneva Convention, and that they should, to this end, be authorized to display the red cross on a white ground ¹.

The Conference did not, however, wish to prejudge the number or form of the Convention, or Conventions, which may eventually regulate the status of Military and Civilian War-Victims ². It was decided, in all further work on the Geneva Convention, not to undertake the examination of each article with a view to its extension to civilian wounded and sick, but to leave this task of adaptation, which demands the most careful scrutiny, to the International Committee.

¹ See below page 50.
² See below page 66.
Chapter I. — Wounded and Sick

Article 1.

Officers and soldiers and other persons officially attached to the armed forces who are wounded or sick shall be respected and protected in all circumstances; they shall be treated with humanity and cared for medically, without distinction of nationality, by the belligerent in whose power they may be.

Nevertheless, the belligerent who is compelled to abandon wounded or sick to the enemy, shall, as far as military exigencies permit, leave with them a portion of his medical personnel and material to help with their treatment.

Re Sec. 1. — The Commission considers that the words "without distinction of nationality" should be replaced by the words "without any distinction whatever, particularly of nationality, race, sex, religion or political opinion".

The International Committee had pointed out the advisability of adding, after the words "without distinction of nationality", the words "of race, religion or political opinion".

The Belgian Red Cross had proposed to replace the clause "without distinction of nationality" by the words "without any distinction whatever".

Finally the Conference adopted the above wording which amalgamates and perfects both suggestions.

Re Sec. 2. — The Belgian Red Cross had proposed to delete the words "as far as military exigencies permit", but the Commission thought preferable to keep the present text.

Article 2.

Except as regards the treatment to be provided for them in virtue of the preceding article, the wounded and sick of an army who fall into the hands of the enemy shall be prisoners of war, and the general provisions of international law concerning prisoners of war shall be applicable to them.

1 The Articles quoted in small type are those of the Geneva Convention of 1929.

2 The Commission noted, moreover, that in the English translation the expression "Officers and soldiers" should be replaced by the more exact term "Members of the Armed Forces".
Belligerents shall, however, be free to prescribe, for the benefit of wounded or sick prisoners, such arrangements as they may think fit beyond the limits of the existing obligations.

Article 3.

After each engagement the occupant of the field of battle shall take measures to search for the wounded and dead, and to protect them against pillage and maltreatment.

Whenever circumstances permit, a local armistice or a suspension of fire shall be arranged to permit the removal of the wounded remaining between the lines.

Re Sec. 1. — The Commission considers that the words "After each engagement, the occupant of the field of battle shall take measures..." should be replaced by the words "Each belligerent shall, without delay, take measures to search..."

Furthermore, the Commission recommends the insertion in Art. 3 of a new Section, as follows:

"Whenever circumstances permit, belligerents shall grant passage through their lines to the necessary medical staff and equipment bound for a besieged zone, and shall allow the evacuation of the wounded and sick."

Re Sec. 1. — This change of wording, proposed by the Belgian Red Cross, takes into consideration the conditions of modern warfare, and was adopted unanimously.

New Sec. 3. — During the meeting of the Commission of Experts in 1937, the Bulgarian Red Cross proposed the introduction of a new stipulation that belligerents should grant passage through their lines to the necessary medical staff and equipment bound for besieged or blockaded areas, and allow the evacuation of the wounded and sick 1.

The 1937 Commission preferred not to modify the Convention on this point, on the grounds that this was a possible case for ad hoc agreements between belligerents, according to Art. 2,

1 See the following Resolutions of International Red Cross Conferences: No. XII, 1921 (Geneva); No. IX, 1928 (The Hague); No. XXIV, 1930 (Brussels).
Sec. 2. However, the International Committee pointed out that during the second World War certain besieged towns or areas held out for months, and even years. In several cases (Channel Islands and "pockets" occupied by the German forces on the French Atlantic coast and in the Channel, for instance) delegates of the International Committee were able to enter these besieged areas, bring relief and render useful assistance.

The French and German military authorities agreed to evacuate to Germany via Switzerland, the wounded and sick of the forces occupying "pockets" on the French coast, and the fact that this operation did not take place was due solely to fortuitous circumstances.

In this spirit, the Conference adopted the above-mentioned draft Section 3, while specifying that this provision should clearly apply also to the delegates of the International Committee, who should be allowed free passage to besieged or encircled towns.

Article 4.

Belligerents shall communicate to each other reciprocally, as soon as possible, the names of the wounded, sick and dead, collected or discovered, together with any indications which may assist in their identification.

They shall establish and transmit to each other the certificates of death.

They shall likewise collect and transmit to each other all articles of a personal nature found on the field of battle or on the dead, especially one half of their identity discs, the other half to remain attached to the body.

They shall ensure that the burial or cremation of the dead is preceded by a careful, and if possible medical, examination of the bodies, with a view to confirming death, establishing identity and enabling a report to be made.

They shall further ensure that the dead are honourably interred, that their graves are respected and marked so that they may always be found.

To this end, at the commencement of hostilities, they shall organise officially a graves registration service, to render eventual exhumations possible and to ensure the identification of bodies, whatever may be the subsequent site of the grave.

After the cessation of hostilities they shall exchange the list of graves and of dead interred in their cemeteries and elsewhere.
Re Sec. 1. — The Commission considers it desirable that information concerning wounded and dead shall be centralized by official Information Bureaux (set up in pursuance of Article 77 of the Convention of 1929 on Prisoners of War) and forwarded to the home country by the intermediary of the Central Agency for Prisoners of War (Article 79 of the said Convention).

Re Sec. 2. — The Commission recommends the insertion, at the close of this Section, of the words "if possible by means of a unified form".

Re Sec. 5. — The Commission recommends the insertion after "honourably buried" of the words "if possible according to the rites of the religion to which they belonged".

Re Sec. 7. — The Commission proposes to replace the words "After the cessation of hostilities" by "As soon as circumstances allow and at latest after the cessation of hostilities".

Re Sec. 1. — Whereas the Geneva Convention now provides for the exchange between belligerents of the names of wounded, sick and dead, it does not indicate through what authorities this exchange shall take place. As regards wounded and sick in enemy hands, information is forwarded by the official Information Bureaux, set up in pursuance of Art. 77 of the Prisoners of War Convention, through the intermediary of the Central Agency, such wounded and sick being prisoners of war. The same applies to prisoners deceased in captivity. On the other hand, during the second World War, information concerning casualties on the battlefield was, in fact, conveyed equally by the Official Bureaux and by the Central Agency. The Conference considered it necessary to specify this procedure and to lay down the principle of the centralization of information.

With regard to this Section the International Committee also pointed out that during the recent War certain difficulties arose in connection with the identification of the dead and stressed the fact that military medical experts should decide whether other means of identification (for instance, a kind of Bertillon system, or the measurement or even radiography of skulls of all members of forces) should be adopted.
The Commission of the Conference considered, for its part, that it was not competent to deal with the question, and that measures to this effect should be eventually taken by Governments, independently of the Convention, which already contains general provisions to this effect. It provides, firstly, that the belligerents shall exchange all data to assist in the identification of the dead and, secondly, that burial or cremation shall be preceded by a careful and, if possible, medical examination of the bodies.

Re Sec. 2. — The present text of the Convention does not stipulate the manner in which death certificates shall be established. In fact, belligerents adopted various forms for this purpose; some utilised the unified and detailed form set out by the International Committee, which facilitates the communication to next of kin of numerous details attending the circumstances of decease.

The Conference considered it desirable that belligerents should adopt a unified form of death certificate. It did not recommend, however, to make this an absolute obligation.

Re Sec. 3. — The International Committee had raised the question whether personal belongings left in enemy hands by deceased combatants or prisoners should not be centralized, like the relevant data, by the official Prisoner of War Information Bureau of the detaining Power, and forwarded to the corresponding official bureau of the home country either through the Central Agency or the Protecting Power. The Conference considered that such a practice—which was in fact generally followed during the recent War—should be adopted. It did not however propose to amend the Convention on this point, and the question was left to the appreciation of Governments.

Re Sec. 5. — The above proposal of the Conference was adopted in view of the fact that certain belligerents requested the enemy to inter or cremate their nationals according to the rites of the religion to which they belonged. The Conference considered that such a stipulation might be inserted in the Convention, but should be preceded by the words "if possible".
as certain religions or sects prescribe rites which it might some-
time be difficult to observe, e.g. sacrifice of an animal, or use
of certain rare ingredients.

Re Sec. 7. — The above amendment of the present text of the
Convention was adopted in view of the fact that lists of graves
and of the dead buried therein had often been communicated to
the enemy before the close of hostilities, and that this practice
should be encouraged.

Article 5.

The military authorities may appeal to the charitable zeal of the
inhabitants to collect and afford medical assistance, under their direc-
tion, to the wounded or sick of armies, and may accord to persons who
have responded to this appeal special protection and certain facilities.

The Commission is of the opinion that this Article should be
placed at the end of Chapter III. It should be completed by the
adjunction, at the close of the first paragraph, of the clause: “In
case of occupation, the enemy belligerent shall grant these persons
the same protection and the same facilities”, and by the adjunction
of a new section as follows:

“Inhabitants, even in occupied regions, may not be prohibited
from giving spontaneous help to the wounded and sick, on con-
dition that the latter shall not be assisted to elude the possible
control of the occupying authority”.

The Conference was of the opinion that this Article should in
future be placed at the end of Chapter III, which deals with
Personnel.

The International Committee pointed out that a gap seems
to exist in this Article. The latter provides that the military
authority which has called upon the inhabitants to assist in
caring for the wounded shall grant them special protection and
facilities, but does not, however, lay down that other military
authorities, especially the enemy, shall do likewise. The spirit
of the Geneva Convention certainly requires that this Article
shall be understood in the widest possible sense. In agreement with this view, the Conference advised the supplementing of Article 5 by the statement that in case of occupation the enemy shall grant these persons the same protection and the same facilities.

Following a proposal made by the Belgian Red Cross, the Conference decided to add a further Section to Article 5, to the effect that even in occupied territories, inhabitants may not be forbidden to give spontaneous help to the wounded and sick, on condition that the latter shall not be assisted to elude the possible control of the occupying authority.

The representative of the Belgian Red Cross pointed out that the civilian population should, in all circumstances, be allowed to carry out their humanitarian duty towards the wounded of any nation. He particularly recommended the embodiment of this principle, on the grounds that during the second World War, inhabitants had been prohibited from giving such assistance or, after having done so, had been punished by the occupants and even by their own authorities. In order to reconcile the demands of charity with military necessities, it should be stipulated that the inhabitants may not assist wounded and sick to elude the possible control of the occupying authority. The accommodation and care of wounded military personnel, such as parachutists, should not serve as a pretext to assist tactical operations or espionage.

Chapter II. — Medical Units and Establishments

Article 6.

Mobile medical formations, that is to say, those which are intended to accompany armies in the field, and the fixed establishments of the medical service shall be respected and protected by the belligerents.

The Commission considers that the words "Mobile medical formations, that is to say those which are intended to accompany armies in the field, and the fixed establishments of the medical
The amendment proposed by the Conference is only a matter of wording.

Article 7.

The protection to which medical formation and establishments are entitled shall cease if they are made use of to commit acts harmful to the enemy.

The Commission, having agreed that the principles embodied in the Geneva Convention should be extended to cover wounded and sick civilians, recommended, in case Governments did not share this view, that the following stipulation be introduced into the Convention: "The protection due to medical formations and establishments, their staff and equipment, and to hospital transports, shall not cease when their humanitarian activities are extended to the civilian population".

The Commission which in 1937 set up a revised draft of the Geneva Convention, decided to abandon the idea of deliberately extending the field of the Convention to cover wounded and sick civilians. It nevertheless decided to introduce a provision to the effect that the protection due to medical units and establishments, including their staff and equipment, and to hospital transports, shall not cease when their humanitarian activities extend to the civilian population.

Nine years later, the Preliminary Conference of Red Cross Societies decided that the principles of the Convention should be extended to cover wounded and sick civilians. It was recommended, however, in case Governments did not share this view, to introduce into the Convention the provision already drafted in 1937.

Article 8.

The following conditions are not considered to be of such a nature as to deprive a medical formation or establishment of the protection guaranteed by Article 6:
(1) — That the personnel of the formation or establishment is armed, and that they use the arms in their own defence or in that of the sick and wounded in charge;

(2) — That in the absence of armed orderlies the formation or establishment is protected by a piquet or by sentries;

(3) — That small arms and ammunition taken from the wounded and sick, which have not yet been transferred to the proper service, are found in the formation or establishment;

(4) — That personnel and material of the veterinary service are found in the formation or establishment, without forming an integral part of the same.

The Commission recommends the insertion, at the close of paragraph 1, of the word “particularly”.

The recommendation to insert the word “particularly” at the close of paragraph 1 was made by the Conference following a proposal of the Belgian Red Cross. It is intended to specify that the above list of conditions is not limitative.

The International Committee had suggested to introduce here, among the conditions not regarded as depriving a medical unit or establishment of protection, the fact that the unit or establishment is equipped for air-raid precautions, or that persons trained for such service are among the personnel. The Commission considered that this proviso was self-evident and did not require to be inserted in the Convention.

Chapter III. — Personnel

Article 9.

The personnel engaged exclusively in the collection, transport and treatment of the wounded and sick, and in the administration of medical formations and establishments, and chaplains attached to armies, shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be treated as prisoners of war.

Soldiers specially trained to be employed, in case of necessity, as auxiliary nurses or stretcher-bearers for the collection, transport and treatment of the wounded and sick, and furnished with a proof of identity, shall enjoy the same treatment as the permanent medical personnel if they are taken prisoners while carrying out these functions.
The Commission recommends the insertion of the words "the search" in Section 1, after the words "the personnel engaged exclusively in". The same words should also be added after the following words of Section 2: "as auxiliary nurses or stretcher-bearers for".

The Commission further recommends the adoption of uniform identification papers, so that temporary Medical Personnel may at all times enjoy the benefit of the Convention, should they be captured while carrying out the same functions as the permanent personnel.

Furthermore, after consideration of the passage of the Commission's report relative to the protection of Medical Personnel, the Conference recommends that a Committee of Experts be instructed to study the protection that might be granted to Medical Personnel engaged exclusively in the prevention of disease.

Following the proposal of the Belgian Red Cross, the Conference recommended that the wording of Art. 9 be modified, in order that the personnel employed in the search for wounded and sick may enjoy the same protection as those employed for the collection, transport and care of wounded and sick, and in the administration of medical units and establishments.

The Belgian Red Cross also proposed to omit Sec. 2 of Art. 9, also the word "exclusively" in Sec. 1. The idea was to abolish the distinction at present drawn in the Convention between permanent Medical Personnel—i.e. that exclusively attached to the Medical Service—and the temporary medical personnel, set up in certain countries and specially trained for employment, in case of need, as auxiliary orderlies or stretcher-bearers. The delegate of the Belgian Red Cross expounded the view that, while it was desirable to have recourse to personnel trained at short notice, the risk of abuses which might occur under the present wording of Art. 9, Sec. 2 should be avoided.

The Conference Commission, by a large majority, opposed the proposal to delete the word "exclusively" in Sec. 1. The proposal to abandon the distinction between permanent and temporary Medical Personnel met with equal opposition and approval among the members of the Commission. Nevertheless, the
plenary session of the Conference decided by a large majority not to depart from the distinction as now drawn by the Convention.

The Conference further recommended the adoption of uniform identification papers for both temporary and permanent personnel, so that the former may at all times enjoy the benefit of the Convention, should they be captured while performing the same functions as the permanent personnel.

During the plenary session, delegates proposed that Art. 9 be amended in order that medical personnel engaged in the prevention of disease should be protected in the same manner as those employed for the care of wounded and sick. It was pointed out that in all belligerent forces members of the Medical Service are detailed for the prevention of disease. Such personnel is called upon, when there is a risk of epidemics, to vaccinate, administer drugs and supervise the food and hygiene of the troops. The Conference recommended that this question be submitted to a committee of experts, with instructions to study what protection might be granted to Medical Personnel exclusively engaged in the prevention of disease. It was observed that there could be no question of extending protection to all army personnel who may be called upon, in some capacity or other, to care for the health of troops.

**Article 10.**

The personnel of Voluntary Aid Societies, duly recognised and authorised by their Governments, who may be employed on the same duties as those of the personnel mentioned in the first paragraph of Article 9, are placed on the same footing as the personnel contemplated in that paragraph, provided that the personnel of such societies are subject to military law and regulations.

Each High Contracting Party shall notify to the other, either in time of peace or at the commencement of, or during the course of hostilities, but in every case before actually employing them, the names of the Societies which it has authorised, under its responsibility, to render assistance to the regular medical service of its armed forces.

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1 By recommending the adoption of uniform identification papers, the Conference was in no way opposed to the documents for temporary medical personnel being marked "Temporary Personnel".
The Conference, having considered the proposals made on this point by the First and Third Commissions, recommends that Section 1 of this Article be replaced by a new Section, as follows:

"The personnel of National Red Cross (Red Crescent, Red Lion and Sun) Societies, duly recognized by their respective Governments, are placed on the same footing as the personnel contemplated in Section 1 of Article 9, provided that they are employed in the same functions and be subject to military law and regulations".

The International Committee had observed that the Geneva Convention makes no mention (other than in Art. 24) of National Red Cross Societies as such, but speaks only of "Voluntary Aid Societies". As Red Cross Societies themselves are Aid Societies par excellence and form nearly the whole of the Societies recognised under Art. 10, the International Committee recommended that an end should be put to the present ambiguity, by explicit mention in Art. 10 of "National Red Cross Societies".

The Commission nominated by the Conference to study the revision of the Geneva Convention proposed that besides naming National Red Cross Societies, Art. 10 should continue to refer to other Aid Societies which, although not forming part of the Red Cross Organisation, are recognised by their Governments as auxiliaries to the Army Medical Service. However, the Commission though that the principal Relief or Aid Societies who might be anxious to benefit by Art. 10, must have been approved by National Red Cross Societies, acting in agreement with their Governments.

The plenary assembly decided to omit in their recommendation any reference to Aid Societies other than Red Cross Societies, on the grounds that the Conference should consult principally the interests of the Red Cross, without prejudice to any decisions that might finally be made by the Governments called upon to settle a matter for which they are competent.

1 These Societies are about ten in number. The most important among them are mentioned in the Final Act of the Diplomatic Conference of 1929; they are: the Order of Malta, the Grand Priory of St. John of Jerusalem in Great Britain, the Orders of St. John and of St. George in Germany.
Article 11.

A recognised society of a neutral country can only afford the assistance of its medical personnel and formations to a belligerent with the previous consent of its own Government and the authorisation of the belligerent concerned.

The belligerent who accepts such assistance is bound to notify the enemy thereof before making any use of it.

The Commission proposes that Section 2 be amended as follows:

"The neutral country which lends the assistance of its Red Cross Society, as also the belligerent who accepts such assistance, shall be bound, before any use is made of it, to notify the adverse party thereof".

The Commission further recommends the introduction of a third Section as follows:

"Under no circumstances shall such assistance be considered as interference in the conflict".

By voting the two above amendments, the Conference adopted the proposals made by the Commission in 1937.

Articles 12 and 13 and Status of Retained Medical Personnel.

Article 12. — The persons designated in Articles 9, 10 and 11 may not be retained after they have fallen into the hands of the enemy.

In the absence of any agreement to the contrary, they shall be sent back to the belligerent to whom they belong as soon as a route for their return shall be open and military considerations permit.

Pending their return they shall continue to carry out their duties under the direction of the enemy; they shall preferably be engaged in the care of the wounded and sick of the belligerent to whom they belong.

On their departure, they shall take with them the effects, instruments, arms and means of transport belonging to them.

Article 13. — Belligerents shall secure to the personnel mentioned in Articles 9, 10 and 11, while in their hands, the same food, the same lodging, the same allowances and the same pay as are granted to the corresponding personnel of their own armed forces.

At the outbreak of hostilities the belligerents shall notify one another of the grades of their respective medical personnel.
The Conference, having considered the proposals made on this point by the First Commission, and while in favour of the retention of Article 12 of the Geneva Convention, recommends nevertheless that a Committee of Experts (who could be the same as that considered under Article 9) be instructed to draft detailed provisions, which would enable wounded and sick prisoners of war to receive the best possible care under all circumstances.

In the Reports laid before the Conference, the International Committee stated that the principle of repatriating members of Protected Personnel, provided for by Article 12, had been seldom applied during the second World War. The reason for this is, first, that the belligerents, basing their arguments on the words “in the absence of agreements to the contrary” (see Sec. 2 above and Art. 14, Sec. 4 of the Prisoners of War Convention) agreed to hold in the camps a large proportion of medical personnel for the care of their prisoner compatriots. Thus certain States retained for every 1000 prisoners: two doctors, one dentist, one chaplain and six medical orderlies. In some cases, however, supernumerary members of Medical Personnel were retained, in others such members remained idle or were required to perform other duties. The International Committee considered that a clear ruling should, in future, be applicable to the retention of Medical Personnel (percentage, criteria, etc).

In documents laid before the Conference, the Belgian Red Cross also recommended the addition to the Convention of a rule that part of the Medical Personnel may be kept back for the care of compatriot prisoners, but that this faculty must not free the Detaining Power from its obligations.

The International Committee further pointed out the necessity of including, either in the Geneva or in the Prisoner of War Convention, detailed regulations concerning the status and treatment of Retained Medical Personnel. During the second World War, some belligerents claimed that Retained Medical Personnel should be placed on the same footing as prisoners of war, a course which is clearly contrary to the spirit of the Geneva Convention. It is evident, however, that Retained Medical Personnel can only enjoy such freedom as is consistent with
military discipline and camp life. During the War, the Inter-
national Committee had, in several cases, obtained from belli-
gerents that certain privileges and facilities should be granted to 
Retained Medical Personnel, allowing them to carry out their 
professional duties.

The points which the Committee think should be the subject 
of regulations are particularly the following:

(1) Confirmation that members of the Medical Personnel 
can never be placed on the same footing as Prisoners of War, 
but shall enjoy, at the very least, all privileges granted to the 
latter;

(2) Medical Personnel shall be exclusively employed for 
the care of their own nationals;

(3) They shall be housed in separate quarters, either in 
the infirmaries, or close by;

(4) They shall be paid at a fixed rate;

(5) They shall have additional rations and more relief 
parcels;

(6) They shall be allowed to leave camp and take walks 
at regular intervals.

The Commission set up by the Conference to study the revision 
of the Geneva Convention proposed, during the plenary meeting, 
the addition of a series of new Articles to Chapter III of the 
Geneva Convention, as follows:

Article 12 (amended) — The persons named in Article 9, 10 and 11 
amay not, subject to the provisions of the following Articles, be retained 
after they have fallen into enemy hands.

They shall be sent back to the belligerent to whom they belong, as 
soon as a way for their return shall be open and military necessities 
permit.

On their departure, they shall take with them the effects, personal 
property and valuables, instruments, arms and means of transport 
belonging to them.

Article 13 (new). — When the state of health and the number of 
prisoners of war justifies such a course, the persons named in Articles
9, 10 and 11 may be retained for the purposes named in Art. 14, but this faculty shall not relieve the Detaining Power of its obligations.

The choice of persons thus retained shall not be influenced by any consideration of race, or of political opinions.

The number retained shall be proportionate to the actual medical needs of the prisoners.

Article 14 (new). — The persons thus retained shall be placed under the authority of the Medical Service of the Detaining Power, and employed, except in cases of urgent necessity, for the care of prisoners of war of their own nationality.

They shall participate in the supervision and execution of health measures required in the places of detention.

Article 15 (new). — The partial relief (or substitution) of retained personnel by similar staff of the same nationality can be mutually agreed upon by the belligerents concerned.

Article 16 (new). — In no case may Retained Medical Personnel, either during detention or when awaiting repatriation, be considered as prisoners of war, though they may enjoy all the rights of the latter. They shall benefit by more favourable treatment, and especially by the following privileges:

(a) Accommodation in quarters separate from the prisoners of war, and either in the infirmaries, or close by.

(b) The right to receive and to send more letters than prisoners of war.

(c) Permission to leave camp or hospital, and to take walks at regular intervals, with or without escort.

(d) The right to elect a representative in each camp or hospital.

In plenary session, the Conference could not see its way to endorsing the conclusions submitted by the Commission, on the grounds that these provisions might compromise the privileged status of members of Medical Personnel and their right to repatriation. It also considered that stipulations of this kind might conceivably permit the Detaining Power to disregard its obligation consequent on the present wording of the Convention, to care for its prisoners of war with the help of its own personnel.

The Conference therefore confined itself to inviting a Commission of Experts to draft detailed proposals, ensuring that wounded and sick prisoners of war shall receive the best possible care, in all circumstances.

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Chapter IV. — Buildings and Material

Article 14.

Mobile medical formations, of whatsoever kind, shall retain, if they fall into the hands of the enemy, their equipment and stores, their means of transport and the drivers employed.

Nevertheless, the competent military authority shall be free to use the equipment and stores for the care of the wounded and sick; they shall be restored under the conditions laid down for the medical personnel, and as far as possible at the same time.

Article 15.

The buildings and material of the fixed medical establishments of the army shall be subject to the laws of war, but may not be diverted from their purpose as long as they are necessary for the wounded and the sick.

Nevertheless, the commanders of troops in the field may make use of them, in case of urgent military necessity, provided that they make previous arrangements for the welfare of the wounded and sick who are being treated therein.

Article 16.

The buildings of aid societies which are admitted to the privileges of the Convention shall be regarded as private property.

The material of these societies, wherever it may be shall similarly be considered as private property.

The right of requisition recognised for belligerents by the laws and customs of war, shall only be exercised in case of urgent necessity and only after the welfare of the wounded and sick has been secured.

The Commission recommends that Art. 16, Sec. 2 be amended as follows:

"The material of these Societies, wherever and in whatever conditions it may be, shall also be considered as private property".

The 1937 Commission while holding that the text of Art. 16 was sufficient to protect equipment belonging to Aid Societies everywhere, consequently even when such equipment was being transported by land, sea or air, decided to add after the words "wherever it may be", the words "and in whatever conditions". The Conference endorsed this proposal.

In connexion with this Article, the International Committee asked the representatives of National Societies if they thought
that the said Article needed amendment, seeing that during the War a number of National Societies had occasion to complain of requisitions of equipment by occupying forces.

The Conference Commission considered that the present text of Art. 16 was perfectly clear. If the Convention had sometimes been violated on this point, this was in no way due to the wording of the text, but resulted from the general difficulty of securing the application of the Convention, and of penalties in case of non-application. The representative of the Belgian Red Cross reported that though illicit requisitioning of medical equipment had occurred in his country during the first and last weeks of the occupation, the Belgian Red Cross had, on the strength of this Article, been able during four years successfully to resist attempts of this kind.

Chapter V. — Medical Transport

Article 17.

Vehicles equipped for the evacuation of wounded and sick, proceeding singly or in convoy, shall be treated as mobile medical formations, subject to the following special provisions:

A belligerent intercepting vehicles of medical transport, singly or in convoy, may, if military exigencies demand, stop them, and break up the convoy, provided he takes charge in every case of the wounded and sick who are in it. He can only use the vehicles in the sector where they have been intercepted, and exclusively for medical requirements. These vehicles, as soon as they are no longer required for local use, shall be given up in accordance with the conditions laid down in Article 14.

The military personnel in charge of the transport and furnished for this purpose with authority in due form, shall be sent back in accordance with the conditions prescribed in Article 12 for medical personnel, subject to the condition of the last paragraph of Article 18.

All means of transport specially organised for evacuation and the material used in equipping these means of transport belonging to the medical service shall be restored in accordance with the provisions of Chapter IV. Military means of transport other than those of the medical service may be captured, with their teams.

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

The Commission recommends the insertion of a new Article embodying the following general principle:
Transports of wounded and sick, and the medical staff and equipment employed for that purpose, including the means of conveyance, shall in all circumstances enjoy the protection ensured by the present Convention to hospital establishments. Transports of medical supplies shall enjoy the same facilities, on condition that all steps to ensure strict observance of the principles laid down in the Convention are taken by the belligerents to whom they belong.

The above recommendation was adopted, at the suggestion of the Belgian Red Cross. It was considered advisable to include in this Chapter an introductory Article defining, for Medical Transport as a whole, the general principles granting them immunity, in the case of medical units. It was observed that Art. 17 contained a series of provisions in matters of detail. The Conference held, however, that a new Article could only be introduced after careful scrutiny, so as to ensure perfect concordance between the said Article and the stipulations already embodied in Art. 17. It was therefore decided not to adopt any new wording, but simply to express the general principle.

The Commission set up by the Conference to study the revision of the Geneva Convention made a further recommendation to the International Committee that a popular hand-book on the Red Cross Conventions should be published, for the use of readers unfamiliar with legal questions. The title of this book could be, for instance, "Red Cross Conventions simplified". This recommendation originated through reference made by certain delegations to the last Section of Art. 17 where it is stated that "civilian personnel and all means of transport obtained by requisition shall be subject to the general rules of international law". It was observed in this connexion that most persons called upon to apply the Geneva Conventions were doubtless ignorant of the said general rules, and should known where to find them. In such cases, the proposed hand-book would supply the rules here alluded to.

Article 18.

Aircraft used as means of medical transport shall enjoy the protection of the Convention during the period in which they are reserved
exclusively for the evacuation of wounded and sick and the transport of medical personnel and material.

They shall be painted white and shall bear, clearly marked, the distinctive emblem prescribed in Article 19, side by side with their national colours, on their lower and upper surfaces.

In the absence of special and express permission, flying over the firing line, and over the zone situated in front of clearing or dressing stations, and generally over all enemy territory or territory occupied by the enemy, is prohibited.

Medical aircraft shall obey every summons to land.

In the event of a landing thus imposed, or of an involuntary landing in enemy territory or territory occupied by the enemy, the wounded and sick, as well as the medical personnel and material, including the aircraft, shall enjoy the privileges of the present Convention.

The pilot, mechanics and wireless telegraph operators captured shall be sent back, on condition that they shall be employed until the close of hostilities in the medical service only.

Regulation of hospital transport by air.

The Commission recognizes that the question is not of establishing a new Convention adapting the principles of the Geneva Convention to air warfare, but of regulating hospital transport by air.

The Commission considers that such regulation should be the object of provisions completing Article 18 of the Geneva Convention. It decides to leave to the International Committee of the Red Cross the task of drafting these provisions, with expert advice, and taking into account the following few principles:

In the French text the expression “appareils sanitaires aériens” to be replaced by the term “appareils aériens sanitaires”.

The principle of the restitution of hospital airplanes should be maintained.

The provisions relating to air transport should be brought into line with those relating to hospital transport by land (Article 17). Nevertheless, recourse should not be had to planes temporarily detailed for medical purposes, with removable distinctive emblems.

No provisions should be introduced as regards marking, with a view to their immunity, landing grounds employed solely by hospital airplanes.
A provision authorizing free passage for hospital airplanes over territory or territorial waters of non-belligerents should be inserted in conformity with Article 14 of the Fifth Hague Convention of 1907 on the Rights and Duties of Neutral Powers.

Furthermore, the Commission recommends that the question of utilizing hospital airplanes for the purpose of searching for wounded, sick, or shipwrecked persons, by land or sea, be examined.

In connexion with Art. 18, the Conference examined the question of hospital transport by air in its various aspects.

The International Committee, in their Report, recalled the fact that the Diplomatic Conference of 1929 had settled the question of medical aircraft in summary fashion only, by adopting Article 18. In its Final Act, however, the Conference expressed the recommendation that the entire problem of medical aircraft be subsequently regulated.

At the Fourteenth International Red Cross Conference, held in Brussels in 1930, a "Draft Adaptation of the Principles of the Geneva Convention to Aerial Warfare", drawn up by M.M. Ch. Julliot and P. Des Gouttes, was brought forward by the International Committee. This Draft was endorsed by the Conference, and the International Committee were instructed to transmit it to the Swiss Federal Council, which in turn was to lay it before the Diplomatic Conference, due for 1940, but postponed owing to the War.

Believing it necessary now to resume the study of detailed regulations for Medical Aircraft, the International Committee submitted the 1930 Draft to the present Conference, stressing certain points which apparently require adjusting, as follows:

(a) The International Committee believe it indispensable to return to the idea expressed by the Diplomatic Conference of 1929 (approved, moreover, by M. Julliot in 1935), namely, to make provisions for the regulation of medical aircraft and to abandon the project of adapting the principles of the Geneva Convention to aerial warfare. The said provisions could be simply embodied in the Geneva Convention, as an extension of Art. 18. The protection accorded by the Geneva Convention
to the wounded, the buildings which shelter them, to the medical Personnel and equipment devoted to their care, is as clearly valid for air, as for land warfare. Medical aircraft, for which more exact regulations have now to be drafted, are only one means among others for the transport and search of wounded. If, in 1907, it was deemed necessary to adapt the principles of the Geneva Convention to maritime warfare, this was due to the special conditions prevalent at sea, but which do not exist in the air. Speaking quite generally, it may be said that the same rules apply to the air, as to the land or the sea. The Conference unanimously endorsed this view of the question.

(b) Another scheme for the regulation of Medical Aircraft was drafted unofficially in 1935 by MM. Julliot and Schickelé. It differs essentially from the 1930 Draft by introducing the use—(in addition to planes definitely allotted to the Medical Services and governed by Art. 18 of the Geneva Convention)—of planes temporarily engaged in ambulance work and bearing a removable distinctive emblem.

The Preliminary Conference considered that, generally speaking, provisions concerning air transport should agree with those governing medical transport by land (Art. 17), and that recourse should not be had to planes engaged temporarily in ambulance work, bearing the removable distinctive emblem.

(c) The Julliot-Schickelé Draft introduces a clause that landing-strips used solely by Medical Aircraft shall be considered immune from attack and be marked out with the distinctive emblem of the Red Cross. The Julliot-Des Gouttes plan of 1930 merely stipulates that the belligerents shall be free to enact, in the customary manner, the neutralisation of certain landing-grounds. The Conference considered that the idea of marking out landing-strips for medical aircraft, to render them immune from attack, should be abandoned.

(d) The Fourteenth International Red Cross Conference of 1930, which approved the draft submitted by the International Committee, recommended that additional clauses be introduced concerning the immunity of medical aircraft engaged in their
humanitarian task over the seas, and the possibility of allowing
them to cross neutral territory.

With regard to the use of neutral aircraft over the seas, it
should be noticed that the draft of the revised Maritime Con-
vention (1937) stipulated that the provisions of Art. 18 of the
Geneva Convention should be applicable on the seas; special
provisions were included regarding medical sea-planes. With
regard to the crossing of neutral territory, a gap apparently
remains to be filled. MM. Julliot and Schickelé proposed to
introduce a clause that medical aircraft should be allowed free
passage over the territory or territorial waters of a non-bellige-
rent, subject to the latter having the same right of control as a
belligerent over the territory he occupies.

The Conference thought that provision should be made for
the free passage of medical aircraft over the territory or territo-
rial waters of non-belligerents, in accordance with Art. 14 of the
Fifth Hague Convention of 1907 concerning the rights and duties
of Neutral Powers and Persons in case of War on Land.

(e) The Commission of 1937 for the revision of the Tenth
Hague Convention had studied the question of the use by
belligerents of medical aircraft to assist in the discovery and
rescue of war victims on the high seas. The Commission decided
the question in the affirmative and admitted that planes could
be temporarily used for this purpose. The International Com-
mittee think it necessary that such temporary use of medical
planes should be studied also in relation to operations on land.

The Conference recommended that the question of search
by medical aircraft for wounded, sick and shipwrecked persons
on land or sea be thoroughly examined.

Chapter VI. — The Distinctive Emblem

In the Reports submitted to the Conference, the International
Committee prefaced the study of each separate Article of this
Chapter, by a general statement with regard to the use of the
distinctive emblem. The Committee stressed that the red cross
on a white ground is, primarily, the emblem of the Geneva
Convention, to which it owes its high significance as the symbol
of protection extended to the wounded and sick of armies in the field, to the buildings where they are sheltered, to the staff that nurses them, and to the equipment devoted to their use. The Committee also emphasised that a clear distinction should be drawn between two different uses of the Red Cross Emblem.

In its first use—and here it gains its essential significance—the emblem is, in a manner of speaking a constitutive symbol of protection, when it is displayed on buildings, personnel and equipment for which the Convention demands respect. This use is of practical value in time of war and in the zone of military operations. The dimensions of the emblem are then usually large enough to be visible, especially from the air.

In its second use, the emblem is merely descriptive, in peace-time and in war-time outside the fighting area, without any protective purpose, to draw public attention to buildings, publications, etc, connected with the Red Cross. The emblem is then usually of small size.

It is certain that the greatest care must be exercised, particularly when the emblem is a practically constitutive symbol of protection, that it shall be employed only within the limits fixed by the Conventions, except by special agreement between the Powers concerned. These precautions are essential to ensure respect of the emblem and to safeguard its prestige. The presence in a war zone of buildings or objects improperly bearing the Red Cross Emblem is indeed likely to imperil the safety of those who have the right to bear it.

Incautious extension of the use made of the emblem, even if only in the descriptive manner, is however liable to lessen its prestige and consequently to compromise the good name of the Red Cross itself, the more so as it is sometimes difficult, in practice, for the enemy to distinguish the descriptive from the constitutive use.

The Committee concluded that the use made of the emblem should be strictly in accordance with the terms of the Geneva Convention, subject to such amendments as may be found necessary in the wording. The views expressed by the National Societies members of the Commission have shown that the Societies fully share the Committee’s anxiety on this point.
Article 19.

As a compliment to Switzerland, the heraldic emblem of the red cross on a white ground, formed by reversing the Federal colours, is retained as the emblem and distinctive sign of the medical service of armed forces.

Nevertheless, in the case of countries which already use, in place of the Red Cross, the Red Crescent or the Red Lion and Sun on a white ground as a distinctive sign, these emblems are also recognised by the terms of the present Convention.

The International Committee recalled in their Report that the 1937 Commission expressed unanimous regret that Section 2 should have abandoned the unity of the Red Cross Emblem, advising that it would be very desirable to restore it.

The 1937 Commission stressed the fact that the red cross on a white ground is an international emblem, created by the Geneva Convention, and entirely free from any national or religious significance. The substitution of other symbols creates risk of confusion with national flags, of lessening the protection that attaches to the distinctive emblem of the Convention and, generally speaking, of diminishing the influence of the Red Cross as a world-wide institution.

The 1937 Commission recommended that, in any case, the Convention should not be further amended so as to allow any other exceptions to the unity of the emblem, than those now provided for in Art. 19.

The International Committee added that, after the second World War, they remained convinced that attempts should be made to restore the unity of the emblem and title of the Red Cross. They therefore invited National Societies—particularly those using the red crescent and the red lion and sun—to express their views on this matter and give their experiences.

Some delegations members of the Commission set up by the Conference emphasized that it was most important, for the universality and neutrality of the Red Cross, to return to the use of a single emblem, and pointed out that numerous practical reasons could also be quoted in favour of such a course. These delegations recommended that suitable information be spread
amongst Middle East populations, explaining the real significance of the heraldic emblem of the red cross on a white ground.

The representative of the Egyptian Red Crescent, supported by other delegations, stated that it would be impossible at the present time to introduce this emblem into Muslim countries, without deeply offending the religious sentiments of the population. He pointed out that during hostilities in Libya, the presence of the red cross and the red crescent, side by side, had led to no confusion. He was, however, fully aware of the advantages that would accrue from a return to unity and did not deny at some future day the situation might conceivably allow such a course, which now was impracticable.

The Commission agreed to recommend that the whole question be examined by the Seventeenth International Red Cross Conference, due account being paid to the views expressed during the debate.

The representative of the Egyptian Red Crescent later informed the plenary assembly that further study was useless under present circumstances; should the next International Conference adopt a resolution relative to the unification of the emblem, it would be impossible to apply it. This view was shared by the representatives of the British Red Cross and the Turkish Red Crescent, and the Conference finally decided not to bring the matter before the Seventeenth Conference.

Article 20.

The emblem shall figure on the flags, armlets, and on all material belonging to the medical service, with the permission of the competent military authority.

Article 21.

The personnel protected in pursuance of Article 9 (paragraph 1), 10 and 11, shall wear, affixed to the left arm, an armlet bearing the distinctive sign, issued and stamped by a military authority.

The personnel mentioned in Article 9, paragraphs 1 and 2, shall be provided with a certificate of identity, consisting either of an entry in their small book (paybook) or a special document.

The persons mentioned in Articles 10 and 11 who have no military uniform shall be furnished by the competent military authority with
a certificate of identity, with photograph, certifying their status as medical personnel.

The certificates of identity shall be uniform and of the same pattern in each army.

In no case may the medical personnel be deprived of their armlets or the certificates of identity belonging to them.

In case of loss they have the right to obtain duplicates.

The Commission recommends that the following principles should be considered when amending the text of this Article.

(1) Unification by all States of the identification papers issued to the various categories of Medical Personnel.

(2) Adoption by all States of a uniform type of identity card.

(3) Identification papers to be provided with photograph and finger-prints of the bearer.

Further, the Commission recommends the adoption of a provision urging on States the immediate establishment of duplicates of all identity cards issued to members of Medical Personnel, such duplicates to be preserved with a view to replacing originals in case of loss.

In their Report, the International Committee stressed the fact that during the recent War a large number of Medical Personnel who fell into enemy hands could not prove their right to repatriation, or experienced great difficulty in having their qualification recognised, because they were not in possession of the identity cards prescribed by the Convention. Since the beginning of 1940, the International Committee had instituted an enquiry among all National Red Cross Societies, which showed that the majority of States did not strictly observe the provisions of the Convention concerning identification papers for Medical Personnel. The Committee expressed the hope that the painful experience gained during the recent War would induce States to take immediate steps to provide this personnel with regular documents, and suggested that this necessary precaution should be stressed by a recommendation embodied in the Final Act of a Diplomatic Conference.
Further, to avoid the recurrence of the above difficulties, which affected so many members of the Medical Personnel, the Committee suggested that the Conference should recommend a unified system of identification papers for Medical Personnel of all ranks, in all countries ¹, which would simplify formalities and prevent dispute.

The Committee also stressed how extremely desirable it would be to achieve uniformity by all States of identification papers. If this could not be done, it would at least be desirable that, on the outbreak of hostilities at the latest, belligerents should notify each other of the type in use in their forces.

The Committee's advisors remarked that the army paybook is often too large to be carried in a uniform pocket; medical orderlies are therefore inclined to put it in their packs, which they leave behind when going to pick up the wounded. Moreover, the book is often kept in the base offices. It therefore seems desirable that Medical Personnel should be furnished with identity cards bearing a photograph and small enough to be slipped in the pocket.

The Conference endorsed the proposals of the International Committee, and recommended the issue by all States of uniform identification papers to all categories of Medical Personnel, also the adoption by all States of a uniform type of identity card. It was observed that the uniform identity card could be that recommended by the Commission for the study of Hospital Equipment, whose findings were approved by the International Red Cross Conference ².

The Conference further recommended that identity cards should be provided with the photograph and finger-prints of the bearer.

Lastly, the Conference recommended to all States that identity cards issued to Medical Personnel should be immediately made out in duplicate, such duplicates to be retained to replace originals in case of loss.

It may be observed that the International Committee had already suggested, in peace time, that identity cards for Medical Personnel should be...

¹ See above page 27 sqq.
Personnel should be made out in triplicate, one copy to be handed to the person concerned, the second to remain in the Home Power records, and the third to be placed in a card-index kept by the Army Medical Service or by the National Red Cross Society. In case of war, this card-index could immediately be sent to a neutral body, who would then be in a position to certify to any Detaining Power that a particular member of the Medical Personnel held by them, and not in possession of an identity card, was a genuine member, and to supply an authentic duplicate bearing the same date of issue as the original.

The Conference Commission were, however, unable to recommend this proposal, on the grounds that it might cause great practical difficulties and meet with opposition from States who, for military reasons, might not wish to reveal the exact strength of their Medical Personnel, as this would allow a rough estimate of the numbers of their armed forces.

**Article 22.**

The distinctive flag of the Convention shall be hoisted only over such medical formations and establishments as are entitled to be respected under the Convention, and with the consent of the military authorities. In fixed establishments it shall be, and in mobile formations it may be accompanied by the national flag of the belligerent to whom the formation or establishment belongs.

Nevertheless, medical formations which have fallen into the hands of the enemy, so long as they are in that situation, shall not fly any other flag than that of the Convention.

Belligerents shall take the necessary steps, so far as military exigencies permit, to make clearly visible to the enemy forces, whether land, air, or sea, the distinctive emblems indicating medical formations and establishments, in order to avoid the possibility of any offensive action.

**Article 23.**

The medical units belonging to neutral countries which shall have been authorised to lend their services under the conditions laid down in Article 11, shall fly, along with the flag of the Convention, the national flag of the belligerent to whose army they are attached.

They shall also have the right, so long as they lend their services to a belligerent, to fly their national flag.

The provisions of the second paragraph of the preceding article are applicable to them.
The Commission recommends that the use of the national flag shall be unified, by providing that mobile units and buildings have simply the right to display it.

The last clause of Sec. 1 should then be deleted and replaced by a new Sec. 2, which might be worded as follows:

"Both in mobile units and in fixed establishments, it may be accompanied by the national flag of the belligerent to whom the unit or establishment belongs".

Article 23 could then also be amended as follows:

At the close of Section 1 add the words "should the latter make use of the faculty conferred upon him by Article 22", Furthermore, replace Sections 2 and 3 by the following:

"Unless orders to the contrary are given by the responsible military authority, they may under any circumstances fly their national flag, even should they fall into the hands of the adverse party".

The adopted amendments to the wording of the Geneva Convention were taken from the proceedings of the 1937 Commission. Their chief purpose is to grant medical units and establishments the faculty of displaying the national flag, whether belligerent neutral, whereas the Convention 1929 lays down that fixed establishments must display the national flag together with the Red Cross flag, while mobile units may do so.

Article 24.

The emblem of the red cross on a white ground and the words "Red Cross" or "Geneva Cross" shall not be used, either in time of peace or in time of war, except to protect or to indicate the medical formations and establishments and the personnel and material protected by the Convention.

The same shall apply, as regards the emblems mentioned in Article 19, paragraph 2, in respect of the countries which use them.

The Voluntary Aid Societies mentioned in Article 10, may, in accordance with their national legislation, use the distinctive emblem in connexion with their humanitarian activities in time of peace.

As an exceptional measure, and with the express authority of one of the National Societies of the Red Cross (Red Crescent, Red Lion and
Sun), use may be made of the emblem of the Convention in time of peace to mark the position of aid stations exclusively reserved for the purpose of giving free treatment to the wounded or the sick.

The Commission recommends that this Article be replaced by the following provisions:

"The emblem of a red cross on a white ground and the words "Red Cross" or "Geneva Cross" shall not be used, except in the cases named in the last three Sections of the present Article, either in time of peace or in time of war, unless to protect or to indicate the medical formations and establishments, personnel and equipment protected by the Convention.

"The same shall apply as regards the emblems mentioned in Article 19, Sec. 2, in respect of the countries which employ them.

"However, the National Red Cross (Red Crescent, Red Lion and Sun) Societies may, in conformity with national legislation, make use of the emblem of the Convention, in time of peace as well as in time of war, for all their humanitarian activities, in so far as this utilisation and the dimensions of the emblem are such that the latter cannot, in time of war, be considered by the enemy as conferring protection in the sense of the present Convention.

"Under similar conditions, the International Committee of the Red Cross, the League of Red Cross Societies, or any other recognised Red Cross organisation, functioning as a neutral intermediary, shall also be authorised to make use at all time of the emblem of the red cross on a white ground.

"As an exceptional measure and with the express authorisation of one of the National Red Cross (Red Crescent, Red Lion and Sun) Societies, the emblem of the Convention may be employed in time of peace to mark the site of First Aid Stations, exclusively reserved for giving gratuitous assistance to wounded and sick persons".

Re Section 1. — The amendment is here purely formal and indicates that the general principle expressed in this Article is subject, however, to the exceptions mentioned in the last three Sections of Article 24.
Re Section 3. — The 1937 Commission, in confirmation of established and undisputed usage, recommended that the text of this Article should include a clause stipulating that National Red Cross Societies shall be able to employ the Red Cross emblem when carrying out, in war-time, their welfare activities in behalf of the sick and wounded.

The Conference decided that the right of National Societies to use the emblem, in time of peace as in time of war, should cover all their humanitarian activities. It recognised that, for all activities of National Societies other than the care of wounded and sick of the forces, the use and dimensions of the emblem should be such that it may not be considered by the enemy, in war-time, to confer protection in the sense of the present Convention 1.

Re Section 4. — The International Committee had pointed out an obvious gap in the Geneva Convention which must be filled. Neither the International Committee nor the League of Red Cross Societies is mentioned in the Convention as an institution empowered to display the Red Cross emblem, in time of peace as in time of war. As a matter of fact, the Committee used the emblem, of which they were the first originators, even before the conclusion of the Geneva Convention, and their right has never been questioned to use the emblem and to supply their delegates with a white brassard bearing a red cross.

The Conference unanimously agreed that this anomalous situation should be amended. It further considered necessary that the Convention should also empower another recognised Red Cross organisation acting as neutral intermediary, to employ at all times the emblem of a red cross on a white ground. Although no such organisation exists today, the Conference thought useful to provide for its creation if, during any future war, events should prevent the International Committee from pursuing its role of neutral intermediary.

1 The Conference thus clearly expressed that the emblem must be descriptive only and not constitutive of protection. See above page 18.
Re Section 5. — The 1937 Commission considered it advisable that Art. 24 should provide for the faculty, exceptionally and in conformity with the law of the land, for National Red Cross Societies to allow other organisations to employ the Red Cross emblem in peace time, in the pursuit of their welfare activities. The present text of the Convention does not provide any such faculty, except as a means of marking the site of free First Aid Stations. It is conceivable that there may be a humanitarian interest for the Red Cross emblem being employed, in time of peace, for ambulances having no connection with National Societies, and which undertake the transport of sick civilians. The Conference Commission did not, however, consider it necessary to make any amendment to the wording of the 1929 Convention on this point.

Chapter VII. — Application and Execution of the Convention

Article 25.

The provisions of the present Convention shall be respected by the High Contracting Parties in all circumstances. If, in time of war, a belligerent is not a party to the Convention, its provisions shall, nevertheless, be binding as between all the belligerents who are parties thereto.

Article 26.

The Commanders-in-Chief of belligerent armies shall arrange the details for carrying out the preceding Articles, as well as for cases not provided for, in accordance with the instructions of their respective Governments and in conformity with the general principles of the present Convention.

The Commission recommends the insertion of the following provision:

"In no case may measures of reprisal be taken against the wounded and sick, the buildings, personnel or equipment protected by the Convention".

1 As regards application of the Convention to all cases of hostilities, see pages 14-15.
The above adjunction, already suggested by the 1937 Commission, lays down a principle embodied in the Convention on the Treatment of Prisoners of War (1929).

**Article 27.**

The High Contracting Parties shall take the necessary steps to instruct their troops, and in particular the personnel protected, in the provisions of the present Convention, and to bring them to the notice of the civil population.

**Chapter VIII. — Suppression of Abuses and Infractions**

**Article 28.**

The Governments of the High Contracting Parties whose legislation is not at present adequate for the purpose, shall adopt or propose to their legislatures the measures necessary to prevent at all times:

(a) the use of the emblem or designation "Red Cross" or "Geneva Cross" by private individuals or associations, firms or companies, other than those entitled thereto under the present Convention, as well as the use of any sign or designation constituting an imitation, for commercial or any other purposes;

(b) by reason of the compliment paid to Switzerland by the adoption of the reversed Federal colours, the use by private individuals or associations, firms or companies of the arms of the Swiss Confederation, or marks constituting an imitation, whether as trade-marks or as parts of such marks, or for a purpose contrary to commercial honesty, or in circumstances capable of wounding Swiss national sentiment.

The prohibition indicated in (a) of the use of marks or designation constituting an imitation of the emblem or designation of "Red Cross" or "Geneva Cross", as well as the prohibition in (b) of the use of the arms of the Swiss Confederation or marks constituting an imitation, shall take effect as from the date fixed by each legislature, and not later than five years after the coming into force of the present Convention. From the date of such coming into force it shall no longer be lawful to adopt a trade-mark in contravention of these rules.

*The Commission recommends that in Sec. 1 the expression "The Governments of the High Contracting Parties" be replaced by the words "The High Contracting Parties". It further recommends that in the same paragraph the words "or propose to their legislatures" be deleted.*
The Commission further suggests that the words "for commercial or any other purposes", at the end of Sec. 1 (a), be replaced by the words "whatever the purpose of such employment".

The Commission also proposes to replace Sec. 2 by a new text which might run as follows:

"States not party to the Geneva Convention of July 27, 1929, and which may later on ratify the present Convention or adhere to it, shall take the necessary measures to prevent at all times the acts indicated under (a) and (b) above, so that the said prohibition shall become effective at latest five years after the said ratification or adhesion.

"The interdiction, already enacted by the Convention of July 27, 1929, of the use of a trade-mark or commercial emblem contrary to the above prohibitions, shall be maintained.

"In States not party to the Convention of 1929, and which may later on ratify or adhere to it, it shall no longer be lawful, as from the date when the act of adhesion is filed, to employ a trade-mark or commercial emblem contrary to these prohibitions. Within a maximum period of five years from the date when the Convention comes into force, the marks, style of commercial firms, and names of associations or establishments which are contrary to those prohibitions shall be altered, whatever the previous date of their adoption."

* * *

The Conference, following a proposal by the United States delegation, unanimously adopted the following resolution:

"The Preliminary Conference of National Red Cross Societies, met at Geneva with a view to recommending amendments to the Geneva Conventions, notes with regret that certain signatories to the Geneva Convention of 1929 have failed to prevent the abuse of the name and emblem of the Red Cross, in the manner laid down in Article 28 of the said Convention.

"In consequence, the Conference unanimously demands that such signatories immediately take the steps required for the implementing of the said Article 28. The Conference stresses parti-
cularly the need of putting an end, as soon as possible, to the abusive employment of the name and emblem of the Red Cross for commercial or any other unauthorized purpose, no account being held of the time during which such abuse may have been committed."

The new wording adopted by the Conference has the chief effect of defining with all due clarity, thus dispelling certain doubts which may still appear to exist—unjustifiably, as the Committee hold—the fact that all trade-marks contrary to the stipulations of the Convention must be abolished within a maximum period of five years, whatever the prior date of introduction.

Furthermore, the Conference, following a proposal of the American Red Cross, noted with regret that certain States have failed to prohibit the abusive employment of the name and emblem of the Red Cross, and decided to address to all States party to the Geneva Convention a request that they should immediately take all steps required for the implementing the prohibitions embodied in Article 28.

**Article 29.**

The Governments of the High Contracting Parties shall also propose to their legislatures, should their penal laws be inadequate, the necessary measures for the repression in time of war, of any act contrary to the provisions of the present Convention.

They shall communicate to one another, through the Swiss Federal Council, the provisions relative to such repression not later than five years from the ratification of the present Convention.

*The Commission recommends that Sec. 1 of this Article be amended in the sense suggested for Sec. 1 of Art. 28.*

The first sentence of Art. 29 would therefore be worded as follows: “The High Contracting Parties whose penal laws are inadequate, shall take the necessary steps...”

**Article 30.**

On the request of a belligerent, an enquiry shall be instituted, in a manner to be decided between the interested parties, concerning any
alleged violation of the Convention; when such violation has been established the belligerents shall put an end to and repress it as promptly as possible.

The Commission recognizes that this Article should be amplified. It approves the leading principles laid down by the Committee of Experts in 1937 and on which the revision of Art. 30 might be based. These principles, slightly amended by the Commission, might be worded as follows:

(1) That the procedure of enquiry be opened as rapidly as possible and in a practically automatic fashion.

(2) That the enquiry may be demanded by any interested Power party to the Convention, whether the said Power is belligerent or neutral.

(3) That a single central and standing agency, provided for by the Convention, be charged with the constitution of the Commission of Enquiry, as a whole or in part.

(4) That the Commission of Enquiry be appointed for each particular case, at the time of the demand, in consequence of an alleged violation of the Convention.

(5) That the members of the Commission of Enquiry be selected by the above-mentioned agency from lists, kept up to date, of qualified and available persons, whose names shall have been submitted beforehand by Governments.

(6) That special bodies be appointed beforehand to undertake, should need be, such urgent investigations as may appear necessary.

(7) That the report of the Commission of Enquiry comprise, besides a record of facts, recommendations addressed to the parties concerned.

Furthermore, the Commission recommends the adoption of the following principle:

"Each belligerent State shall facilitate the investigations of the said agency on the territory of the countries where it exercises authority."
The Commission is further of opinion that the agency charged with the constitution of the Commission of Enquiry—see (3)—should be the Court of International Justice.

The majority of the above recommendations were taken from the proceedings of the 1937 Commission, which made a very close study of the questions. A few amendments were, however, introduced, following proposals by the Belgian Red Cross.

II. Convention for the Adaptation to Maritime Warfare of the Geneva Convention

In 1937, the International Committee drew up, in co-operation with naval experts delegated by Governments and National Red Cross Societies, a revised draft of the Tenth Hague Convention of 1907 for the adaptation to Maritime Warfare of the principles of the Geneva Convention. This draft was submitted to the Sixteenth International Red Cross Conference, approved and placed on the agenda of the Diplomatic Conference convened by the Swiss Federal Council for 1940, but which was postponed on account of the War.

After the recent War, the International Committee considered opportune to take up once more the preparatory work for the revision of the Tenth Hague Convention. With this end in view, they laid before the Preliminary Conference the major part of the Draft Maritime Convention of 1937, and indicated, in their accompanying Report, the points which, in the light of recent events, apparently required amendment.

The Commission set up by the Conference to study the question, after examination of the Draft Maritime Convention, drawn up by the International Committee in 1937 in co-operation with naval experts, approve this Draft as a whole. The Commission further adopts the amendments and recommendations which will be found below.

1 It should be noticed that the Draft Revised Maritime Convention must be brough into agreement with the amendments introduced into the Geneva Convention itself.
Chapter I. — Wounded, Sick or Shipwrecked Persons

Article 1.

Sailors and soldiers on board, as well as other persons officially attached to land, naval, or air forces, who may be sick, wounded or shipwrecked, shall be respected and protected under all circumstances; they shall be treated humanely and nursed, without distinction of nationality, by the belligerent into whose power they have fallen.

The benefit of the foregoing provisions shall also cover sick, wounded or shipwrecked persons of any vessel that is the victim of an incident of war.

Chapter II. — Hospital-Ships

Article 9.

Military hospital-ships, that is to say, ships constructed or assigned by States specially and solely with a view to assisting the wounded, sick and shipwrecked, and the names of which have been communicated to the belligerent Powers at the commencement or during the course of hostilities, and in any case before they are employed, shall be respected and can not be captured.

Article 10.

Hospital-ships utilized by private individuals or officially recognized Relief Societies, shall be likewise respected and exempt from capture, if the belligerent Power to whom they belong has given them an official commission and has notified their names to the hostile Power, at the commencement or during hostilities, and in any case before they are employed.

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

The Commission recommends the following amendment to the beginning of Sec. 1:

"Hospital-ships, employed by the National Red Cross Societies, by Voluntary Aid Societies duly recognised, or by private persons shall be... etc."

1 The Articles reprinted below are those of Draft Revised Maritime Convention, drawn up in 1937. Those which call for no remark will be found in the Commentary annexed to the Draft of 1937, and included in the Report submitted to the Sixteenth International Red Cross Conference (London, 1938).
This amendment is intended to make the Maritime Convention agree with an adjunction adopted by the Conference for the Geneva Convention, with regard to the special mention of National Red Cross Societies instead of recognised Voluntary Aid Societies.

**Article 11.**

Hospital-ships utilized by private individuals or officially recognized relief societies of neutral countries shall be respected and exempt from capture, on condition that they are placed under the control of one of the belligerents, with the previous consent of their own Government and with the authorisation of the belligerent himself, and that the latter has notified their names to his adversary at the commencement of or during hostilities, and in any case before they are employed.

*The Commission recommends at the beginning of this Article the amendments specified for Art. 10, Sec. 1.*

*The Commission further recommends that a minimum tonnage for hospital-ships be decided upon. The figure should be fixed by experts.*

In their Report to the Conference, the International Committee stated that during the recent War, controversy had arisen between belligerents with regard to the minimum tonnage of hospital-ships. Some belligerents refused to recognise certain hospital-ships as such, on the grounds of insufficient tonnage.

The Conference considered that the question should be settled by naval experts.

**Article 12.**

The ships mentioned in Articles 9, 10 and 11 shall afford relief and assistance to the wounded, sick and shipwrecked of the belligerents, without distinction of nationality.

The Governments undertake not to use these ships for any military purpose.

These vessels must in no wise hamper the movements of the combatants.

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1 See pages 29-30.
2 One delegation suggested that the minimum tonnage should be fixed at 6000 tons.
During and after an engagement they will act at their own risk and peril.

The belligerents shall have the right to control and search them. They can refuse to help them, order them off, make them take a certain course, and put a commissioner temporarily on board; they can even provisionally detain them, if important circumstances require it.

As far as possible, the belligerents shall enter in the log of the hospital-ships the orders which they give them.

The Commission recommends that the two following principles be embodied in this Article:

(a) A hospital-ship is presumed to forego the protection of the Convention if it is convoyed by warships, or included in a convoy of merchant ships.

(b) The idea of placing neutral observers on board hospital-ships should be examined.

It was proposed in 1937 to adopt the principle that a hospital-ship, when it is convoyed by war vessels, presumably renounces the protection of the Convention.

The Conference thought useful to take up this idea again, and to give it more exact expression.

Further, the 1937 Commission had also recommended that States should place neutral observers on board hospital-ships, as was the case in 1917, following a Franco-German agreement. The duty of these observers would be to ensure that no misuse was made of the ships.

The Conference recommended the insertion of this principle in Art. 12 of the Maritime Convention.

Article 14.

Merchant ships which have been transformed into hospital-ships cannot be put to any other use throughout the duration of hostilities.

Article 15.

Hospitals-ships and sick-bays of vessels are no longer entitled to protection if they are employed for the purpose of committing acts harmful to the enemy.

Hospital-ships are in particular prohibited from communicating by means of a secret code, either with the aid of signals, or of wireless.
The following shall not be considered as justifying the withdrawal of protection:

(1) The fact that the personnel of the said ships is armed for the maintenance of order, and for the defence of the sick and wounded.

(2) The presence on board of apparatus for wireless telegraphy, of small signal-cannon and cable-guns.

(3) The fact that hospital-ships or sick-bays are furnished with small arms and ammunition taken from wounded, sick and shipwrecked persons, and which have not yet been handed over to the responsible authorities.

The Commission is of opinion that Sec. 2 of this Article should be made the subject of a new Article, which could be worded as follows:

"Hospital ships provided with wireless shall have no secret code. All their communications by signal or by wireless must be in clear."

Chapter III. — Personnel

Article 16.

The religious, medical, and hospital staff of hospital-ships shall be respected and protected in all circumstances; their members cannot under any circumstances be taken prisoner 1.

The same shall apply to the crews of hospital-ships, as also to the crews of aircraft attached to such ships, during the period when they are carrying out their functions.

Article 17.

The religious, medical, and hospital staff of any captured ship shall be respected and protected in all circumstances.

Should they fall into the hands of the enemy, they shall not be treated as prisoners of war.

Military personnel specially trained to act, in case of need, as nurses or auxiliary stretcher-bearers engaged in removing, transporting or caring for the wounded and sick, and furnished with identification papers, shall benefit by the same regime as the regular hospital staff, should they be captured while engaged in performing such duties.

1 The Conference Commission pointed out that the wording of Art. 16, Sec. 1, and Art. 17, Sec. 1 should be made to agree.
Article 18.

The persons referred to in Article 17 may not be detained after they have fallen into the power of the adverse party. Failing any agreement to the contrary, they shall be landed as speedily as possible, so far as military requirements permit.

While awaiting repatriation, they shall continue to discharge their duties under the direction of the adverse party; they shall be preferably occupied in caring for the wounded and sick of the belligerent Power to whom they belong.

On leaving, they shall take away with them the articles, surgical instruments and arms which are their own property.

Article 19.

The belligerents shall grant the personnel referred to in Article 17, while in their power, the same maintenance and the same accommodation (so far as the installations on board allow), as well as the same allowances and the same pay, as to the personnel of corresponding rank in their own navy. At the outbreak of hostilities, the belligerents shall agree as to what constitutes corresponding rank in the case of hospital personnel.

Chapter V. — Hospital Transports

Article 21.

The provisions of Article 18 of the Geneva Convention of July 27, 1929, are applicable in case of hostilities at sea.

Furthermore, these provisions are completed as follows:

Hospital sea-planes must at once obey any order to alight. In case of their alighting in response to a command, or fortuitously, all wounded and sick, as well as hospital personnel and equipment, including wireless apparatus, shall enjoy the protection of the present Convention.

Chapter VI. — Distinctive Emblem

Article 22.

The emblem of the Red Cross shall be displayed on the flags, brassards and all equipment belonging to the Medical Service, with the consent of the responsible military authority.

Article 23.

The religious, medical, and hospital staff, which is protected under Section 1 of Article 16, and Section 1 of Article 17, shall bear on the left arm a brassard, bearing the distinctive sign, issued and stamped by a military authority.
The religious, medical, and hospital staff of military hospital-ships and the personnel referred to in Section 3 of Article 17 shall be furnished with a certificate, consisting either of an entry in their military pay-book, or a special document.

The religious, medical, and hospital staff on the hospital-ships referred to in Articles 10 and 11, not wearing uniform, shall be provided by the responsible military authority, with an identity card bearing a photograph, attesting their capacity as hospital workers.

Identity cards must be uniform in size and of the same pattern in each fleet.

Hospital staff cannot under any circumstances be deprived of the emblem or identity certificates which are their property.

Should these be lost, the bearers shall have the right to obtain duplicates.

**Article 24.**

The ships referred to in Articles 9, 10 and 11 shall be distinguished by being painted white outside with a horizontal band of red about a metre and a half in breadth.

The boats of the ships above-mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

The decks, funnels, and superstructure of the ships mentioned in Section 1 of the present Article shall be painted white and shall bear large red crosses, in such a manner as to render their emblems plainly visible to the enemy land, air, or naval forces.

All hospital-ships shall make themselves known by hoisting, with their national flag, the white flag with a red cross, and further, if they belong to a neutral State, by flying at the mainmast the national flag of the belligerent under whose control they are placed.

Hospital-ships which, in accordance with Article 12, are provisionally detained by the enemy, must haul down the national flag of the belligerent to whom they belong.

The above-mentioned ships and boats which wish to ensure by night the freedom from interference to which they are entitled, must, subject to the assent of the belligerent they are accompanying, take the necessary measures to render their special painting and distinctive emblems sufficiently apparent.

*The Commission, while approving the principle embodied in this Article and which provides for the unity of the markings of military hospital-ships (green band) and Red Cross or private hospital-ships (red band), makes the following recommendation:*
The use of green or red colour should again be examined by experts, who would determine which of these two colours is more easily recognisable, by day and by night.

The Commission further recommends that the use of small speedboats for medical or ambulance purposes should be examined by experts.

The Commission requests that experts should study the extension of the principles of the Geneva Convention to the mercantile marine.

The Commission recommends that the subjoined technical proposals brought forward by the representative of the French Red Cross, be submitted to the experts who will give the Maritime Convention its definite form.

III. Protection of Civilian Hospitals

The Commission recommends that Civilian Hospitals, i.e. establishments caring for sick and wounded civilians, and authorized by Government, shall be protected by the Geneva Convention under the same conditions as Military Hospitals, and permitted to employ, to this end, the distinctive emblem of the Convention.

In their Report to the Conference, the International Committee pointed out that, under present legislation, civilian hospitals are not protected by the Geneva Convention and may

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1 These proposals are as follows:

(1) The routes and itineraries to be followed by hospital ships shall be signified to them by the harbour authorities of the port of departure, which reports to its headquarters, who inform the belligerent Powers through the appropriate channels.

All changes of route or of itinerary which the captain of a hospital ship makes on his own responsibility shall be signalled by him to the maritime authorities on land to whom he is accountable, and these shall advise headquarters for transmission to the belligerent Powers.

(2) All hospital ships at sea shall indicate their position in clear on 600 metres wavelength (the wavelength adopted for the security of human life) every six hours.

This position shall be relayed by the maritime authorities on land.

(3) It might be useful to supply hospital ships with Radar reflectors of a special type, allowing identification of these ships by Radar receivers in warships.
not display the emblem of the red cross on a white ground. As regards bombardment, they are covered by the very general and summary provisions of the Regulations annexed to the Fourth Hague Convention of 1907 (Article 27), and of the Ninth Hague Convention (Article 5) of the same date.

The Conference having decided that the principles of the Geneva Convention shall be extended to wounded and sick civilians, as also to the staff, buildings and equipment devoted to their care ¹, it follows that the principle of the protection of Civilian Hospital should also be embodied in the framework of the Geneva Convention.

Two additional and secondary points remained however to be settled.

Firstly, may hospitals used for civilians only make use for protective purposes of the red cross on a white ground, or should some other distinguishing sign be adopted? In this connexion, the International Committee stated that during the late War certain belligerents marked their civilian hospitals by means of a red square placed in the centre of a white surface. The Conference considered that civilian hospitals should be empowered to use the emblem of the Geneva Convention, and discountenances the idea of creating a new emblem which might lead to confusion.

The second question referred to the limits of the protection afforded, according to the character of the hospital buildings concerned. What hospitals should be protected? Should the term “Civilian Hospitals” also include dispensaries, maternity hospitals, clinics, orphanages, homes, etc? The Commission thought that the term “Civilian Hospitals” should apply to establishments caring for sick and wounded civilians and duly authorised by Government: thus, these buildings alone would be entitled to protection under the Geneva Convention and could make use of the Red Cross emblem.

In conclusion, the Commission set up by the Conference to study the protection of Civilian Hospitals considered that the latter should be protected, not only against bombardment—for which provisions have already been included—but also in

¹ See page 16 sqq.
respect of enemy authorities, should the hospitals be situated in enemy, or enemy-occupied territory. The Commission considered that Art. 56 of the Regulations annexed to the Fourth Hague Convention of 1907, did not provide sufficient guarantees. New and more detailed regulations than those contained in Art. 56 should be inserted into any future treaty stipulations for the protection of Civilian Hospitals. It is especially desirable that Civilian Hospitals in enemy, or enemy-occupied territory should be able to carry on under certain conditions, that they should be protected against pillage, that the patients should not be liable to expulsion, and that the staff and equipment should have special protection.

IV. Hospital Localities and Zones

The Commission considers that it would be extremely desirable to create hospital zones and localities for the accommodation of the sick and wounded, and recommends that the International Committee of the Red Cross should study, with the co-operation of experts, the insertion into the Geneva Convention of stipulations referring to the protection of such zones.

The Conference stresses the fact that it would be necessary to exclude, in the vicinity of these localities and within a radius to be determined, all military units and all establishments directly related with war operations.

The Report submitted to the Conference consisted of a printed memorandum, published in 1946 by the International Committee. This gives an account of their endeavours, since 1934, to obtain the creation of such zones, and includes the text of a Draft Convention for Hospital Localities and Zones adopted by the Commission of Experts of Governments and Red Cross Societies, which met in Geneva in 1938.

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1 See "Report by the International Committee of the Red Cross on Hospital Localities and Safety Zones", Geneva, May 1946, Series IV, No. 1. (English translation)
The Conference did not make any detailed examination of this question, or of the 1938 Draft, but merely expressed the above recommendation.

V. Amalgamation of the above Treaty Stipulations

The Conference recommends the amalgamation to the Geneva Convention of related treaty stipulations, especially the revised Draft Maritime Convention.

The provisions directly relating to Maritime Warfare should be assembled in a distinct Chapter of the Geneva Convention. Further, separate indexes should be established for the use of land, sea and air forces.

In their Report, the International Committee said that in the course of the preliminary studies which, before the recent War, had led to the drawing up of various drafts (Revised Geneva Convention, Revised Maritime Convention, and provisions concerning Air Medical Services and Hospital Localities), the question had been raised of the possible amalgamation of these various provisions into one single Convention. No decision was then reached, and the Committee thought the time had now come that this question should be settled. There is no doubt that the origin of the above treaty stipulations is to be sought in the system of protection instituted under the Geneva Convention; logically, therefore, they should all form part of the Convention. From a practical point of view, the same applies to the provisions relating to Air Medical Services and Hospital Localities, in so far as Governments may agree upon new rulings in this field.

The embodiment of the revised Maritime Convention constitutes the most important problem. In 1937, the Commission of

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1 At the close of the session the Conference made a general survey of the amalgamation of the Conventions for Armed Forces and Civilians. It decided not to prejudge the number or the form of the Convention(s) which might regulate the position of combatant and civilian war-victims.
Experts had prepared a Draft in which the text of the Tenth Hague Convention was adapted as closely as possible to that of the Geneva Convention, to facilitate amalgamation, in case this should be decided upon. A brief survey shows that, out of the twenty-nine Articles composing the Draft Revised Maritime Convention, fourteen could be wholly incorporated into the Geneva Convention, with no important change to the latter, whilst four could be embodied providing certain additions were made to the text of the Geneva Convention. On the other hand, eleven articles which deal with the special circumstances of naval warfare and the use of hospital-ships would have to appear in the Geneva Convention as new stipulations.

The Conference, as has been seen, considered that the advantages of amalgamation and of a single Convention outweighed the drawbacks.