THE INTERNATIONAL COMMITTEE OF THE RED CROSS AND THE MEDICAL SERVICES OF THE ARMED FORCES [1]

by F. de Mulinen

"Ways and means of remedying the inadequacy of the medical services of armies in the field" was the study undertaken by an international conference convened at Geneva, in October 1863, by a committee of five citizens of Geneva. That committee was later to become the International Committee of the Red Cross.

The inadequacy of medical services: that was the ICRC's initial concern with regard to the medical services of the armed forces. Happily, more than a hundred years have passed since 1863, and things have changed since then. And now it seems appropriate to give fresh thought to the position and the mutual relations of the medical services and the International Committee of the Red Cross.

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Before we turn to the present, let us make a brief digression into history. On the initiative of the Geneva Committee, the 1863 Conference laid stress on supplementing the means of rendering aid and relief to the wounded. It advocated the establishment in each State of a committee whose terms of reference in war time would be to assist, if need be, the medical services of the armed forces by every means within its power. The committee would be entirely free, and each one of them could organize in the manner it deemed most useful and appropriate. The future ICRC thus laid stress on ad hoc aid committees. It did not, however, intend

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to belittle the role of the medical services. Aid committees were no more than stop-gaps.

A year later, the first Geneva Convention saw the light of day. It declared, in Article 1, that "ambulances and military hospitals shall be recognized as neutral and, as such, protected and respected by the belligerents as long as they accommodate wounded and sick". That fundamental principle still holds good. It was developed by the Conventions which followed the 1864 Convention and extended to the requirements of maritime warfare.

Medical services are now covered by the First and Second Conventions of 1949, which relate to the wounded and sick in armed forces in the field, and to wounded, sick and shipwrecked members of armed forces at sea, respectively. To assess development since 1864, one need only compare the number of articles in the Conventions. While in 1864 there were ten, the two aforementioned 1949 Conventions contain sixty-four and sixty-three articles, respectively.

Stress is now laid on the military medical service, which is fully protected. On the other hand, being a recent development, the protection of its civilian counterpart is still very incomplete. It dates back to no further than 1949. It covers only recognized civilian hospitals, and no provision is made for the medical services of civil defence bodies for instance. Thus there is an imbalance, with an advance in the protection of the military medical service.

In the combat zone, the rules are based on the needs of the army medical services, while the services of aid societies merely benefit from the provisions for the protection of the military medical service.

The 1949 Geneva Conventions thus bear witness to the fact that the inadequacy noted a hundred years ago has been remedied. The value of army medical services is now recognized.

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As the ICRC belongs to the Red Cross world, there is a tendency to consider that its only partner is the National Red Cross Society of the State concerned. This overlooks the fact that the ICRC, while an association in the sense of the Swiss Civil Code, has certain duties under public international law, as for instance when it acts as substitute for the Protecting Power or in the conciliation procedure between the

parties to a conflict. In the exercise of those functions and duties, the ICRC can deal with States alone.

Within a State, the medical service of the armed forces is particularly concerned by the provisions relating to the wounded and the sick. Undoubtedly there must be good co-operation between the ICRC and the medical services.

The ICRC, however, is seldom mentioned in the first two Conventions of 1949. Its relations with medical services become apparent particularly in the drawing up of legal instruments, the revision and development of the Conventions. We are now experiencing the latter. At present a number of provisions in the 1949 Conventions call for careful study with a view to improving them. To mention only two specific fields, there is the development of aviation, which offers further possibilities for the evacuation of the wounded and the sick from the battlefield. In addition, war is affecting the civilian population more and more, and States are therefore equipping themselves with integrated medical services where the civilian and the military medical sectors are combined. To avoid setting up something entirely different, the civilian medical service must follow the military model.

The medical service can tell the ICRC what should be adapted in the Conventions. It is familiar with application problems and is in a position to point out shortcomings and weaknesses. Owing to its position in the armed forces, it knows their intrinsic requirements and the consequences for humanitarian law. In short, the medical service has an overall view.

As guardian and promoter of the Conventions, the ICRC should be able to cope with the changing nature of armed conflicts, their growing technicality and the resulting evolution of medical tactics. The co-operation of medical services is essential to the ICRC. The Conventions and any supplements thereto should be easily understandable. It is therefore necessary to use a simple, clear and precise terminology that is nevertheless sufficiently broad to cover the needs of the land, sea and air medical services, and the variations from State to State. Here, the co-operation of military medical services may be vital.

But it is not enough to draw up humanitarian law. It is useless so long as it is not disseminated and made known to all those who should respect and apply it. The ICRC can certainly do something in this field, by means of conferences, meetings and particularly booklets

with texts and illustrations suited to different categories of recipients. Yet the ICRC does not claim that it can do everything itself. Even if it were able to, it should not do so. States bear their share of responsibility. Within the State, the medical service is well placed to play its part in the effort directed at dissemination and instruction. The ICRC counts on the medical services.

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Let us turn to an entirely different problem. The ICRC, whose essentiel task in an armed conflict has always been, and still is, to ensure respect for, and the application of, the Conventions for the benefit of the persons protected, may have occasion to set up and direct large-scale relief operations. The ICRC cannot carry out such operations solely by its own means. Indeed, it would hardly be judicious for it to constitute immense reserves of personnel and material for any eventualities. It must therefore, when the time comes, be able to seek assistance elsewhere. National Red Cross Societies,[1] are established primarily for the needs of their own State. Their resources for action abroad are not unlimited.

On the other hand, there is a reservoir which is both large and relatively available: that of the armed forces not at war. Their medical services are organized and in training. The members of the personnel know one another, are familiar with their material and skilled in the quick installation and improvisation required by new places of work. Those services are not committed, so that they are available for any sudden posting. Entire medical units can therefore be moved without disturbing the smooth running of an existing hospital, for instance. Where the medical unit is also prepared to cover great distances by air and where the necessary transport is available, the most that the ICRC could desire is achieved.

Availability alone, however, is not enough. It is also necessary for medical assistance to be accepted. It must be of a neutral character. This requirement is all the more important as only States of a certain size have medical services that allow them to reach the desired optimum.

[1] And also the Red Crescent and Red Lion and Sun Societies.

The point at issue, therefore, is to find a way whereby medical means can be divorced from their military context. At first, this may seem to be asking too much of the armed forces. But experience of relief action in Jordan, in the autumn of 1970, showed that such demilitarization may be a prerequisite for acceptance by the belligerents. Besides the removal of camouflage and the affixing of the distinctive emblem on transport aircraft, the medical personnel had to assume a civilian aspect by exchanging the military uniform for red cross garments.

Compliance with the various requirements obviously takes time and is apt to conflict with the assumption of availability. Nevertheless, by foreseeing the case in time and preparing their personnel psychologically as well, the medical services should be able to reduce their improvising considerably, and hence all the attendant drawbacks. To help solve the problem, States might come to an agreement. One State might undertake to hold a dressing station available; another might provide a field hospital, and so forth.

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These few reflections should indicate how the ICRC visualizes the medical services of the armed forces at the present time.

We are far from the inadequacy noted in 1863. Medical services can contribute a great deal to the ICRC, which needs them, for the development and dissemination of humanitarian law in the first place, and for major relief actions subsequently.

The problems are numerous and vast. They can be solved only by close contact and fruitful co-operation. This is the co-operation which the ICRC offers the medical services of the armed forces and expects of them.

Frédéric de MULINEN

Controller in charge of Management Control and Planning, ICRC
