

IDENTIFICATION OF HOSPITAL SHIPS AND SHIPS PROTECTED BY THE GENEVA CONVENTIONS OF 12 AUGUST 1949

by P. Eberlin

Introduction

The Second Geneva Convention of 12 August 1949 for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea received its baptism of fire in 1982, during the conflict in the south Atlantic. The author of this article was present as one of the members of the ICRC delegation. This article is based largely on his experiences at the time and on the thoughts and considerations to which they have given rise.

Naval and aeronaval forces were engaged in this conflict, which lasted approximately from April to July 1982. Each side had its own hospital ships, six in all, none of which had been built as a hospital ship. On one side there was an icebreaker of 11,811 tons and an Antarctic transport vessel of 10,000 tons, and on the other side there were three oceanographic survey vessels, of 2,893 tons each, and a passenger ship of 16,907 tons.

The icebreaker and the Antarctic transport vessel each had a large hangar and carried one light and one heavy helicopter, *Alouette* and *Sea King* or *Puma*. These four medical helicopters were painted all white with several small red crosses. On board the three survey vessels, there was hangar space only for a single light *Wasp* helicopter. The three *Wasp* medical helicopters had kept their original colour; they were marked with small red crosses on a white ground.

The six ships were converted into hospital ships at the outbreak of hostilities; they were painted all white and displayed red crosses, in conformity with the Second Convention.

Thanks to the Second Geneva Convention, they were all able to accomplish their humanitarian tasks whilst being accorded the immunity, respect and protection for which provision is made in Article 22 of this Convention, sometimes designated "Maritime Convention" in Mr. Jean Pictet's *Commentary*.¹ The origin of the Maritime Convention is mentioned in Article 58, which stipulates that it replaces the Tenth Hague Convention of October 18, 1907, for the adaptation to Maritime Warfare of the principles of the Geneva Convention of 1906.

The value of the Second Convention was amply demonstrated. The need emerged, however, to define the interpretation of certain provisions and to adopt in future, for hospital ships, means of identification adapted to the modern weapons used in aeronaval warfare. The identification of hospital ships by modern methods is recommended in the final paragraph of Article 43, and Resolutions 6 and 7 accompanying the Second Convention express recommendations concerning communications between war ships and hospital ships (Resolution 6) and the use of radio-communications (Resolution 7). Article 43 likewise authorizes the use of the most modern methods of identification available by the other ships and craft designated in this article: hospital ships utilized by relief societies or by private persons (Article 24), hospital ships of neutral countries (Article 25) and coastal rescue craft (Article 27).

It should also be recalled that under Article 21 appeals may be made for charitable activities, to neutral merchant vessels, yachts or other craft. Since such vessels cannot sail without modern means of identification in times of conflict at sea, they should consequently also be able to use similar methods of identification.

Notification of hospital ships

The Second Geneva Convention does not make any provision for the notification in advance, in time of peace, of hospital ships, coastal rescue craft or other vessels protected by the Convention; it stipulates that the parties to the conflict shall be notified no later than ten days before these ships are employed, and that their characteristics must appear in the notification. These characteristics² are specified in

¹ J. Pictet (ed): *Commentary, II: Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea*, ICRC, Geneva, 1960.

² The French text of Article 22 mentions the "caractéristiques" of the ships. In the English text of Article 22, this term has been translated by "description" in the first paragraph and by "characteristics" in the second. The Spanish text uses only "características".

Article 22; they include the registered gross tonnage, the length from stem to stern and the number of masts and funnels.

It will always be very useful when making the notification to give a detailed description of the hospital ship, with photographs, and silhouettes, as well as the characteristics specified in Article 22. The description of the vessel could include a list of its means of radio-communication, i.e. the number of radio transmitters and receivers on board, the frequencies used, the frequencies guarded permanently, the frequencies used for radiocommunications with the hospital ship's helicopters.

The ship's radar installations could likewise be described: navigational radar systems and possibly air surveillance radar for the medical helicopters, giving all their characteristics, in particular the mode and code of radar identification used for the medical helicopters. When possible, mention should be made of the ship's mode and code of radar identification.

If the ship possesses underwater acoustic devices, for example ultrasonic echo sounder or any other system, it would likewise be advisable to mention them, unless the use of such devices is customary—which is very often the case—and is accepted in maritime practice.

By giving the most detailed description possible of the hospital ship, its identification and that of its helicopters is facilitated, and likewise any check that might be made of the radio and electronic equipment used.

The same detailed notification should be given concerning the medical helicopters on board.

In the case of a vessel converted into a hospital ship, it will also be very useful for subsequent control purposes to indicate the previous use of the vessel and any major modifications carried out, for example the construction of a helipad for helicopters transporting casualties or the addition of special embarcations. The hold capacity which has not been converted for hospital use should be specified, likewise the nature and tonnage of stores destined for the hospital ship's time at sea and for the flights of medical helicopters (including spare parts and other items). The number of the ship's officers and crew, the number of aircrew and maintenance personnel, the number of the medical complement and the presence on board of personnel for liaison with the Naval Command cannot be regarded as part of the description of the vessel, but such details will facilitate the tasks of observers who might subsequently be requested to control it in accordance with Article 31; the number of crew and other personnel will explain the quantity of stores, which must also allow for the number of casualties which might be taken aboard.

The notification for which provision is made in Article 22 concerns hospital ships equipped "specially and solely with a view to assisting the wounded, sick and shipwrecked, to treating them and to transporting them...". Notification must likewise be made, according to Article 38 of the Second Convention, of ships chartered for the conveyance of medical equipment. The Convention does not say whether such ships can likewise transport stores of food and clothing, fuel and spare parts for the medical helicopters. The Commentary on this article refers back to the First Convention, in which Article 33 mentions the welfare of the wounded and sick; this implies that they must be fed and clothed, since the wounded generally lose their personal equipment when the injury is sustained, and clothing and footwear have to be provided by the hospital ship in which they are being treated.

According to the Second Convention, it is not the hospital ship which should transport food and medical equipment, but solely the carrier ships for which provision is made in Article 38. In practice it would be more economical—above all in the case of distant naval operations—to combine the two roles of hospital ship and carrier ship. This problem and the question of controlling supplies transported for the use of medical units on land raises the problem of controlling the use of stocks destined for these medical units. But this is outside the scope of this article on identification, which does not deal with the actual use of ships and craft protected by the Conventions and the Protocols.

Articles 22 and 23 of Protocol I, which are devoted to hospital ships and protected craft, contain provisions relating to notification which give rather more flexibility to the stipulations of Article 22 of the Second Convention (Article 22, para. 3, and Article 23, para. 4). Paragraph 4 of the latter article moreover suggests that any other information may be provided which would facilitate identification and recognition, and also requests that the receipt of such information be acknowledged by the adverse party.

Visual and infra-red identification

Hospital ships are visually identifiable by their white paint and the red crosses they display, with a white flag bearing a red cross flown at the mainmast as high as possible. By night, and in times of reduced visibility, their distinctive emblems can be illuminated. These provisions similarly apply to their lifeboats.

In replacing the Hague Convention N° X of 1907 by the Second Geneva Convention, the Diplomatic Conference of 1949 once and for all eliminated the green or red bands around the hull of hospital ships, which could still be seen during the Second World War.

According to Article 43 of the Second Convention, all exterior surfaces of the ship shall be white. The white of the decks will probably vary in shade; this will be tolerated if horizontal red crosses are applied on a clearly visible white ground. Decks of teak, pale gray and almost white in colour, would be very difficult to paint white. Some hospital ships have painted white only the parts of the deck not made of teak, or have fixed white canvas marked with the red cross upon the wood. On metal decks the white paint is soon worn off by the passage of feet or the congestion of deck machinery or equipment.

Article 43 stipulates that one or more dark red crosses, as large as possible, shall be painted on each side of the hull and on the horizontal surfaces. These red crosses must be very big, and the entire height of the ship from the waterline to the top of the superstructure should be used to paint at least one very big red cross on each side. Similarly a big red cross should be displayed on the superstructures, both fore and aft, to enable the hospital ship to be identified from ahead or astern more easily than if small white crosses were painted on the bows or the stern. On the after superstructure of a ship there is often not enough space to paint a big red cross. This can be solved by constructing a vertical surface out of spaced wooden planks, painted white and bearing the red cross.

From two miles away, it is very difficult to identify red crosses three metres high. Only very big red crosses remain identifiable at a distance when the distinctive features of a vessel are no longer clearly discernible: as the distance increases, the ship becomes little more than a silhouette on which the contrasting colours rapidly fade from view, so that the protective sign, even if it is very big, is no longer visible. Tests carried out in 1936 by the Dutch and Swiss air forces to determine the visibility of the red cross produced the following results:

Visibility from the air of a 6 metre red cross with arms 0.80 m. wide on a white square with sides measuring 6 metres each, placed horizontally on the ground:

- from 1,500 m. altitude, the red cross is visible for an observer knowing where it is;
- from 2,500 m., the red cross is scarcely visible for the observer knowing its position;

— from 3,500 m., the white square alone is perceptible against a background of green grass.

These observations were made at midday in very clear weather and excellent visibility.

The Dutch observers concluded that to be visible from an altitude of 4,000 m., the white square should be 50 m. long on each side, and the cross would likewise have to be 50 m. in length with arms almost ten metres broad. They also pointed out that a red cross three metres in each direction—which is quite large—is not visible at all from an altitude above 1,500 m.¹

The visibility tests carried out in Switzerland with a red cross and a white ground measuring 5 × 5 m. showed that it was identifiable up to a height of 2,500 m. for an observer knowing its position. If the cross is not horizontal, for instance if it is placed straddling the top angle of a roof, it is already no longer identifiable from a height of 1,000 m., unless seen perpendicularly from above.¹

Aboard ship, there is not enough deck space available to paint very big horizontal red crosses. Red crosses there will not be identifiable from aircraft flying at high altitudes.

Similarly the white flag with a red cross hoisted at the mainmast,² which generally measures 1 × 1 m., can only be seen from a distance of up to 1,000 m. There is likewise not enough space to paint big red crosses upon the lifeboats of hospital ships. In addition to marking them with dark red crosses, they should be fitted with a mast capable of flying a flag with a red cross measuring 2 × 2 m., or even larger if possible.

By night and in times of limited visibility the protective emblems can be illuminated, but the hospital ship sails with all lights on at night, and the illumination of the red crosses on the hull and superstructure tends to merge with the lights of the ship. Since the illuminated red crosses can only be identified at a short distance, the sight of a ship running under full lights in a combat zone can only mean that it is a ship protected by the Geneva Conventions.

In addition to the hospital ships and the coastal rescue craft to which Article 43 refers, ships used for the conveyance of medical equipment as specified in Article 38, and the other vessels and craft used for medical

¹ *Revue internationale de la Croix-Rouge*, N° 207, March 1936, and N° 209, May 1936.

² Some ships only have a single mast. In this case the flag with the red cross is hoisted on the signal yard, if it cannot be flown at the top of the mast. The other protective emblems can also be used; for simplification this article only refers to the red cross.

transports under the provisions of Article 21 of the Fourth Convention must likewise be notified, respected and protected. They can therefore display the protective emblem of the red cross for visual identification, but there is no text indicating that all their exterior surfaces must be painted white.

According to Article 23, paragraph 1, of Protocol I, the other medical ships and craft entitled to protection must as far as possible comply with the second paragraph of Article 43 of the Second Convention. For a vessel temporarily assigned to transport sick and wounded or medical equipment, it could be difficult or even impossible to have all its exterior surfaces painted white as is demanded for hospital ships, which cannot be used for any other purpose for the whole duration of hostilities. The ships used by the ICRC for the conveyance of relief supplies to civilian or military war victims, which are not hospital ships, use the protective emblem on a white ground whilst retaining the original colours of the hull and superstructure. During the Second World War, the 43 ships chartered by the ICRC operated with their original paintwork, as did all the ships chartered by the ICRC in subsequent conflict situations.

Both on land and at sea, detection by infra-red observation or photography makes the pale-dark contrast necessary for identification of the red crosses indicating a hospital ship or a craft protected by the Conventions.

It has not yet been possible for the ICRC to carry out tests with a vessel bearing dark red crosses to ascertain whether the distinctive emblem is identifiable by the contrast of dark and light colours, particularly near sources of heat such as the engine room. For ambulances, it has been recommended that the cross should first be painted black, then covered with a red coat of paint, for the contrast with the white ground to be visible to infra-red observation. This recommendation likewise applies to the protective emblem on hospital ships. To save time, if necessary, the red cross need only be outlined in black. It is remarkable that the experts at the Diplomatic Conference of 1949 should have stipulated the painting of "dark" red crosses on hospital ships, because red paint mixed with black pigment can prove dark enough for infra-red detection of the dark contrast against the white ground.

Distinctive light signal: the flashing blue light

The tests in 1936 to determine the visibility of the red cross emblem showed that a hospital ship must have a distinctive light signal identi-

able at a great distance. This question was discussed at the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law, which adopted the Regulations Concerning Identification annexed to Protocol I. Article 6 of these regulations defines the characteristics of the flashing blue lights established as a distinctive light signal for the use of medical aircraft; this signal can also be used by medical means of transport on land and at sea.

On 18 August 1977, the Secretary General of the Diplomatic Conference transmitted Resolution 18 adopted by the Conference to the Intergovernmental Maritime Consultative Organization, now International Maritime Organisation (IMO). This resolution requested the introduction in the International Code of Signals of the flashing blue light as described in Article 6 of the Regulations annexed to Protocol I; it also requested that the distinctive emblem be included in this code. The IMO agreed and inserted a new Chapter XIV in the International Code of Signals, which came into force on 1 January 1980. This chapter, entitled "Identification of medical transports in armed conflicts", reproduces verbatim Articles 3, 4 and 6 of the Regulations Concerning Identification, and in particular specifies the characteristics of the flashing blue light.¹

It has not yet been possible to find a manufacturer to supply the flashing blue light designated for medical aircraft and hospital ships. The manufacturers of blue lights for airport runways should be able to supply the necessary blue lights; the main difficulty is to obtain a blue glass or plastic dome sufficiently resistant to heat.

Tests were made in the South Atlantic in 1982 with hospital ships with fixed blue lights aboard similar to those used on police cars. Such lights were identifiable at night, to the naked eye, at a distance of three miles; with binoculars they were identifiable at a distance of seven miles. The ideal would be to have a flashing blue light identifiable by day and by night at a distance of 10 miles.

Hospital ships today all use one or several helicopters to transport patients. Everything relating to the identification of medical aircraft likewise applies to the medical helicopters aboard hospital ships.² These helicopters are not yet fitted with the flashing blue light. In the South Atlantic they flew with all lights on. Seen by day from directly ahead, with their white landing light on, they could be identified at great distances, before their distinctive emblems became visible. This is a possibility of identification for which no provision is made in the Regu-

¹ This chapter is currently being revised at the IMO, to take into account the recent experiences mentioned in this article.

² Medical aircraft, Second Convention, Articles 39-49.

lations Concerning Identification, but which can be compared to the illumination of hospital ships.

In all maritime States, the naval authorities should try to provide the necessary flashing blue lights for which provision is made in the International Code of Signals, to equip hospital ships and medical aircraft.¹

The positioning of the flashing blue light is not specified, but it goes without saying that by placing it as high as possible it is given the maximum range of visibility. It should therefore be placed at the top of the mast or superstructure, so as not to interfere with navigation, but still be visible from every side. Article 6 of the Regulations Concerning Identification gives the trichromatic co-ordinates for the recommended blue colour:

green boundary $y = 0.065 + 0.805 x$

white boundary $y = 0.400 - x$

purple boundary $x = 0.133 + 0.600 y$

The recommended flashing rate of the blue light is between 60 and 100 flashes per minute. This rate is not compulsory; it is the same as that of aircraft anti-collision lights.

Identification by radio : radio signal

The new Radio Regulations adopted by the World Administrative Radio Conference (WARC 79) in Geneva in 1979 came into force on 1 January 1982. Article 40, with the heading "Urgency and Safety Transmissions, and Medical Transports", contains a new section, Section II, which specifies, and defines the use of, the radio signal reserved exclusively for medical transports.

The hospital ships and the ships and craft protected by the Geneva Conventions can use the provisions of Article 40 to identify themselves by radio and to establish communications. The text of this article, with its Section II "Medical Transports", was published in the *International Review of the Red Cross* of July-August 1982.

Transmission of the radio signal by a hospital vessel operating in a combat area enables war ships to locate it. The signal can likewise be monitored by coastal radio stations, either military or civilian, which

¹ See *International Review of the Red Cross*, July-August 1982: "The Identification of Medical Aircraft..." by Ph. Eberlin.

can then inform the authorities concerned. The position of the hospital ship will be communicated to aircraft overflying the area and to submarines. Knowledge of the position and movements of the protected vessel should induce the parties to the conflict to take the necessary precautions to prevent it from being attacked inadvertently.

The frequencies prescribed for transmission of the radio signal are specified in Article 40, paragraph 3201, of the Radio Regulations. They are:

- 500 KHz international distress and calling frequency for radio telegraphy—hectometric waves (MF)
- 2182 KHz international distress and calling frequency for radiotelephony—hectometric waves (MF)
- 156.8 MHz international distress, safety and calling frequency for the maritime mobile radiotelephone service—metric waves (VHF)

Radio operators are familiar with these frequencies and the procedures to be followed for their use. The frequency of 156.8 MHz can be used by ships and, solely for safety purposes, by aircraft. This enables a link to be established in cases of emergency between ships and planes, in accordance with the procedure laid down in the radio regulations.

Communications

The six hospital ships of the two parties to the conflict in the south Atlantic exchanged radio communications using the calling frequency of 2182 KHz. All communications were made in clear. As the use of secret codes is banned by Article 34 of the Second Convention, the radiocommunications exchanged by the hospital ships with their land bases were also in clear. It was not possible for them to communicate directly with the warships, since any communication in clear could reveal the warship's position to the adversary. Consequently the hospital ships were not informed about the movements of the fleet or about the development of military operations on land, and thus had to wait in readiness in a zone known as the "Red Cross Box", which could be equated with a neutralized zone. This zone, with a diameter of about 25 miles, and established at sea about 30 miles north of the theatre of operations, was also used by the hospital ships to exchange, by medical helicopters, the wounded of both parties to the conflict.

To maintain long distance contact with their bases, the three survey vessels and the passenger ship converted into hospital ships used radio telex via the Inmarsat satellite system. Telex messages were likewise exchanged in clear, which meant that the hospital ships could not be informed in detail about the medical evacuations in which they were required to participate. For instance, an order was given to the hospital ship to approach a point off shore in order to meet helicopters evacuating casualties from the battlefield. The ship had to proceed to the given position without drawing too close to the combat areas, where clashes between warships and aircraft could occur at any time. The Naval Command, from which the hospital ship received its orders, could not use coded radiocommunications to inform it directly, and thus rapidly, about the military situation and dangers in the area where it was operating, nor about the numbers of casualties to be evacuated, the wounds sustained, emergency cases, etc.

An examination should be made of the ways and means which modern radiocommunication technology could undoubtedly provide to enable a war fleet in cases of emergency to call its own hospital ships by radio without the risk of disclosing its position. Could the hospital ship receive a coded message and decipher it without having the means of transmitting coded messages itself? Article 34 of the Second Convention is very precise when it stipulates "...hospital ships may not possess or use a secret code for their wireless or other means of communication".¹

Would the presence of a decoder-receiver on board a hospital ship be compatible with Article 34? This is a question for naval experts to settle. Furthermore, what would happen to the decoder-receiver and the coded messages incoming or already received if the ship is boarded and controlled by the adversary? It would apparently be easier for warships to communicate with their hospital ships via their naval bases on shore.

Messages for the hospital ships would have to be deciphered on shore and retransmitted in clear. This can result in considerable delays, for combat communications have priority, and if there is no satellite link, communications with the hospital ships can be interrupted by the difficulties of radio electric wave propagation.

Chapter IV of the Regulations Concerning Identification give directives for communications by medical transports, with reference to the

¹ The French text of article 34 reads « pour leurs émissions par TSF ou par tout autre moyen de communication »; and the Spanish text « para sus emisiones por T.S.H. o por cualquier otro medio de comunicación ».

rules, practices and procedures laid down by the International Telecommunication Union, the International Civil Aviation Organization and the International Maritime Organization. There is nothing secret about the rules and codes adopted by the specialized international organizations; hospital ships can therefore use them.

Identification by radar

To be identifiable by radar, a ship must be fitted with a radar transponder, i.e. an automatic transceiver, like almost all civilian or military aircraft today.¹ Warships are equipped with such transponders and can thus identify each other at considerable distances, beyond the visual horizon, as the transponder aerials are installed at the top of the mast, as high as possible above the ship.

The International Telecommunication Union (ITU), which is responsible for management of the whole range of electro-magnetic frequencies, including the frequencies used by radar devices, has instructed its International Radio Consultative Committee (CCIR) to examine rules applicable to shipborne radar transponders for all ships.² The next World Administrative Radio Conference for maritime and aeronautical mobile services (WARC Mobile 83), which will open for three weeks in Geneva on 28 February 1983, will examine the CCIR's reports and the suggestions made by the national telecommunication administrations taking part in the Conference. Once these rules have been adopted, it will be possible to construct standardized ship's transponders, enabling all ships and craft protected by the Geneva Conventions to be identifiable by radar. The national telecommunication administrations presenting proposals for the identification by radar of hospital ships are well aware of the electronic environment in which these radar transponders will have to operate in a area of aeronaval hostilities. An exhaustive study of the characteristics required of these transponders is therefore essential.

The six hospital ships had no standardized radar transponders and could not be identified by radar. Conversely their medical helicopters were fitted with radar transponders in accordance with the air safety regulations issued by the ICAO and used, in mode 3A, the identification

¹ See "The identification of medical aircraft in periods of armed conflict", by Ph. Eberlin, in *International Review of the Red Cross*, July-August 1982.

² ITU — WARC Recommendation N° 605 (Geneva 1979).

code 5000 for the Wasp medical helicopters and codes 5010, 5020 or 5600 for the other medical helicopters. Apparently no co-ordination of these radar codes was requested of the ICAO regional aeronautical control centre, which is located in Argentine territory, or of ICAO headquarters in Montreal.

Underwater acoustic identification

This means of identification is intended to enable submerged submarines to identify the sound of a hospital ship. An underwater electro-acoustic identification system does exist, and is installed on three ships, the MS Regina, MT Rhône and MT Cervin, all registered under the Swiss flag. These devices are prototypes of a system which transmits the ship's callsign under water in morse code on frequencies of 5 KHz and 5.1 KHz.

The need to be able to identify a hospital ship in the event of submarine warfare was mentioned in a report by the Netherlands Red Cross at the Tenth International Red Cross Conference in Geneva on 30 March 1921. It was pointed out that the German Government had requested on 2 July 1917 that hospital ships be escorted at least by two paddle boats, because "only the sound of paddle wheels can be identified at great distances by submarines". Almost three quarters of a century have passed, and underwater acoustic identification signalling is still only rudimentary, whereas the very numerous submarines are fitted with increasingly sophisticated acoustic systems.

Conclusion

With the use of long-range remote-controlled weapons by naval and aeronaval forces, a new-means of identification is imperative for hospital ships and other ships or craft protected by the Geneva Conventions. These ships must be respected and protected regardless of the performance and nature of modern weapons used at sea, whose range is always greater than the protective emblem's range of visibility.

The Regulations Concerning Identification annexed to Protocol I provide for the use of distinctive signals and radiocommunication by medical transports to offset the shortcomings of solely visual identification. For protected ships, the distinctive signals needed are:

- the flashing blue light, with a range of about 10 sea miles,
- radio, radar and acoustic underwater signals.

Experience has shown the importance of radiocommunications and the value of Inmarsat satellite links for maritime medical services.

It is a moot point whether there is a risk of these distinctive signals being misused by a belligerent vessel operating at sea. It must be recalled, however, that the distinctive signals in question are designed for long-range detection to show the position and movements of a protected ship, which has been duly notified and is therefore known. It is consequently hard to see how a belligerent vessel would misuse a method of identification which consists of revealing its position and movements and placing itself under the constant surveillance of the adversary, whose suspicions would already have been aroused by the lack of notification or of any cross check on the notification of a vessel. The notification of a protected ship and the simultaneous use of all the distinctive signals available—in particular the radio signal—should eliminate the risk of abuse of the means of identification exclusively reserved for medical transports.

In view of the nature of modern arms used at sea, it is also worth considering whether hospital ships should not be entitled to greater protection, for instance against missiles which have been diverted by electronic counter-measures or decoys and could home in on another target, possibly a hospital ship. Should hospital ships be fitted with defensive equipment: early warning systems of missiles approaching the ship, electronic anti-missile equipment, decoys and “chaff”?

The six vessels converted into hospital ships had not been built for medical use, but together with their helicopters they rendered service comparable to that of true hospital ships, constructed specially as floating hospitals. This shows that it is possible to plan the conversion of certain selected vessels in advance and thereby have hospital ship rapidly available in case of need. Their safety must be ensured and preparations must be made accordingly. This has been the purpose of the ICRC's contribution in recent years, whenever possible, to the elaboration of new rules for the identification by modern means of hospital ships and medical transports in general. Experience has shown the value of this work.

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