

Technical note

The Red Cross and its role as an auxiliary to military medical services

The very first National Red Cross Societies were formed, on the initiative of Henry Dunant and his colleagues in that private Genevese association that was later to take the name of the "International Committee of the Red Cross", precisely to come to the aid of wounded soldiers.

Initially, the task of these Societies was clear and well defined: it was to reinforce the military medical services by sending duly authorized volunteers who enjoyed the same protection as army medical staff. Although the Red Cross and Red Crescent Societies which now exist in almost all countries of the world have since then considerably extended and diversified their activities, this original mission still figures among their specific tasks. In fact, a new Society cannot be admitted as a member of our movement unless it can demonstrate its capacity to assume this task.

It is thus important to examine closely the tasks that may arise today for National Societies, from this specific role in the event of conflict.

To start with, it should be recalled that the primary responsibility for assistance to war victims lies with the State. It is for the latter, and in particular for its armed forces, to determine in agreement with the National Society and other voluntary aid societies, the type of support, and the ways and means of providing it, to the military medical service. In this respect, it appears that the situation varies considerably from one country to another, depending on the organization of the medical service by the military command, its level of development, its

equipment and, briefly, whether it is adequate to face actual or anticipated needs.

Under Articles 24 and 26 of the First Geneva Convention of 12 August 1949, Red Cross and Red Crescent volunteers can be employed alongside and on the same footing as official medical personnel in the search for and evacuation of wounded or killed soldiers, in the transport and treatment of wounded or sick soldiers, in the prevention of disease in the armed forces, in the administration of armed forces medical units and establishments, and in the army chaplaincy.

Volunteers carrying out such work, provided certain conditions are fulfilled, enjoy the legal protection accorded by the Convention to official medical personnel. Articles 24 onwards of the Convention detail the nature of these guarantees as well as the conditions under which they are granted:

1. Armed forces medical personnel shall be respected and protected in all circumstances;
2. To this end, they may use the protective emblem;
3. In the event of capture, they shall enjoy privileged status.

To have a right to the same protection, volunteers must satisfy the following five conditions:

1. They shall belong to an aid society recognized by the government as being auxiliary to the military medical service;
2. They shall be duly authorized by the government to help the armed forces medical service;
3. They shall be under military law and regulations;
4. They shall only be employed in the tasks described in the above-mentioned Article 24 and, in particular, must avoid committing acts detrimental to the enemy, outside their humanitarian work;
5. Other parties to the conflict are to have been notified of their employment by the official service.

In addition, it should be recalled that the tasks indicated above, although expressly set out in the Convention, should not be considered the prerogative of the National Society.

On the contrary, the auxiliary nature of the National Society means that it no longer has grounds for intervening in the areas considered above when the military medical service is in a position to meet all the needs that arise.

This being the case, there nevertheless remain a number of activities, other than those mentioned in Article 24, by which the National Societies

can provide valuable and sometimes indispensable support to the military medical corps in wartime. The management of hospitals, the training of nursing and auxiliary personnel, ambulance services, propaganda for blood donation, blood transfusions, the fitting out and rehabilitation of invalids can, in particular, be mentioned. All such activities, which appear in the programmes of numerous National Societies in normal times, can help the military medical service, should circumstances so demand.

Finally, a third category of activity on behalf of wounded, sick and invalid soldiers must be mentioned here. These are the many services which fall outside the medical field and which are generally beyond the means and the competence of armed forces personnel: visits to military hospitals, the transmission of family news, the distribution of reading material and games, welfare work among war invalids, such as home help, vocational training, recreation camps, etc.

Although these various services are less urgent than medical or para-medical assistance, they are of considerable humanitarian importance. They offer all Red Cross and Red Crescent Societies, even those of only modest financial resources, a field of action commensurate with the innumerable sufferings which result from all wars.

Special mention should be made of the relief that numerous Societies have endeavoured to provide to captured enemy wounded under treatment in military hospitals. Such assistance is not merely in conformity with the fundamental principal of impartiality. Insofar as the motivation for such action is exclusively humanitarian, it assumes a profound significance for peace. These Societies have thus made their contribution to reconciliation of adversaries, faithful to their vocation as peace-makers.

As can be seen, there are many ways in which National Red Cross and Red Crescent Societies can help the military medical services in their countries. These activities cannot, however, be improvised in response to needs as they arise. It is up to each Society to establish close contacts with the appropriate services of the armed forces in peacetime in order to determine the precise role that it will be called upon to fill, in the event of armed conflict, for wounded or sick soldiers, and the ways and means it can collaborate with the military medical service. Evidently, there should be identical planning with regard to the relations to be established under such circumstances with other voluntary organizations, whether or not they are recognized as auxiliaries to the armed forces medical service.