



**REVUE
INTERNATIONALE
DE LA
CROIX-ROUGE**

SUPPLEMENT

CONTENTS

	Page
The Neutrality of medical personnel (J. des Cilleuls)	189
Activities of the ICRC in North Africa.	197
Further mission of the ICRC to Cyprus	200
Red Cross Broadcasts in Arabic	200

MEMBERS OF THE ARMY MEDICAL SERVICES ARE
NOT COMBATANTS

THE NEUTRALITY OF MEDICAL PERSONNEL

During the years before the Second World War certain political ideas and the progress made in technology led to the development of a new theory of war which completely revolutionized the accepted ideas. The supporters of this theory, sweeping aside all the legal rules restricting a belligerent's freedom of action, consider that a country at war should use its whole potential to break the enemy's will; they conceive the theatre of operations as extending beyond the actual territory of the belligerents, with no distinction made between different categories of persons, and the effects of the war as persisting after the end of hostilities.

This concept of total war was bound to have a serious effect on the humanitarian doctrine of war and to set off a chain of reactions affecting the laws and customs of war.

International law has always distinguished between persons qualified to fight and those who take no part in combats, and are therefore entitled to respect from the enemy. Among these the members of the medical services have always been included. Now, however, contrary to what might have been imagined in the middle of the 20th century, 90 years after the Geneva Convention of August 22, 1864, the special status of the medical service is again subject to questioning. Thus, however unbelievable it may seem in these modern times with their consciousness of the continual progress of civilization, it seems

necessary today to discuss once more the neutrality of the medical services and particularly of doctors, a subject which had once seemed closed.

The regulations protecting medical personnel, summarized and illustrated by a particularly apt and succinct statement that "medical personnel shall have the benefit of neutrality", adopted by the plenipotentiaries to the Diplomatic Conference of 1864, still form part of Article 9 of the Geneva Convention of July 27, 1929, which provides that "the personnel engaged exclusively in the collection, transport and treatment of the wounded and the sick, and in the administration of medical formations and establishments, 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."

And yet since 1949 a doctor may be detained if the captor state thinks it expedient "at the state's complete discretion, not subject to any control by the Protecting Power and with a permissive but not mandatory provision in the text that they should exercise their medical functions preferably for the benefit of wounded and sick prisoners of war of their own country"¹. This is a compromise between two opposing theories and a step towards rejection pure and simple of the neutrality of medical personnel, a neutrality which there is an ever increasing tendency to deny.

To justify such a reversal of the traditional rules and to deny non-combatant status to medical personnel, the supporters of the new theory point to the considerable numbers of prisoners of war made during the two world wars and stress their anxiety to fall in with the wishes often expressed by army doctors to share the captivity of their regimental and fighting comrades. But the main reason—and in this they admit to taking a realistic view whose cruelty cannot be too much emphasized—is that they consider that the recent and ever greater improvements in surgical and medical technique and in the prevention and treatment of contagious and epidemic diseases would allow the rapid recovery of an ever larger number of sick and

¹ P. DE LA PRADELLE.

wounded and consequently the maintenance of a high fighting potential to ensure victory. On this basis, once the medical services are considered as one of the major factors in the achievement of victory, it becomes important to paralyse or completely suppress their activities, and one of the seemingly most effective methods of doing this would be to regard them henceforth as an integral part of the combatant troops. There would thus be no further question of any respect or protection being due to medical personnel, and if they fell into the hands of the enemy they would suffer the same fate as the rest, and their only "privilege" would be to remain in captivity under more or less improved conditions. Their neutrality would no longer be anything more than a remnant of the past, its *raison d'être* gone. It might even be argued with some logic that they should be free to use arms in all circumstances.

There is a strong tendency to treat the immunity of a member of the medical staff as a personal "privilege" while in fact it is simply a natural corollary of the provisions of the Geneva Conventions ensuring respect and protection for the wounded and sick. This immunity is based on humane principles. It allows the medical staff to carry out their noble mission completely and effectively and with a calm mind. If it were otherwise the medical services would be deprived of that protection which is essential to them if they are to carry out their humanitarian tasks in time of war.

* * *

During past wars, and especially since those of the 18th century, the belligerents have always conceded that a man engaged in seeking out, collecting, transporting and treating the wounded and sick is not a combatant. To be considered as a combatant he would have to commit hostile or violent acts or take an effective part in the armed combat. The doctor, however, although he wears the distinctive uniform of the army in which he serves, has been trained only to relieve physical suffering and to bring moral comfort to persons who appeal to him, have need of him or are entrusted to his care.

In an address to the heads of foreign delegations taking part in the 16th Meeting of the International Information Office for Military Medicine and Pharmacy in 1953, His Holiness Pope Pius XII quoted the Geneva oath and recalled that "the supreme principle of professional and moral conduct and of medical conscience and practice is to assist and to cure, not to harm, to destroy and to kill. This principle applies to every man, friend or enemy, independently of sex, age or race, nature or education and particularly on the battlefield and in bombed cities. It orders a man to prevent and to preserve. Thus, the medical conscience can be the collective conscience of all the doctors of the world."

A doctor's task is identical in peace time and in war time, and in these very different periods in the life of the nations the doctor's task is both collective and individual and of a purely humanitarian character. In his rôle of saviour in both peace and war the doctor risks his health and his life. He is exposed to the danger of falling victim to his professional duty by catching a contagious disease from a patient under his care or of falling beneath enemy fire as he bends over the wounded on the battlefield.

Of course, and this is his sole reason for giving it, the treatment given by the doctor aims at curing the sick or wounded man and allowing his return to physical and intellectual activity. But to deduce from this that in war time there are reasons for restricting or even preventing this care and treatment being given on the enemy side is to trample underfoot all that gives a doctor's calling, profession and honour its humanitarian meaning.

To consider the doctor, so devoted and skilled in repairing the physical and moral damage caused by war, as similar to the specialist whose task it is rapidly to repair arms damaged by enemy fire, is an idea which follows logically from the conception of total war and which the supporters of total war have not hesitated to put into words, but it is not one which could be approved by any upright man, since it goes contrary to the voice of the human heart and the hopes of the healthy mind.

* * *

Standing outside the armed combat, the medical services continue their tasks on the battlefield whatever the result of the battle. Victory or defeat only make their task easier or more complicated. They are never defeated.

They have the duty of caring for the sick or the wounded of their own army and for those of the enemy, and they do not shirk that duty.

To give only one example among many, the French doctors in 1854 and 1859 cared for the Russian and Austrian wounded with the same devotion as they showed towards their compatriots, while the Russian and Austrian doctors did the same for the French wounded who had fallen into their hands ¹.

The history of war, and its lessons cannot with impunity be neglected, contains many examples of appeals made to army doctors in emergencies to come to the assistance of officers, men of high birth and even high-ranking military commanders in the opposing army. At that time, when information concerning the conduct or development of operations was obtained mainly through spies, it might have been feared that members of the French military medical services crossing the lines under a safe conduct could have informed their army of what they had heard or seen during their mission. And yet this perhaps legitimate fear did not prevent the belligerents from allowing relief to be given for humanitarian purposes. During the operations at Metz in August 1870, wide authority was given to army doctors to collect the wounded in the enemy lines and to give them assistance and treatment.

The possibility of doctors or their assistants taking part in peacetime and during hostilities in research into means of waging war aroused vehement protests from the medical profession in all countries, and there was a wave of indignation when some of the trials after the war brought out the fact that some doctors had been mixed up in research of this type in some of the belligerent armies. These protests in themselves illustrate the essence of the doctor's calling. The value of this evidence is that it opposes the concept of the doctor as a com-

¹ L. LEFORT.

batant. Otherwise it might perhaps be feared that research by doctors for aggressive purposes might be considered legitimate and—if this was so—might achieve results far beyond those obtained by humanitarian action and leading to a recovery of manpower. Since the use of atomic weapons is aimed at destruction of greater and greater scope on either side, will it not be essential in the long run to appeal to doctors of the side which has suffered the least damage to go and help the innumerable victims on the other side? Once that is conceded, how can the idea that a doctor is a combatant be reconciled with the neutrality of the medical services? As a combatant the doctor would be obliged, like all combatants, to make every effort not to fall into the hands of the enemy, and all the more so in that he might consider, as a result of the new ideas, that he is particularly useful to his own army. As far back as 1872, Professor Léon Lefort, who was Surgeon-in-Chief of the voluntary field hospitals during the Franco-Prussian war of 1871, wrote in his book: “*La chirurgie militaire et les Sociétés de secours en France et à l'étranger*”¹: “The wounded must not be abandoned by the doctors, as would be bound to happen if the doctors and the hospital equipment were to remain in enemy hands for the duration of the war, for it would then be the duty of the doctors to retreat on the approach of the enemy in order not to be made useless to their country for the rest of the campaign. It is essentiel that a doctor who has remained of his own free will within reach of the enemy should not run the risk of being taken for a combatant and killed or even bayoneted as has happened unfortunately in all wars... It is the very profession of doctor which implies neutrality. Experience has shown me that the armet is not adequate and I would like to see in wartime all members of the military medical services wearing the white képi with the red cross of the International Society for Aid to Wounded Soldiers...”

Although a doctor's conscience makes him refuse to abandon the wounded and sick entrusted to his care, a conflict of duties may possibly arise in the minds of certain doctors, and that

¹ Germer BAILLIÈRE, édit., Paris, 1872.

would certainly be harmful to the interests of the wounded and sick, who would run the risk of being left in the sole care of the enemy for the treatment which their state requires. Also a medical service may be tempted to send only a limited number of medical staff, and of inferior qualifications, into the combat zone, thus leaving a whole area insufficiently manned with qualified staff.

* * *

The experience of war teaches us that in the combat zone the presence of doctors is absolutely essential if the wounded and sick are to be respected and protected. In this way, to give only one example, the presence and courageous attitude of Dr. Simonin, Professor at the Val-de-Grâce Hospital, put an end to the massacres which were taking place at the Gomery hospital in August 1914. To abolish a doctor's neutrality is to leave the wounded and sick in all circumstances at the mercy of the high feeling, and even the pitiless fury, engendered in the fighting and to give free rein to atrocities.

Neutrals are essential in the theatre of hostilities, and they are also needed to act as Protecting Power, with whose help and under whose supervision the Conventions for the protection of war victims can be applied. The idea of total warfare, however, is making the number of nations not involved in a particular conflict smaller and smaller.

The above considerations would appear to prove that it is not right to consider a doctor as a combatant and that such an idea is against the interests of the sick and wounded. Furthermore, and more generally speaking, the prospect before a doctor considered as a combatant is quite foreign to his traditional mission and deprives it of its sense and value.

The Conventions of Geneva permit a doctor to carry, and if necessary to use, arms in his own defence or the defence of the wounded in his care, but this permission, which is in any case more symbolic than practically effective, is no reason why he should lose his non-combatant status or why attempts should be made to whittle away the respect and protection due to him. It should be added that the ever-increasing dangers to which

medical formations and establishments are exposed should not logically imply that the protection and defence of these formations and establishments should be carried out by the medical services, as there is a tendency to think and concede. The need for protection and defence against the foreseeable dangers of day and particularly of night-time—when the dangers are characterized by suddenness and rapidity—seem indeed to argue for protective measures being taken by the military command proper, which has every qualification for taking them.

From any point of view the medical services ought not to be considered as combatants. Such an idea is both nonsensical and dangerous. It is infinitely to be desired that a vast movement of public opinion develops throughout the world in order to safeguard one of the foundation stones of civilization: the neutrality of the medical services.

JEAN DES CILLEULS

President,
Société de droit international médical

INTERNATIONAL COMMITTEE OF THE RED CROSS

ACTIVITIES OF THE ICRC IN NORTH AFRICA

I. MOROCCO

In spring 1957 the attention of the International Committee of the Red Cross was drawn to the situation of Algerian civilians who had taken refuge in Eastern Morocco. Information collected on the spot by the ICRC delegates enabled them to estimate the number of refugees in distress at about 40,000. They were in scattered groups along the frontier zone between Algeria and Morocco and were eking out a very precarious living, especially in South Morocco.

At the end of March 1957, the ICRC made available to its delegation in Morocco a first amount of almost 5 million Moroccan francs, taken from its own funds, for an emergency relief action on behalf of the civilians, who included a large number of women and children. This credit, which was gradually raised to more than 15 million Moroccan francs, enabled the ICRC delegates to arrange from 20 April onwards several distributions of food-stuffs in Martimprey, Oujda and surrounding districts, Bou-Beker, Berguent and Figuig. The food distributed consisted of barley flour, semolina, tea and sardines.

Since the requirements remained great, a sum of some 10 million Moroccan francs was made available by the ICRC for a second relief action. For this purpose, a third special mission of the ICRC went in July to the Oujda district and made further distributions of barley, hard wheat, sardines, oil and sugar.

Later, thanks to a number of contributions from other sources, the ICRC was able to extend to its delegates a further credit of about 22 million Moroccan francs. With this money considerable quantities of food-stuffs were again purchased on the spot (hard wheat, peas, sugar, oil, condensed milk, tea and soap) and distributed to Algerian refugees in Saïdia, Berguent, Oglot, Sedra, Figuig, Ahfir, Martimprey du Kiss, and Berkane. With the help of the refugees' representatives, these distributions were made in an organized manner under the supervision of the two ICRC delegates. Finally, since the beginning of October, two delegates of the ICRC have again been in Eastern Morocco to buy and distribute the winter clothing for some 20,000 persons, including 10,000 children and 5000 women.

II. TUNISIA

During June 1957, the Tunisian authorities and the Tunisian Red Crescent appealed to the ICRC for assistance on behalf of Algerian civilians who had taken refuge in Tunisia. Although the Tunisian Government and the Tunisian Red Crescent had spontaneously organized emergency relief for these persons, they considered assistance from the Red Cross necessary.

Following this request, the International Committee sent a mission of enquiry consisting of a doctor who, in agreement with the authorities, studied on the spot the problems of giving relief to these refugees.

On the basis of the information brought back to the International Committee by this first mission, a second delegate was sent to Tunisia at the beginning of August to organize practical assistance for some tens of thousands of Algerian refugees. During the second half of August he was able to distribute a certain number of food parcels to refugees in the areas of Aïn-Draham and Sakiet Sidi Youssef.

Furthermore, as in Morocco, and thanks to contributions from other sources, the ICRC has just placed a further credit of 10 million Tunisian francs at the disposal of its delegate. This sum will be used for the purchase of clothing and blankets

for the coming winter and the action is still in progress. If, as the ICRC hopes, still further gifts are sent for the refugees in Tunisia, the emergency relief action undertaken in that country on behalf of Algerian civilian refugees will be carried on for some time yet.

III. ALGERIA

As the *Revue internationale* has mentioned on various occasions, the ICRC has already been able to send its delegates four times on visits to places of detention in Algeria.

During these four missions, of which the first took place in March 1955, more than 152 prisons, assembly centres, screening camps and transit camps have been visited by the ICRC delegates.

Furthermore, on each of these missions, games, educational matter, sports gear and books have been sent by the ICRC to the places of detention.

Finally, clothing worth about 4 million French francs has also been distributed by ICRC delegates to persons in Algeria itself who have had to leave their homes as a result of the events.

However, while it was working on behalf of persons held as prisoners or interned by the French forces in Algeria, the International Committee was asked, mainly by families, to take action on behalf of French civilians and military personnel captured by the Algerian *Front de Libération Nationale*.

As already stated in the *Revue internationale*, contact was established as early as the beginning of 1956 between the ICRC and the representatives of the *Front de Libération Nationale* with a view to the International Committee lending its assistance.

The International Committee has received from the *Front de Libération Nationale* in Algeria a verbal and written assurance that it would receive a list of names of French prisoners and would be enabled to send one of its delegates to visit them. The ICRC, which is continuing to make representations to the *Front de Libération Nationale* in Algeria, sincerely hopes that its request will soon be met.

FURTHER MISSION OF THE ICRC TO CYPRUS

During his third mission to Cyprus, from August 18 to 20, 1957, Mr. D. de Traz, General Delegate of the ICRC for the Middle East, again visited several places of detention in the island. The Central Prison at Nicosia, the Interrogation Centre at Omorphita and the camps at Pyla, Pyroï and Kokkino Trimi-thia, where some 1,200 persons in all are detained, were thus visited by Mr. de Traz.

As is the custom, the representatives of the detainees were able, during each visit, to converse without witnesses with the ICRC delegate. The various items noted and his comments were the subject of reports which the ICRC has sent to the responsible authorities.

Mr. de Traz was received with every courtesy by the Governor of Cyprus, Sir John Harding. He also had the opportunity of discussing various questions relating to the detainees with Mr. W. H. Ramsay, Under-Secretary for Internal Security in the Government of Cyprus.

RED CROSS BROADCASTS IN ARABIC

As is known, since 1952, Red Cross broadcasts in Spanish have been made on the Swiss short wave-length for the Spanish and Latin-American public, which have aroused great interest.

In view of the encouraging result of these broadcasts, the International Committee has decided to arrange similar programmes for the Arab countries. Broadcasts are now being made every Friday at 5.30 p.m. (8.30 p.m. Cairo Summer Time), over the following wave-lengths: 16 m. 93 and 25 m. 28. The

talks, which started on July 12, are given by Mr. I. Zreikat of the ICRC, in Arabic; recorded at the Intercroixrouge Studio, Radio-Genève, they are broadcast with the courteous assistance of the Swiss Short Wave Station at Schwarzenburg.

The broadcasts will henceforth give general information on the work of the ICRC and on the International Red Cross Conference in New Delhi, and will later institute short reports on the various relief actions in progress, and analyses of the basic principles of the Red Cross and Red Crescent. Interviews will be broadcast with Arab visitors passing through Geneva, representatives of the Red Cross and the Red Crescent on missions, and delegates of the Near East countries to the international organisations.

In order to emphasise the importance of this new activity and the efficient co-operation given for the purpose, a ceremony was held on August 12 at the studio, which bears Mr. Max Huber's name. Various prominent persons were present and broadcast messages, including Mr. Jamil Mardam-Bey, President of the Syrian Red Crescent, H. E. Abdel Shafi El-Labban, Egyptian Ambassador at Berne, H. E. Zohar El-Kabbani, Permanent Delegate for Syria and Observer for the Arab League with the international organisations in Geneva, H. E. Nadim Dimechkie, Minister for Lebanon at Berne and H. E. Selim El-Yafi, Chargé d'Affaires for Syria in Switzerland.

Mr. René Dovaz, Director of Radio-Genève, and Mr. Paul Borsinger, Director of the Swiss Short Wave Service, were present at the meeting. Mr. L. Boissier, President of the ICRC, who was accompanied by several members of the Committee and its staff, spoke a few words of greeting to listeners in Arab countries. At the close of his speech, Mr. Boissier said that the object of the broadcasts was to make the work of the Committee and the Red Cross and Red Crescent Societies better known to peoples who are called upon to play an increasingly important part in the world, and to whom he sent his cordial wishes for their future welfare and prosperity.

The Arab visitors present at the ceremony also spoke on the air, expressing the hope that these broadcasts would make the work of the ICRC better known in their respective countries,

and their conviction that this new undertaking would arouse great interest throughout the Arab world. Mr. Dimechkie said, for instance, that the International Committee had given yet another proof of the co-operative spirit which it wished to promote in all parts of the world. Mr. El-Labban said that the ICRC occupied an exceptional position, far above all the differences which divide nations and peoples. It is entirely unprejudiced and its action had earned it respect and gratitude. The Arabs present at the ceremony wished to express their gratitude to the ICRC.

Prior to the broadcast Mr. René Dovaz spoke a few words of welcome and said that, like Mr. Boissier, he was very pleased to see the start of a new activity which would lead to closer and more direct contact between the International Committee and the Arab countries. The Committee would thus have the opportunity of explaining, in a series of broadcasts, the unvarying principles by which the action of all who work under the emblem of the Red Cross or the Red Crescent is governed. That in itself showed the importance of the meeting of August 12 at Radio-Genève.
