

29 HUMANITARIAN and LEGAL STANDARDS IN WAR

CORE CONCEPTS

- Restate the history of the International Humanitarian Law.
- Identify protected personnel, medical facilities, and transports.
- Explain protected persons' limits of self-defense and defense of patients and detainees.
- Recall medical care requirements of the prisoner of war and detainee.
- Describe initial actions upon capture.
- Summarize the medical care requirements for confined individuals.

INTRODUCTION

Customary international law and treaties, such as the Geneva and Hague Conventions, regulate the conduct of hostilities. The rights and duties set forth in the conventions are part of the supreme law of the land. The United States is obligated to adhere to these laws even when an opponent does not. Department of Defense (DOD) and Army policies require that operations be conducted in a manner consistent with these obligations.

During all military operations, members of the US armed forces must be prepared to detain personnel who are no longer willing or able to continue fighting, as well as others who fall under specific detention criteria (eg, those who pose a threat to US forces). This means the medical community must be prepared to take into custody, protect, and medically care for potential detainees in any category. It is imperative that all individuals detained by US forces be treated in accordance with DOD policies and domestic and international law. Combat medics are responsible for adhering to and maintaining DOD and Army policies in a manner consistent with these obligations.

INTERNATIONAL HUMANITARIAN LAW

International humanitarian law is the body of war-time rules that protect people who are not participating in the hostilities. Its central purpose is to limit and prevent human suffering in times of armed conflict.

The rules are to be observed by governments, their armed forces, armed opposition groups, and any other parties to a conflict.

History of International Humanitarian Law

The Geneva Conventions are a series of treaties signed by most countries. The first treaty was signed in 1864 (Figure 29-1). It established rules to protect

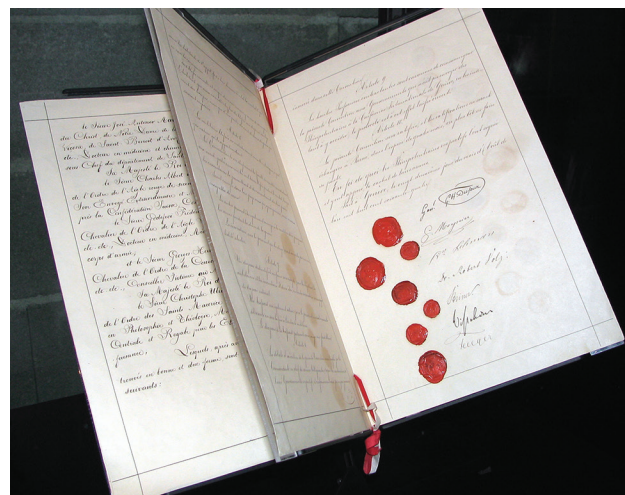


Figure 29-1. The first document of the first Geneva Convention from 1864, on loan to the International Red Cross and Red Crescent Museum in Geneva, Switzerland. Photograph by Kevin Quinn. Reproduced with permission from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:Original_Geneva_Conventions.jpg



Figure 29-2. The headquarters of the International Committee of the Red Cross (ICRC) in Geneva, Switzerland. Photograph by Alexander Umbricht. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:IKRK_Hauptquartier.jpg

soldiers who are wounded to the extent that they can no longer serve as combatants. The original rules, or conventions, were expanded over the years. The four Geneva Conventions of 1949 establish the humanitarian protections that are currently applied during armed conflict. The conventions and their protocols specifically protect people who do not take part in the fighting or who can no longer fight.

Nations that signed the Geneva Conventions are required to educate their citizens (civilian and military) about these laws. The International Committee of the Red Cross (ICRC) (Figure 29-2) is the official protector of victims of war. However, the ICRC does not have enforcement power. The nations that signed the conventions are required to enforce the rules themselves and publicize the most serious violations, known as breaches or war crimes. Just as the majority of people do not commit serious criminal offenses, such as murder or rape, neither do most people involved in armed conflicts commit war crimes. Nations are often anxious to show that what they do is lawful, according to the standards adopted by the international community.

Requirements for United States Soldiers

Soldiers must not engage in acts that violate the Geneva Conventions or the law of war. An example of an unlawful order is a commander ordering a soldier to “shoot every man, woman, and child in sight.” Soldiers should disregard an illegal order and try to get it rescinded, based on the fact that it violates the law of war. This takes courage, but following a criminal order is committing the crime, which can result in trial and punishment. No one can force you to commit a crime, and soldiers cannot be court-martialed or

punished for refusing to obey an unlawful order. The lack of courage to disregard a criminal order, or the mistaken fear of being court-martialed or punished for disobeying a criminal order is not a valid excuse for committing a war crime. The US Fighting Force Code of Conduct says, “I am an American, fighting for freedom, responsible for my actions, and dedicated to the principles which made my country free.”¹ Soldiers who follow the code should have no problem identifying and disobeying unlawful orders.

If a criminal order results in a violation of the law of war, it must be reported to appropriate authorities. Any known or suspected violations must also be reported. Your first and best option is to report through your chain of command; your commander has established regulations governing reporting procedures. If you fail to follow these procedures, you could be prosecuted under the Uniform Code of Military Justice (UCMJ). You can report a known or suspected violation by someone in your chain of command to the local Office of the Inspector General, the Office of the Provost Marshal (military police), a judge advocate (military lawyer), or a chaplain, who can help you report through official channels.

Regardless of how you decide to report a violation of the law of war, you should do it at once. Evidence and witnesses may disappear quickly, and a prompt investigation is more likely to dispel mistaken charges. Even the perception of impropriety can be detrimental to the mission and US interests.

Check on Learning

1. Describe the ways a soldier may report a suspected war crime.
2. To whom could you report a suspected war crime?

PROTECTED PEOPLE, MEDICAL FACILITIES, AND TRANSPORTS

Protected People

Under the law of war, certain individuals are protected as noncombatants (Figure 29-3). Civilians, those wounded in the field or at sea, prisoners of war (POWs), chaplains, and medical personnel are all protected.

Civilians are people who are not members of the enemy’s armed forces and do not take part in hostilities. Civilians (and their property) cannot be the subjects of a military attack. Journalists and members of the ICRC are also given protection as civilians. The



Figure 29-3. Executions of Jews by German army mobile killing units (Einsatzgruppen) near Ivangorod, Ukraine. Originally published in *Zwiazek Bojowników o Wolność i Demokrację / League of Fighters for Freedom and Democracy / Union des Combattants pour la Liberté et la Démocratie / Verband der Kämpfer für Freiheit und Demokratie* (1959) 1939-1945. *We have not forgotten / Nous n'avons pas oublié / Wir haben es nicht vergessen.* Warsaw, Poland: 267. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:Einsatzgruppen_murder_Jews_in_Ivanhorod,_Ukraine,_1942.jpg

Geneva Conventions contain specific rules to protect civilians, including the following:

- Pillage, reprisals, indiscriminate destruction of property, and the taking of hostages are prohibited.^{2,3}
- Civilians are not to be subjected to collective punishment or deportation.^{2,4}
- The safety, honor, family rights, religious practices, manners, and customs of civilians are to be respected.⁵
- Civilians are to be protected from murder, torture, or brutality, as well as discrimination on the basis of race, nationality, religion, or political opinions.^{6,7}
- Children who are orphaned or separated from their families must be cared for.⁸
- If security allows, civilians must be permitted to lead normal lives.^{9,10}

Soldiers who can no longer fight due to sickness or wounds are to be respected and protected, as are POWs. Surrender may be made by any means that communicates the intent to give up. There is no clear rule about what constitutes surrender; however, most agree that surrender constitutes the cessation of resistance and placement of one's self at the direction of the captor. Captors must respect (not attack) and protect (care for) those who surrender.

Chaplains and medical personnel are specifically identified in the first Geneva Convention as follows: "Medical personnel exclusively engaged in the search for, or the collection, transport, or treatment of the wounded and the sick, or in the prevention of disease, staff exclusively engaged in the administration of medical units and establishments, as well as chaplains attached to the armed forces, shall be respected and protected in all circumstances."¹¹ This includes permanent medical personnel (eg, doctors, nurses,

physician assistants, and medics) and medical support personnel. Those who look after the administration of medical units and establishments are protected because they are an integral part of the medical service of the military.

Medical personnel receive two forms of protection under the Geneva Conventions^{12,13}:

1. Protection from attack. Note that medical personnel who perform nonmedical duties harmful to the enemy lose their protective status.
2. Protection upon capture. If captured, medical personnel are considered as "retained personnel," not POWs. Retained personnel can only be required to perform medical duties. They must receive at least all the benefits conferred on POWs and must obey the POW camp rules. They may be retained only as long as needed to tend to prisoners of war who are sick and wounded and must be returned when their retention is no longer essential.

Defense of Self, Patients, and Detainees

In combat operations, medical personnel are entitled to defend themselves and their patients from unlawful attacks; however, the conventions permit only use of small, defensive arms against unlawful enemy attacks. Any use of a weapon by protected personnel in an offensive manner (eg, a medic firing on enemy soldiers during an offensive attack) may result in forfeiture of protected status and exposure to penalties for violation of the law of war. The use or mounting of offensive weapons (eg, machine guns, grenade launchers, hand grenades, and antitank weapons) on dedicated medical evacuation vehicles and aircraft jeopardizes the protections afforded by the Geneva Conventions.

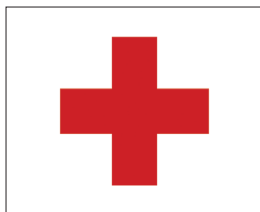


Figure 29-4. Flag of the Red Cross. Photograph by Jon Harald Søby. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:Flag_of_the_Red_Cross.svg

Check on Learning

3. What happens if medical personnel use defensive weapons to fire at enemy soldiers?
4. Why should medical personnel avoid carrying grenades or machine guns?

Protected Medical Facilities and Transports

All US medical facilities and transports display the distinctive emblem of the Geneva Conventions. It is displayed over the unit or facility and in other places as necessary to adequately identify the unit or transport as medical. The Geneva Conventions authorize the use of the following distinctive emblems on a white background¹⁴:

- red cross (Figure 29-4); the reverse of the Swiss flag, in honor of the origin of this initiative (not a Christian symbol),
- red crescent (Figure 29-5), and
- red crystal (Figure 29-6).

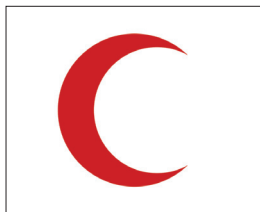


Figure 29-5. Flag of the Red Crescent. Photograph by Jon Harald Søby. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:Flag_of_the_Red_Crescent.svg

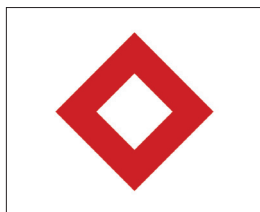


Figure 29-6. A new symbol, adopted by the Red Cross and Red Crescent Societies of the world in 2005, will give a country that doesn't want to utilize the internationally recognized ICRC red cross or red crescent symbols (eg, Israel) protections

provided by the law of war. This symbol is not intended to replace any existing symbols approved by the ICRC. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/w/index.php?title=File:Flag_of_the_Red_Crystal.svg&aid=295462258

The red Star of David emblem has not been officially authorized by the conventions but is recognized in practice (Figures 29-7 and 29-8).

Occasionally other countries have applied to the ICRC to use a particular symbol instead of the Red Cross (eg, red flame, red lion with sun [Figure 29-9], elephant, or Star of David on a white background), but these applications have been refused in an attempt to limit the number of symbols used.

A competent military leader with legal authority to make this decision may display, obscure, or remove the distinctive emblem during military operations. The removal of the distinctive emblem alone does not remove the protected status of the facility or vehicle. The military authority may decide to obscure or remove the emblem for purposes such as camouflage, or if it is assessed that enemy forces will fail to respect the emblem and will seek to attack medical personnel. The purpose of the distinct emblem is to facilitate the identification of protected status. If it is removed or obscured, enemy forces may not recognize the protected status and attack the medical facility or vehicle in error.

A unit will never display the distinctive emblem while engaging in attacks in order to shield, favor, or protect one's own military operations, or to impede enemy military operations. An example of this is using an ambulance displaying a distinct emblem, to mount a surprise attack against enemy forces. If a commander wants to use a ground medical transport for nonmedical use, such as transporting able-bodied combatants or ammunition, the distinctive emblem must be covered or removed, its protected status is forfeited, and the transport and its occupants are subject to attack.

The conventions also say that fixed or mobile medical facilities "shall at all times be respected and protected."¹³ This means they may not be attacked intentionally. Although the enemy may not deliberately target a hospital, legitimate military facilities are acceptable targets. If such military objectives are located adjacent to a hospital, the hospital may be inadvertently hit. Therefore, it is prudent to situate hospitals away from potential military targets. A hospital will remain protected unless it is used to commit "acts harmful to the enemy."¹⁵ Similarly, medical supplies, equipment, and transports (eg, ambulances, medical ships, medical aircraft) used exclusively to remove the sick and wounded and to transport medical personnel and equipment are also protected by the conventions. However, a convoy carrying both wounded and able-bodied soldiers, or



title=File:Red_Star_of_David.svg&aldid=29546225

Figure 29-7. Although not recognized internationally by the ICRC, the Red Star of David is used by Israel within its borders. Authored by user: Denelson83. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/w/index.php?title=File:Red_Star_of_David.svg&aldid=29546225

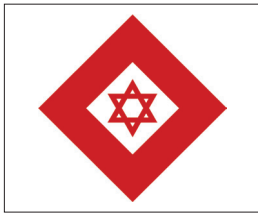
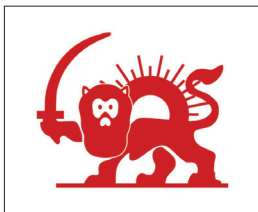


Figure 29-8. Because the Red Star of David is not an internationally recognized symbol to provide protections by the law of war, the Star of David is placed in the middle of the internationally recognized Red Crystal. Additional protocol III

(added in 2005) to the 1949 Geneva Convention provides protection for countries that use the Red Crystal only, and once another symbol is placed into the center of the Red Crystal, it no longer becomes an internationally recognized symbol. The Star of David in the center of the Red Crystal is the symbol of the Magen David Adom, which is the national aid society of the state of Israel when performing missions outside of the Israeli border. It requires permission from the host country. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/w/index.php?title=File:Red_Crystal_with_Star.svg&aldid=1805970



commons.wikimedia.org/wiki/File:Red_Lion_with_Sun.svg

Figure 29-9. An example of a symbol used by other countries, but it is not internationally recognized by the ICRC and the laws of war and provides no internationally recognized protections. Reproduced from Wikimedia Commons. https://commons.wikimedia.org/wiki/File:Red_Lion_with_Sun.svg

wounded personnel and offensive weapons would lose this protection.

Medical aircraft must be marked with a distinctive medical emblem and must fly at heights, at times, and on routes specifically agreed upon between the parties concerned (Figure 29-10).^{16,17} Medical aircraft shall be clearly marked with the emblem, together with their national colors, on their lower, upper, and lateral surfaces.¹⁶ Unless agreed to otherwise, flights over enemy or enemy-occupied territory are prohibited. Medical aircraft shall obey every summons to land but may continue its flight after examination.^{16,17} In the event of an



Figure 29-10. A UH60 MEDEVAC Black Hawk Helicopter of the C Co 2/149th Alamo Dustoff displaying the ICRC red cross. Photograph by Michael Davis.

involuntary landing in enemy or enemy-occupied territory, the wounded and sick as well as the crew of the aircraft may become POWs; medical personnel should be treated as designated in the Geneva Conventions.

Check on Learning

5. Could a commander order the removal of the ICRC emblem and still use the vehicle for a medical purpose?
6. To enhance operational security, can the emblem be camouflaged (eg, a dark brown cross with a light brown background)?
7. Can a commander legally use an ambulance for a nonmedical purpose (eg, to transport combat troops)?
8. Could a commander take a combat vehicle and put a red cross on it to avoid attack while it is performing a nonmedical function?

POW AND DETAINEE CARE AND TREATMENT

A detainee is any person captured or under control of DOD personnel.¹⁸ As a matter of policy, all detainees will be treated in accordance with the principles applicable to enemy POWs unless and until a more precise legal status is determined. An enemy prisoner of war (EPW) is one who, while engaged in combat under government orders, is captured by enemy armed forces. A civilian internee is an individual interned during an international armed conflict for security reasons,

for protection, or because he or she has committed an offense (insurgent, criminal) against the detaining power. A retained person is an enemy individual serving in medical, religious support, or voluntary aid society (eg, ICRC) roles. Other detainees are people in the custody of US armed forces who have not yet been classified.

Following the declaration of a Global War on Terror, an additional detainee classification was created: enemy combatant. These are individuals who, through their own conduct and actions, are not entitled to the privileges and protection of the Geneva Conventions, but they are still entitled to humane treatment.

Note: A comprehensive list of terrorists and terrorist groups is identified under Executive Order 13224, at <http://www.treas.gov/ofac/>. Any detainee affiliated with these organizations will be classified as an enemy combatant.

The Geneva Conventions specify that detainees must be cared for “without any adverse distinction based on sex, race, nationality, religion, political opinions, or any other similar criteria.”¹⁹ US law also requires that certain rights be afforded to individuals captured on the battlefield. Every soldier should be aware of these basic rights. Granting these protections is also valuable militarily; ultimately, these rules benefit US soldiers on the battlefield because enemies are more likely to surrender when they know they will be treated by their captors with dignity and respect. It is also hoped that these rights will be afforded to US soldiers should they be captured.

Detainees must be protected against all acts of violence, including murder, mutilation, torture, rape, forced prostitution, assault, corporal punishment, and theft²⁰ (Figures 29-11 through 29-13). All detainees will be protected against any other cruel, inhuman, or degrading treatment not listed above. For example, detainees may not be paraded publicly in an attempt to expose them to ridicule, humiliation, or attacks by civilians. They will not be subjected to medical or scientific experiments.²¹ Inhumane treatment of detainees is never justified by the stress of combat or extreme provocation.

Initial Actions upon Capture

Always initially treat a captured person as an EPW. Infantry detainee teams process the individual according to the “5 Ss and T” technique²²:

1. **Search** the person immediately for weapons, ammunition, equipment, and documents with intelligence value. EPWs and retained persons will be allowed to retain personal effects of sentimental or religious value. Female detainees should be searched by female personnel.
2. **Segregate** them into groups of enlisted, noncommissioned officers, and officers. Individuals presumed to have intelligence value should be separated immediately from other EPWs. Segregation rules may differ depending on the situation.
3. **Silence** the individual. Segregation should prevent prisoners from communicating with each other by voice or visual means, including singing or praying out loud.
4. **Safeguard** the individual. You are responsible for the individual’s safety and humane treatment.
5. **Speed** the individual to the rear. Wounded EPW patients should be evacuated to the rear as soon as their medical conditions permit.
6. **Tag** using DD Form 2745. The tag should include date and time of capture, location of capture, capturing unit, and circumstances.



Figure 29-11. One of four American soldiers from the 21st Infantry Regiment found between the forward observation post and the front line, who were captured by the enemy on the night of July 9, 1950 and executed. Photograph by Corporal Robert Dangel, National Archives ID 531361. Reproduced from Wikimedia Commons. <https://commons.wikimedia.org/wiki/File:Americanexecuted1950korea.jpg>



Figure 29-12. Moments before the execution of SGT Leonard G. Siffleet of “M” Special Unit of the Australian Netherlands East Indies Forces by Japanese Naval Force member Yasuno Chikao. It was confirmed that Yasuno Chikao was killed before the end of WWII, and the photograph was found on the body of a dead Japanese soldier. Australian War Memorial ID Number 101099. Reproduced from Wikimedia Commons. <https://en.wikipedia.org/w/index.php?title=File:LeonardGSiffleet.jpg>

Detainee Medical Care

The medical standard of care for detainees is the same as for US forces. According to the Geneva Conventions, “All the wounded, sick and shipwrecked, whether or not they have taken part in the armed conflict, shall be respected and protected. In all circumstances they shall be treated humanely and shall receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition.”²³ Priority for medical treatment is based on the severity of the wound or injury; the most urgent cases will be treated first, regardless of whether the individual is a friend or an enemy. Medical support will include first aid, all sanitary aspects of food



Figure 29-13. Eighty-four American POWs of the 285th Field Artillery Observation Battalion, massacred by the members of Kampfgruppe Peiper (Part of the 1st SS Panzer Division) during the battle of the Bulge, at the Baugnez crossroads near Malmedy, Belgium, during WWII. Courtesy of the National Oceanic and Atmospheric Administration/Department of Commerce. Reproduced from NOAA Photo Library. <https://photolib.noaa.gov/Collections/Coast-Geodetic-Survey/War-Service/emodule/956/eitem/46916>

service, preventive medicine, professional medical services, medical supply, and coordinating the use of medically trained EPWs, civilian internees, retained personnel, and medical materiele.²⁴ The conventions further require that detainees never be left without medical assistance or care.

Detainees must be provided with adequate food, drinking water, and clothing. Detainees’ food rations shall be sufficient in quantity, quality, and variety to keep them in a good state of health.²⁵ When providing food to a detainee, their cultural and religious requirements must be considered to ensure an appropriate diet.²⁶ Withholding food and medical treatment to interrogate a detainee is not allowed.²⁷

Detainee Hold and Evacuation

Noninjured detainees are to be humanely evacuated from the combat zone as quickly as possible.²⁸ Sick and wounded detainees should be evacuated separately and as warranted by their medical condition but in the same manner as US and allied forces.²⁹

Body cavity examinations may be performed for valid medical reasons with the verbal consent of the patient. Body cavity searches not conducted for medical reasons may be performed only when there is a reasonable belief that the detainee is concealing an item that could present a security risk and must be authorized by the first general officer in the chain of command. Body cavity searches, if warranted, will be conducted by trained personnel of the same gender and with the utmost respect for the detainee's dignity and privacy.²⁹ Performing a body cavity examination is **not** in the 68W's scope of practice.

Units designated to hold and evacuate detainees will triage detainees and categorize the sick and wounded in their custody as walking or nonwalking (litter). These detainees will be delivered to the nearest medical treatment facility and evacuated to another treatment facility (if medically stable) through medical channels.³⁰ During transport, detainees will have sufficient food and drinking water to keep them in good health and will be provided adequate clothing, shelter, and medical attention. Medical personnel do not guard detainee patients.

Check on Learning

9. What types of medical support do US soldiers offer detainees?
10. Suppose wounded and hungry enemy soldiers are under your medical care. You think they know the locations of enemy units in the area. Can you deny them medical treatment or food until they tell interrogators what they want?

Medical Care for Enemy Prisoners of War

Inprocessing Medical Requirements

All detainees must receive a screening medical examination during inprocessing. Medical requirements include the following²⁴:

- medical history;
- physical examination to detect lice and communicable diseases (eg, sexually transmitted diseases);
- overall health, nutrition, and hygiene assessment;
- screening chest radiograph for tuberculosis;
- dental screening;
- mental health screening;

- height and weight measurement;
- immunizations against diseases (as recommended by the theater surgeon); and
- creation of a medical record containing all this information.

Documentation of medical care will occur at every level, and the records must accompany detainees throughout the medical system, including through transport. Copies should be provided to detainees upon their release, if requested. Each facility shall provide copies of the applicable Geneva Conventions for detainees in the detainees' own language. The detaining authority will ensure medical personnel complete the appropriate medical records. The detaining authorities shall, upon request, issue an official certificate indicating the nature of the injury or illness and the duration and type of treatment to every detainee who has undergone treatment. A duplicate certificate will be sent to the ICRC. Per DOD policy, the ICRC is the only organization with authorized access to detainees.

Sick Call and Medical Support

EPWs, retained persons, and civilian internees may not be denied medical care, and every camp will have an infirmary.³¹ Sick call for detainees requiring medical attention should be held daily.³² To the extent possible, detainees will be cared for separately from coalition forces and civilians, and every effort should be made to have female health care providers screen and care for female detainees.²⁹ Special facilities should be made available for the care and rehabilitation of those with disabilities.³¹

Any detainee with a contagious disease, mental condition, or other illness as determined by the physician or physician assistant will be isolated from the other patients. Any detainee found to be suffering from a medical condition that requires specialized treatment or who has a life-threatening illness must be treated in a military or civilian medical treatment facility.³¹

Other Medical Concerns

Medical inspections for general health, nutrition, and cleanliness should be held at least once a month.³³ Detainees should be provided with sanitary supplies, service, and facilities necessary for their personal cleanliness and sanitation.³⁴ The detaining power is responsible for the hygiene and sanitation of the camp or detainment facility and should periodically inspect and remedy unhealthful conditions.

Sick or wounded detainees may be questioned by human intelligence collectors, provided they have permission from an appropriate medical provider.²⁹ At no time should detainee medical information be available for interrogation purposes. However, if a detainee has a medical condition that may be exacerbated during an interrogation session, the health care provider should inform the interrogation team of the existing medical limitations. Detainees should not be handcuffed or tied, except to ensure safety and security,³⁵ or when prescribed by a responsible physician as needed to control a medical case requiring restraint.^{29,36} Medical personnel are obligated to report any information obtained during the course of medical care that could affect the safety and security of other detainees or coalition forces.³⁶

Check on Learning

11. Under what medical conditions are detainees isolated?
12. How often are medical inspections performed in detainee centers?

HUMAN REMAINS AND PORTIONS

During combat operations, medical personnel will take care of the wounded as well as the deceased. Battlefield transportation and recovery of the deceased are directed in Army regulations to be the responsibility of the Quartermaster Corps (more commonly known as logistic operations); however, medics are often asked to recover human remains. Treat human remains with dignity, reverence, and respect. Human remains recovery is important; family members should get a full accounting (security classification permitting) of the circumstances in which their loved ones were killed.

Human remains recovery operations should begin after the area is secure. When recovering the remains of a deceased casualty, prepare Department of Defense Form 1380 Tactical Combat Casualty Care (TCCC) card as deceased, and attach the document to the remains. Do not remove clothing, organizational clothing and individual equipment, or personal effects. When a casualty has died during medical treatment, do not remove intravenous lines; monitor patches, cut intravenous tubes, and leave catheters in place. Prepare Department of Defense Form 1380 TCCC card as deceased, and attach the document to the remains. List all lifesaving procedures that were attempted.

Place the remains and any clothing that was removed during medical aid in a human remains pouch. Place individual body armor in a separate bag marked with the casualty's name and the date. Evacuate to the nearest Mortuary Affairs Collection Point (**MACP**).

When recovering portions of remains, do not remove any personal effects from portions. Place each portion in an individual plastic bag; individually bagged portions may be placed in one human remains pouch to facilitate transport. Evacuate to the nearest MACP.

At times, you may recover disassociated personal effects (effects that were separated from the casualty during the fatal event). Individually bag each of these items. Individually bagged, disassociated effects may be placed in one plastic bag or human remains pouch to facilitate transport. Evacuate these to the nearest MACP.

SUMMARY

The guiding principle in the Geneva Conventions, International Humanitarian Law, and the recovery of human remains is humanity. Although nations still engage in war, many nations have set rules to make warfare more humane and to lessen its sufferings. The rules recognize that everyone involved in war is human and should be afforded rights and dignity accordingly. The humanitarian provisions of the law of war protect everyone caught up in a conflict: friend, foe, and bystander alike.

US soldiers are duty bound to avoid causing unnecessary suffering or destruction. Therefore, all prisoners of war, captured or detained individuals, civilians, and even human remains must be treated humanely.

Soldiers must refuse to obey any order that requires them to violate the law of war and report violations to the appropriate authorities. Above all, soldiers must remember that they are personally responsible for any unlawful act they commit.

Remember that respect for others does not disappear if a casualty perishes. Treat human remains with dignity and respect; fallen individuals have friends watching how you treat their remains. If the deceased is a local national, the local population is watching how you treat their loved one and will judge not only you, but your entire country, accordingly.

By knowing our rights and responsibilities, as humans and as American soldiers, reporting all suspected war crimes to the proper authorities, and knowing the rights of our enemies and of the civilian population, we play an important part in mission success and return to peace.

KEY TERMS AND ACRONYMS

ICRC: International Committee of the Red Cross.

EPW: Enemy prisoner of war.

MACP: Mortuary Affairs Collection Point.

CHECK ON LEARNING ANSWERS

1. Describe the ways a soldier may report a suspected war crime.

The first and best option is to report through your chain of command. Your commander has established regulations governing reporting procedures. If you must report a known or suspected violation by someone in your command, there are other reporting options.

2. To whom could you report a suspected war crime?

Chain of command, Office of the local Inspector General, Office of the Provost Marshall (military police), judge advocate (military lawyer), and a chaplain (who can help you report through official channels).

3. What happens if medical personnel use defensive weapons to fire at enemy soldiers?

Medical personnel may always fire in defense of themselves or their patients. However, if medical personnel start acting as combatants, the enemy will respond accordingly. Any use of a weapon by protected personnel in an offensive manner (eg, a medic firing on enemy soldiers during an offensive attack) may result in forfeiture of protected status and exposure to penalties for violation of the law of war.

4. Why should medical personnel avoid carrying grenades or machine guns?

They are offensive weapons and could jeopardize the protection of the medical establishment.

5. Could a commander order the removal of the ICRC emblem and still use the vehicle for a medical purpose?

Yes, there is no requirement to affix a Red Cross to anything. However, it may jeopardize the protection it would be entitled to; it may not be recognized as being used to provide medical care.

6. To enhance operational security, can the emblem be camouflaged (eg, a dark brown cross with a light brown background)?

To be protected under the Geneva Conventions, the emblem must be red upon a white background.

7. Can a commander legally use an ambulance for a nonmedical purpose (eg, to transport combat troops)?

Yes, but he must cover up the Red Cross or other protective emblem; however, this will result in the ambulance being a legitimate target.

8. Could a commander take a combat vehicle and put a red cross on it to avoid attack while it is performing a nonmedical function?

No. Misuse of the medical emblem in this manner is a war crime.

9. What types of medical support do US soldiers offer detainees?

First aid; all sanitary aspects of food service; preventive medicine; professional medical services; medical supply; and coordinating the use of medically trained EPWs, civilian internees, retained personnel and medical materiel.

10. Suppose wounded and hungry enemy soldiers are under your medical care. You think they know the locations of enemy units in the area. Can you deny them medical treatment or food until they tell interrogators what they want?

No. The Geneva Convention that protects EPWs prohibits forcing a prisoner into giving information of any kind.

11. Under what medical conditions are detainees isolated?

If they suffer from a contagious disease, mental condition, or other illness as determined by the medical officer.

12. How often are medical inspections performed in detainee centers?

Monthly medical inspections will be held for general health, nutrition, and cleanliness.

REFERENCES

1. 3 CFR, 1954-1958. Code of Conduct for members of the Armed Forces of the United States, 1955. Executive Order 10631. Article VI, amended by 3 CFR, 1988 Comp., p. 561. EO 12633.
2. Geneva Convention IV, article 33.
3. Geneva Convention IV, article 34.
4. Geneva Convention IV, article 49.
5. Geneva Convention IV, article 27.
6. Geneva Convention IV, article 32.
7. Geneva Convention IV, article 3.
8. Geneva Convention IV, article 24.
9. Geneva Convention IV, article 38.
10. Geneva Convention IV, article 39.
11. Geneva Convention I, article 24.
12. Geneva Convention I, article 30.
13. Geneva Convention I, article 19.
14. Geneva Convention I, article 38.
15. Geneva Convention I, article 21.
16. Geneva Convention I, article 36.
17. Geneva Convention I, article 37.
18. US Department of Defense. *DOD Dictionary of Military and Associated Terms*. Published February, 2023. Accessed April 12, 2023 (CAC required). https://jdeis.js.mil/jdeis/new_pubs/dictionary.pdf
19. Geneva Convention I, article 12.
20. Additional Protocol II to the Geneva Conventions of 1977, article 4. International Committee of the Red Cross. *Protocols Additional to the Geneva Conventions of 12 August 1949*. https://www.icrc.org/eng/assets/files/other/icrc_002_0321.pdf. Accessed March 25, 2019.

21. Geneva Convention III, article 32.
22. US Department of the Army. *Infantry Platoon and Squad*. DA; 2016. ATP 3-21.8.
23. Additional Protocol II to the Geneva Conventions of 1977, article 7. International Committee of the Red Cross. Protocols Additional to the Geneva Conventions of 12 August 1949. https://www.icrc.org/eng/assets/files/other/icrc_002_0321.pdf. Accessed March 25, 2019.
24. US Department of Defense. *Joint Health Services*. DOD; 2018. Joint Publication 4-02, Change 1.
25. Geneva Convention III, article 26.
26. US Department of Defense, Office of General Counsel. *Department of Defense Law of War Manual*. DOD; June 2015 (updated December 2016): 519.
27. US Department of the Army. *Human Intelligence Collector Operations*. DA; 2006. FM 2-22.3.
28. Geneva Convention III article 19.
29. US Department of the Army, FMI 4-02.46. *Medical Support to Detainee Operations*. DOD; November 2007.
30. US Department of the Army. *Medical Evacuation*. DA; 2016. ATP 4-02.2, C1.
31. Geneva Convention III, article 30.
32. US Department of Defense, Office of General Counsel. *Department of Defense Law of War Manual*. DOD; June 2015 (updated December 2016): 570.
33. Geneva Convention III, article 31.
34. Geneva Convention III, article 29.
35. US Department of Defense, Office of General Counsel. *Department of Defense Law of War Manual*. DOD; June 2015 (updated December 2016): 517.
36. US Department of Defense. *Medical Program Support for Detainee Operations*. DOD; June 2006. Department of Defense Instruction 2310.08E.