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PERSONNEL, FACILITIES, AND TRANSPORT  
DURING WORLD WAR I

A thesis presented to the Faculty of the U.S. Army  
Command and General Staff College in partial  
fulfillment of the requirements for the  
degree

MASTER OF MILITARY ART AND SCIENCE

by

RANDALL G. ANDERSON, MAJOR, USA  
B.S., Bemidji State University, Bemidji, Minnesota, 1985

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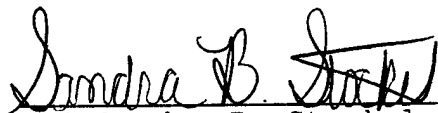
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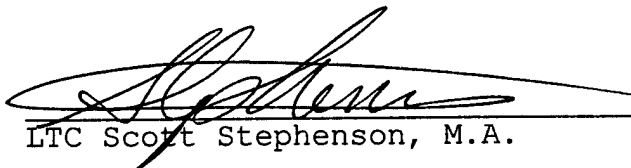
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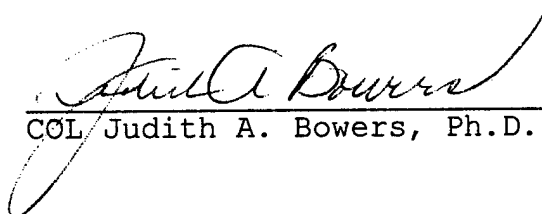
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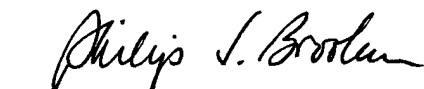
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The options and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

## ABSTRACT

A HISTORICAL ANALYSIS OF THE GENEVA AND HAGUE CONVENTIONS AND THEIR PROTECTION OF MILITARY MEDICAL PERSONNEL, FACILITIES, AND TRANSPORT DURING WORLD WAR I by Major Randall G. Anderson, USA, 134 pages.

This study explores the Geneva Convention of 1906 and the Hague Convention of 1907 and their effectiveness in protecting military medical personnel, facilities, and transport during World War I. The analysis focuses on violations against American, British, and French protected medical forces on the Western Front and violations against military hospital ships and medical personnel at sea.

Following a description of the origins of the conferences, the conditions that medical personnel faced on the battlefield, and the layout of military medical services during World War I, the investigator analyzed violations that were committed on land and at sea, categorizing the violations by frequency and intent. Additionally, the investigator presented available examples of protections that the conventions appear to have afforded to protected military medical personnel, facilities, and transport.

Based upon the analysis, the investigator concluded that the German military frequently and intentionally violated the provisions of the Geneva and Hague Conventions, both on land and at sea. The study also finds that American, British, and French protected military medical forces were impartially attacked by the German military. Further study of violations in subsequent wars is recommended to identify trends and ways that military commanders can better protect their medical assets.

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Second, I would like to thank the staffs of the Combined Arms Research Library at Fort Leavenworth and the Armed Forces Medical Library in Washington, D.C. Both of these libraries are national treasures and vital sources for any military researcher.

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## CHAPTER 1

### INTRODUCTION

When historians look back on the success and failures of the Geneva Conventions, they often highlight the grave violations that occurred during World War Two. The most widely documented cases cover incidents of inadequate treatment of prisoners of war from World War Two through the Vietnam War. With regards to violations against protected military medical personnel, facilities, and transport, there has been very little documentation, especially before World War Two. In fact, many books and publications refer to the insignificance of problems experienced during World War I. A typical example is: "During World War I in Europe the red cross designation was generally respected, and there are only a few reported instances when it was deliberately fired upon."<sup>1</sup>

Through assertions like the one above, it seemed that the Geneva and Hague Conventions were very successful in providing protection to the military medical personnel, facilities, and transport during World War I. A closer look at historical reports from this period suggests otherwise, providing numerous examples of violations of the conventions on the battlefield and at sea. This made the

investigator wonder if some of the historians had actually gotten it wrong, that in fact, the Geneva and Hague Conventions were not successful, as claimed, in providing protection to military medical personnel, facilities, and transport during World War I, or perhaps during any other conflict.

In this study, the investigator describes the utilization of medical personnel, facilities, and transport on the World War I battlefield; traces the development of the Geneva Conventions from the first charter through the convention in 1906; and identifies violations of the conventions in regards to protected military medical personnel, facilities, and transport. Likewise, the study traces the protection granted to protected military medical personnel and transport at sea from the inception of the Hague Treaties to the Hague Convention of 1907. Using inductive logic, the investigator then drew conclusions regarding the protection of military medical personnel, facilities, and transport during World War I. Such conclusions could have applicability to future conflicts.

#### Context of the Problem

This study was conducted at a time when unconventional support missions and increased mobilizations for operations

other than war challenged the American armed forces. Many military leaders have questioned the implications of assuming protection under the provisions of the conventions. With the threat of continued conflicts involving non-signatory countries and terrorist factions, a thorough look at the historical benefits of the conventions is important for evaluating and reducing risks for military medical personnel, facilities, and transport in such operations.

There are no simple measures to determine the overall success or failure of the Geneva Conventions during armed conflict. History has provided numerous examples of governments that publicly supported the protective provisions, but conducted gross violations on the battlefield in order to meet military objectives, with little documentation to prove their disregard for the Geneva and Hague conventions. Therefore, the study describes and analyzes incidents that occurred on the World War I battlefield as well as at sea, with as much detail of the existing conditions, to indicate the degree of protection which the conventions provided for military medical personnel, facilities, and transport.

### The Research Question

This study focused on the primary question: How much protection did the Geneva and Hague Conventions afford to protected military medical personnel, facilities, and transport during World War I? The following subordinate questions were developed in order to evaluate the documented violations and answer the primary question:

1. What violations of the Geneva Convention of 1906 occurred against military medical personnel, facilities, and transport on land in World War I?
2. What violations of the Hague Convention of 1907 occurred against military medical personnel and transport at sea in World War I?
3. Were there any incidents during World War I where the Geneva and Hague Conventions provided protection to military medical personnel, facilities, and transport, on land or at sea?

### Assumptions

As discussed in the methodology chapter, the investigator used inductive reasoning to develop generalizations from specific incidents which occurred during World War I. Probably few, if any, intentional

violations occurred that are supported through official documented policy ordering the soldiers to conduct these violations against the enemy's protected military medical personnel, facilities, or transports. This would have indicated or suggested noncompliance and exposed the belligerents to prosecution for war crimes. Considering this, the investigator assumed that any violations that did occur were due to unpublished orders, directives initiated at lower levels of command, or resulted from the government's and military's lack of disseminating or internally enforcing the provisions of the Geneva and Hague conventions for the protection of military medical personnel, facilities, and transport.

Furthermore, the investigator made the assumption that analyzing violations would yield an approximation of protection. This assumption is based upon the concept that few or no violations suggest that that the conventions do protect, especially if most violations appear unintentional.

#### Definition of Terms

There are common terms and definitions presented throughout the references of this study. While sometimes

used in different contexts, the following definitions are used:

*American Expeditionary Forces (AEF)*. The military force from the United States that deployed to France in 1917. An estimated 2,039, 329 soldiers fought with this force during World War I.<sup>2</sup>

*Australian Imperial Forces (AIF)*. The military force from Australia that fought in France and other campaigns during World War I. Not a member of the League of Nations, Australia fought as part of the British Empire.

*British Expeditionary Forces (BEF)*. The military force from Great Britain that deployed to France in August 1914 with a strength of 125,000 men and ultimately reached a strength of over two million.<sup>3</sup>

*Code of Conduct*. A clear and simple statute for soldiers to use to govern their conduct during war. The policy was signed by President Eisenhower on 17 May 1955 as Executive Order Number 10631.

*Conventions*. The proper name used in this study to refer to the Geneva and Hague Conventions as a whole.

*Distinctive Emblem*. The means of identifying protected military medical personnel, facilities, and transport. It is a red cross or a red crescent on a white

background which is to be displayed on the flags, armbands, hospital ships, and equipment used in medical service.<sup>4</sup>

*Geneva Convention of 1864.* Product of the conference attended by representatives of sixteen States that embodied the principle that "members of the armed forces who are wounded or sick, and thus harmless and defenseless, must be respected and cared for without distinction of nationality." The convention, consisting of ten articles, established in the interest of the wounded soldier, the protection of medical personnel, hospitals and ambulances against hostile acts. This convention also identified the red cross on a white background as the distinctive sign of this protection.<sup>5</sup>

*Geneva Convention of 1906.* Product of the conference that ratified the ten articles of the Geneva Convention of 1864 to thirty-three articles, organized by chapters "in order of importance." A key improvement to this convention was the permanent protection of medical personnel, where the previous convention afforded protection only when they were on duty.<sup>6</sup> (Translation of this convention is provided in appendix A.)

*Hague Convention of 1899.* Product of the conference held at The Hague in 1899 with the goal of the provisions



of the Geneva Convention of 1864 to maritime warfare. This convention was developed upon the suggestion of the Emperor of Russia and developed the protection for hospital ships and their personnel.<sup>7</sup>

*Hague Convention of 1907 (No. X).* Product of the revised Third Convention of 1899 that took place at the Second Peace Conference. The convention, signed on 18 October 1907, is comprised of twenty-eight Articles and establishes the "Adaptation of Maritime Warfare of Principles of the Geneva Convention."<sup>8</sup> (Translation of this convention is provided in appendix B.)

*International Committee of the Red Cross.*

Headquartered in Geneva Switzerland, this humanitarian organization provides protection and assistance not only to those wounded in war but also to others wounded by conflict and civil strife. The scope of their assistance includes civilians, prisoners of war, and human rights violations.

*Protected Medical Facilities.* Identified by Chapter II of the Geneva Convention of 1906 as any properly marked and utilized mobile or fixed establishment, intended for the use by armies in the field, that belongs to the sanitary service. During World War I, the different types of medical aid stations, casualty clearing stations, and

hospitals detailed in chapter 3 were used. In accordance with the Geneva Convention, protected medical facilities are marked for identification by the distinctive emblem of the red cross on a white background.<sup>9</sup>

*Protected Medical Personnel.* As identified by Chapter III of the Geneva Convention of 1906, these individuals are "charged exclusively with the removal, transportation, and treatment of the sick and wounded, as well as with the administration formations and establishments." During World War I, the different roles of personnel throughout the medical systems detailed in chapter 3 were used. This included military physicians, medical aidmen, stretcher-bearers, and hospital-ship corpsmen. In accordance with the Geneva Convention of 1906, protected medical personnel wore a brassard with the distinctive emblem of the red cross on a white background on their left arm.<sup>10</sup>

*Protected Medical Transport.* As identified by Chapter II of the Geneva Convention of 1906, these are the "mobile sanitary formations" intended for use by the accompanying armies in the field. Convoys of medical transport are protected by the provisions of Chapters V and XVII of this convention. The Hague Convention of 1907 establishes that at sea, hospital ships are designed "solely with the a view

to assisting the wounded, sick, and shipwrecked." During World War I, animal-drawn ambulances, motor ambulances, hospital trains, hospital barges, and hospital ships were used. In accordance with the Geneva and Hague Conventions, to be protected medical transport, they must be marked with the distinctive emblem of the red cross on a white background.<sup>11</sup>

*Sanitary Train.* The military medical system used to evacuate and care for patients with the division's area of the battlefield. Field Hospitals and ambulance companies were two components of this system.<sup>12</sup>

*Violation.* Any transgression or attack against protected military medical personnel, facilities, or transport that is not in compliance with the appropriate provisions of the Geneva or Hague Convention. For the incident to actually qualify, the protected items must also meet the minimal requirements for protection status, in accordance with the applicable convention.

#### Limitations

This study has five limitations that impact on the extent that the conclusions can be drawn and applied to future operations. The primary limitation is the lack of

documentation by countries describing their policies, successes, and failures to adhere to the provisions of the conventions. This necessitated the use of individually recorded violations to estimate the overall degree of protection provided to military medical personnel, facilities, and transport during World War I. The investigator remained cognizant of the risk of overgeneralizing from the specific observations reported in the literature.

The second limitation is the lack of research specific to the protection of military medical personnel, facilities, and transport on the battlefield, especially during World War I. While the majority of the studies have documented violations of the rights of prisoners of war, the literature did not address violations against the protection of military medical personnel, facilities, or transport. This required the investigator to use individual incidents to assess the degree of protection provided for the World War belligerents. The research was further limited by the differing methods and depth of documenting the history of the medical services upon the conclusion of World War I.

The third limitation is closely tied with the previous limitation of documentation, as it was difficult to separate the vast amounts of raw data into three separate sections: American, British, and French medical services. While the armies of these three nations fought in relatively clearly defined sectors, the shortages of certain military medical personnel, facilities, and transport resulted in multinational coalitions for medical support. This system, coupled with limited documentation, made it difficult to determine, in every case, exactly against which country Germany attacked. Recording the findings for the case under the country that sponsored the medical unit minimized this limitation.

The fourth limitation was the difficulty in determining if the recorded violations were actually intentional violations that would reduce the level of protection provided to military medical personnel, facilities, and transport. While the initial provisions of the Geneva Convention were developed based upon the protection of medical assets through visual recognition of red crosses or other neutral symbols, weapons technology in World War I, such as long range artillery, failed to permit the enemy visual recognition for targeting enemy positions.

Finally, the study was limited by the resources available to the investigator. Constraints on time, research facilities, and World War I medical historians were three of these resources. This thesis was completed as a requirement of the Command and General Staff College's Masters of Military Arts and Science program. Conducted concurrently with a full curriculum of college courses, the study had to be completed in a nine-month period. With the school being located at Fort Leavenworth, Kansas, the investigator had limited accessibility to national research facilities. Additionally, the paucity of historians with in-depth knowledge of the medical services in World War I and the provisions of the Geneva and Hague Conventions proved a limiting factor.

#### Scope and Delimitations

The scope of this study was limited to the protected military medical personnel, facilities, and transports of the United States, Great Britain, and France fighting in Western Europe (the "Western Front") during World War I. While other countries played important roles in the war, the preponderance of military medical forces utilized by

the Allies in World War I were from these countries and available information was limited to these countries.

Violations against the Australian Imperial Forces are included in this study as Australia was a part of the British Empire, not a separate member of the League of Nations. The Australian military medical personnel, facilities, and transport were protected by the provisions of the Geneva and Hague Conventions by virtue of the signature and ratifications of Great Britain. For the purpose of this study, violations against the Australians were analyzed with violations against the British.

While this study primarily focused on the protective impact of the Geneva and Hague Conventions for military medical personnel, facilities, and transport in World War I, it included American ambulances and volunteer ambulance drivers who were assigned to military duties and were subsequently enlisted in the United States Army. Since these volunteers wore uniforms with the distinctive emblem of the red cross on their brassards, they were entitled to the same protection from the same articles of the Geneva Convention.

### Significance of the Study

This study is more than a simple historical account of violations of the Geneva and Hague Conventions in World War I. Given the critical nature of the mission of military medical personnel on the battlefield, any interruption of the mission could result in a delay in providing care to wounded personnel which can easily mean the difference between life and death. One of the reasons for the development of the Geneva and Hague Conventions was to prevent unnecessary suffering among combatants and noncombatants. A continual assessment of the conventions is necessary to monitor risk and maintain protection of military medical personnel, facilities, and transport on the battlefield. This study was designed to analyze and interpret the historical situations in order to gain a clearer understanding of issues and practices, using them to suggest further directions of research.

Additionally, during deployments on every military exercise, humanitarian mission, or armed conflict, commanders are forced to assess the risk to and assure the protection of their military medical personnel, facilities, and transport. Some commanders have little knowledge about the requirements of international law, especially as they



pertain to protected military medical personnel, facilities, and transport. Others assume the risk of violating articles of the conventions, in an effort to gain a tactical advantage, without knowing the impact of their decisions.

As demonstrated in the literature review, no one has previously assessed the degree of protection afforded to military medical personnel, facilities, and transport by the Geneva and Hague Conventions in World War I. The purpose of this study is to assess the protection provided to military medical personnel, facilities, and transport during World War I through the analysis of World War I documents. Subsequently, identified violations of the conventions are used to make recommendations which will enhance the protection provided to the protected military medical personnel, facilities, and transport.

## Endnotes

<sup>1</sup> Eloise Engle, *Medic: America's Medical Soldiers, Sailors and Airmen in Peace and War* (New York: The John Day Company, 1967), 60.

<sup>2</sup> John Ellis, *Eye-Deep in Hell: Trench Warfare in World War I* (Baltimore, Md.: The Johns Hopkins University Press, 1976), 106. Also Hunter Liggett, *A.E.F.: Ten Years Ago In France* (New York: Dodd, Mead and Company, Inc., 1928), 247-318. The First Army of the A.E.F. had strength of 2,031,000 personnel (including 135,000 French soldiers) on November 11. Of these there were 16,407 medical officers, 8,500 nurses, and 126,231 enlisted medical personnel. Other U.S. units, like II Corps, employed outside First U.S. Army.

<sup>3</sup> U.S. Military Academy, *A Short Military History of World War I*, Ed. by T. Dodson Stamps and Vincent J. Esposito, (West Point, N.Y.: U.S.M.A.A.G. Printing Office, 1950), 11-12.

<sup>4</sup> Department of the Army, FM 27-10, *The Law of Land Warfare*. Washington: Government Printing Office, 1956. (Reprinted w/ basic including C1, 1976); and U.S. Department of the Army, DA PAM 27-1, *Treaties Governing Land Warfare*. Washington: Government Printing Office, 1956.

<sup>5</sup> Jean S. Pictet, *Commentary: Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field* (Geneva: International Committee of the Red Cross, 1952), 11. This convention was signed by the same sixteen countries that met to develop the Geneva Convention of 1906. The United States ratified this convention in 1882.

<sup>6</sup> Ibid. This convention established that medical personnel and ambulances were no longer considered "neutral," but rather substituted the notion that they were to be respected and protected.

<sup>7</sup> Jean Pictet, *Commentary: Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of the Armed Forces at Sea* (Geneva: International Committee of the Red Cross, 1960), 12.

<sup>8</sup> Ibid.

<sup>9</sup> Geneva Convention of 1906, Chapters II and VI.

<sup>10</sup> Geneva Convention of 1906, Chapters III and VI.

<sup>11</sup> Geneva Convention of 1906, Chapters II, V, and VI.  
Also Hague Convention of 1907, Article 1.

<sup>12</sup> Charles Lynch, Joseph H. Ford, and Frank W. Reed, *Administration American Expeditionary Forces*, Vol. II, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1927), 285.

## CHAPTER 2

### REVIEW OF LITERATURE

Most historical reviews of wars focus on the tactics and leadership that made the campaign a success or failure. Very few books or articles have been written about the protection of military medical personnel, facilities, and transport, presumably since these assets were protected by the provisions of the Geneva and Hague Conventions, and therefore, there would be little or nothing to report. A review on the literature pertinent to this study shows that the contrary occurred during World War I, and medical services had a major impact on treating and evacuating casualties.

The majority of the literature reviewed for this study was from within the 1.5 million holdings of documents at the Combined Armed Research Library located at Fort Leavenworth, Kansas.

The primary resources for any analysis of the Geneva Conventions and the development of the Hague Conventions are the three detailed books by Jean S. Pictet: *Commentary: Volume I, Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field*; *Commentary: Volume II, Geneva Convention for the*

*Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea*; and *The Principles of International Humanitarian Law*. These three excellent books published by the International Committee of the Red Cross in Geneva are the definitive works on the topic of the Geneva Convention and used extensively for the basic background of this study.

There were three additional volumes of official histories of units serving in World War I that provided substantial material to this study. The first was *The Medical Department of the United States Army in the World War* series, written shortly after the war in the 1920s. Volume I, *The Surgeon General's Office*, presented overall statistics for the American medical service during World War I. Volume II was used for its overview describing how American medical services prepared and operated during the war, while Volume VIII, *Field Operations*, presented details of the intricacies of the American medical system and its organization structure in the field. The second series of histories used for this study was the *History of the Great War: Medical Services General History* publications by W. G. MacPherson. Volumes I and II presented an excellent overview of the medical personnel, facilities, and

equipment used primarily by the British medical services, with numerous references to the American and French counterparts. The final series of books that was used for this study was *The Official History of Australia in War of 1914-1918*. With a set of twelve volumes, this series presented detailed accounts of British and Australian medical personnel, facilities, and transport on the battlefield. Volume IX of this series, "The Royal Australian Navy, 1914-1918," presented excellent information pertaining to the use of protected military medical personnel and transport at sea for World War I.

Three books worth mentioning for their excellent applicability to the understanding and studies of violations against the Geneva Convention of 1906 are: *Farmcarts and Fords: A History of the Military Ambulance, 1790-1925* by John S. Haller; *Hospital Ships and Ambulance Trains* by John H. Plumridge; and *The Red Cross Conventions* by G. I. Draper. All three of these periodicals provided essential background information concerning medical services on the battlefields of World War I, and gave basic references for further research on violations of the Geneva Convention.

For the study of violations against the protected military medical personnel and transport at sea in World War I, *The German Submarine War: 1914-1918* by R. H. Gibson and Maurice Prendergast was a key source. This book, in addition to "The Royal Australian Navy, 1914-1918," volume IX of the series *The Official History of Australia in War of 1914-1918*, provided the majority of the data for the study of violations of the Hague Convention of 1907.

The Geneva Convention of 1906 and the Hague Convention of 1907 were in effect at the start of World War I and both were signed by all of the major belligerents of the war. The Geneva Convention of 1906 concerns the protection of military medical personnel, facilities, and transport in the field. The Hague Convention of concerns the protection of military medical personnel and hospital ships at sea. To determine whether the Geneva Convention of 1906 and the Hague Convention of 1907 afforded protection, this study was designed to look at violations of their provisions during World War I to ascertain the degree of protection provided to military medical personnel, facilities, and transport.

The provisions of the Geneva and Hague Conventions are widely documented. Through the years and since the signing

of the conventions, numerous books and articles have been written about the treatment of prisoners of war. Upon closer examination of these books and articles, one realizes, however, that there are very few references to protected military medical personnel, facilities, or transport. The military after action reports of World War I, however, provide specific details and case studies, describing treatment of the protected military medical services, as do the personal memoirs and journals of World War I medical personnel.

As with any historical review, the personal accounts were reviewed, analyzed, and discussed in the context of their origination. For example, it is conceivable that a medic on the front lines would give a very different rendition of his protection, as compared to that of a doctor in a secure hospital in the rear.

While there appears to be ample literature to document the provisions of the Geneva and Hague Conventions, the investigator has not identified a published, single-source document that examines how much protection the Geneva and Hague Conventions afforded to military medical personnel, facilities, and transport, specifically during World War I.



## The Geneva Conventions

In 1859 a Geneva businessman named Henry Dunant was traveling through Italy on his way to meet with French Emperor Napoleon III when he came upon the aftermath of the fifteen-hour battle of Solferino. Before him lay sixteen thousand French and Sardinian soldiers and twenty thousand Austrians left dead or wounded upon the battlefield.<sup>1</sup> Durant, appalled that the wounded were left for days without assistance, organized a relief effort to assist in the evacuation of the injured and the burying of the dead. Returning to Geneva, he published his graphic memories of the horrific battlefield conditions in the 1862 pamphlet, *Un Souvenir de Solferino*. This publication provided a catalyst for the formal development of international relief organizations and ultimately the requirement for a conference held in Geneva in 1863.<sup>2</sup> With delegates from sixteen nations, the group established provisions that "members of the armed forces who are wounded or sick, and thus harmless and defenseless, must be respected and cared for without distinction of nationality." The convention, consisting of ten articles, was established in the interest of the wounded soldier and for the protection of medical personnel, hospitals, and ambulances against hostile acts.

This convention also identified the red cross on a white background as the distinctive sign of this protection.<sup>3</sup> When the United States became a signatory of the convention on March 1, 1882, fifteen other nations joined the pact.<sup>4</sup>

The protection of military medical personnel, facilities, and transport were again considered in 1906 by a diplomatic conference in Geneva. The product of this conference, the Geneva Convention of 1906, ratified the 1864 convention with thirty-three Articles organized by chapters "in order of importance." A key improvement to this convention was the permanent protection of medical personnel, where the previous convention afforded protection only when they were on duty.<sup>5</sup> (Translation of this convention is provided in appendix A.)

The chapters of the treaty that are applicable to this study include Chapter II, "*Sanitary Formations and Establishments*;" Chapter III, "*Personnel*;" Chapter IV, "*Materiel*;" Chapter V, "*Convoys of Evacuation*;" and Chapter VI, "*Distinctive Emblem*."

The protection of military medical personnel is detailed in Article IX of Chapter III. The convention details that: "The personnel charged exclusively with the removal, transportation, and treatment of the sick and

wounded, as well as with the administration of sanitary formations and establishments, and the chaplains attached to armies, shall be respected and protected under all circumstances." The Red Cross workers and American volunteer ambulance drivers, who later became part of the American military forces in World War I, are specifically covered by Article X. The article provides them the same protection, upon the condition that they "shall be subject to military laws and regulations," and "employed in the sanitary formations and establishments of armies." In accordance with Article XX of Chapter VI, both categories of protected medical personnel "will wear attached to the left arm a brassard bearing the red cross on a white background."<sup>6</sup>

Protected military medical facilities are described in Chapter II of the Geneva Convention of 1906 as "Mobile sanitary formations (i.e., those which are intended to accompany armies in the field) and the fixed establishments belonging to the sanitary service." In World War I, the hospitals located in the Zone of the Interior and those in permanent building would be classified "fixed," while the aid stations and casualty clearing stations at the front would be examples of mobile establishments. Article XXI of

Chapter VI further specifies that the distinctive emblem of the red cross on a white background will "be displayed over the sanitary formations and establishments which the convention provides shall be respected."

Protected military medical transport is described in Chapters II and V of the Geneva Convention of 1906. Article VI of Chapter II establishes the protection for the mobile sanitary formations, which "shall be protected and respected by belligerents," while Article XVII of Chapter V focuses on the "convoys of evacuation," which also will be treated as mobile sanitary formations. As with protected military medical personnel and facilities, military medical transports are required to display the distinctive emblem of the red cross on a white background in accordance with Chapter VI.

#### The Hague Conventions

The Hague Convention of 1899 was developed with the laws and customs of those used for war on land. The conference was sponsored by Czar Nicholas II and was attended by twenty-six nations. One of the initial goals of the convention was to extend the principles of protection for noncombatants, developed in the Geneva

Convention of 1864, to naval warfare.<sup>7</sup> The preliminary principles of this concept were outlined at the First Hague Peace Conference and formalized at the Second Hague Conference in 1907. This convention was called "The Hague Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention (of 1906)." Russia had proposed the conference with the primary goal of having the signatories of the original convention reaffirm their adherence to the principles.<sup>8</sup> The convention was successful in incorporating improvements to the original provisions by modeling itself from the Geneva Convention of 1906, instead of the less restrictive provisions of the Geneva Convention of 1864.<sup>9</sup> The United States Senate ratified the convention on March 10, 1908. (Translation of this convention is provided in appendix B.)

The articles of the Hague Convention of 1907 that are applicable to this study are Articles 1 and 4 (use of military hospital ships), Articles 5 and 6 (distinguished marking of hospital ships), and Article 10 (protected military medical personnel). Articles 19 and 20 of this convention are worth noting as they specify the need for all naval commanders to be cognizant of the requirement of the conventions and their requirement to obey the

conventions. Article 19 states, "The Commanders-in-chief of the belligerent fleets must see that the above Articles are properly carried out," while Article 20 focuses on the necessity to bring the "provisions of the present Convention to the knowledge of their naval forces, and especially of the members entitled thereunder to immunity, and for making them public."

The protection of military medical personnel at sea is detailed in Article 10 of the Hague Convention of 1907. While not providing protection by a universal clause, as in the case of military medical personnel in the field, this article details that "The religious, medical, and hospital staff of any captured ship is inviolable, and its members cannot be made prisoners of war." There is no requirement in the convention for protected medical personnel to wear a brassard with the red cross or any other distinctive emblem.

Military medical transport at sea is conducted by military hospital ships. Article 1 of the Hague Convention of 1907 identifies these transports as "ships constructed or assigned by States specially and solely with a view to assisting the wounded, sick, and shipwrecked." This article also details that they "shall be respected" and

"cannot be captured" before or while they are being used in the course of hostilities. Like Chapter VI of the Geneva Convention of 1906, Article 5 of the Hague Convention of 1907 establishes the requirement for displaying the distinctive emblem, a red cross on a white background. Furthermore, military hospital ships are required to distinguish themselves from combatant vessels by being "painted white outside with a horizontal band of green about a meter and a half in breadth." Finally, Article 4 states that they must assist the wounded and sick "without distinction of nationality" and specify that "the Governments undertake not to use these ships for any military purpose." It was this article that Germany claimed was violated when it attacked British hospital ships during World War I.

Going into World War I, some countries were hesitant to put full trust in the provisions of the conventions designed to protect military medical personnel, facilities, and transport. Some of this uncertainty was due to incidents that had occurred on recent battlefields. During the Franco-Prussian War (1870-71), between France and Prussia, both sides were accused of violating the provisions of the Geneva Convention of 1864. The German

military was accused of deliberately bombing French civilians in cities such as Paris, while the French were accused of "taking pot-shots at German ambulance men," although they were clearly displaying the protective flag of the Red Cross.<sup>10</sup> To make matters worse, French civilians started marking their houses with Red Cross flags, having heard that German soldiers were not attacking medical facilities.<sup>11</sup> During the Boer War, (1899-1902), medical assistants to the Chicago Red Cross Ambulance Corps, upon arriving at Transvaal, "tore off their red badges and proclaimed themselves Irish patriots," anxious to fight for their country in the defense of Châteaudun.<sup>12</sup> In the Russo-Japanese War of 1904-1905, stretcher-bearers came under constant fire and dressing stations were difficult to sustain due to enemy artillery fire. The belief was that the Geneva Convention only protected hospitals from capture and the "neutrality of the Red Cross flag was all but lost" for other medical assets.<sup>13</sup>

At the onset of World War I, Germany did nothing to lessen the fear of continued violations. Despite Germany's agreement to the provisions of the previous Geneva and Hague Conventions, their military manual of 1904 detailed the justification for breaching international laws of war



as a "law of necessity."<sup>14</sup> Compounding the concern by the allied countries, a German spokesperson for the Kaiser indicated their position on international agreements when he stated that the treaty with Belgium is "just a scrap of paper."<sup>15</sup> Still, military medical planners went into World War I with the hope that the belligerents would honor the conventions and protect the military medical personnel, facilities and transport, necessary to care for the wounded.<sup>16</sup>

#### The Medical Services During World War I

During World War I military medical services used by the United States, Great Britain, and France on the battlefield were very similar. Despite the developed medical departments of the three countries, there were still deficiencies. Organized societies, such as the Red Cross, provided supplemental support to the armed forces medical units, especially in the area of hospitalization.<sup>17</sup>

At the outbreak of the war France lacked military medical motor transports so the United States sent ambulances and drivers under the control of the Red Cross to France. These medical personnel and transports were used throughout France as the American Field Service. They

were protected by the provisions of Chapters III and IV of the Geneva Convention of 1906 and marked their ambulances with the red crosses on white placards.<sup>18</sup> On September 30, 1917, the implementation of General Order No. 124 made this ambulance service a permanent part of the United States Army.<sup>19</sup>

For the military medical services, the basic medical template used by the American, British, and French medical services started with the stretcher-bearers at the front lines. Casualties would be carried by these stretcher-bearers back to an aid station and then evacuated farther back to a field hospital or casualty clearing station by horse-drawn or motorized ambulances. Casualties would be evacuated from these forward medical facilities to a hospital farther to the rear, where they would receive advanced care and await further evacuation if necessary. For casualties that required additional medical treatment, longer rehabilitation, or transport home, hospital trains were used by all three countries to evacuate patients to the hospitals far from the battlefields and near the ports. The earliest recorded occasion of a railroad used to convoy wounded troops from the battlefield was in the Crimean War (1853-1856). Later, the Americans used the hospital train

system extensively in the Civil War between the years 1861 and 1864.<sup>20</sup> The hospital trains were originally called "ambulance trains" at the beginning of the war, but still maintained the same amount of protection as a military medical transport.<sup>21</sup> From the Base Hospitals near the ports, hospital ships carried casualties requiring further evacuation to Great Britain and Australia.

### The American Medical System in World War I

The United States Congress passed a law in 1887 authorizing a Medical Department for the Army.<sup>22</sup> During World War I, the American Expeditionary Force developed a medical system that had evolved from a close study of best accomplishments of the British and French systems.<sup>23</sup>

(See American Hospitalization and Evacuation System Diagram, figure 1.)

The American medical system, consistent with the basic medical template previously described, began at the front with the litter-bearers, protected military medical personnel who carried the casualty from the trench to the battalion or regimental first aid station 500-1500 yards behind the line. From there, the casualty was carried to

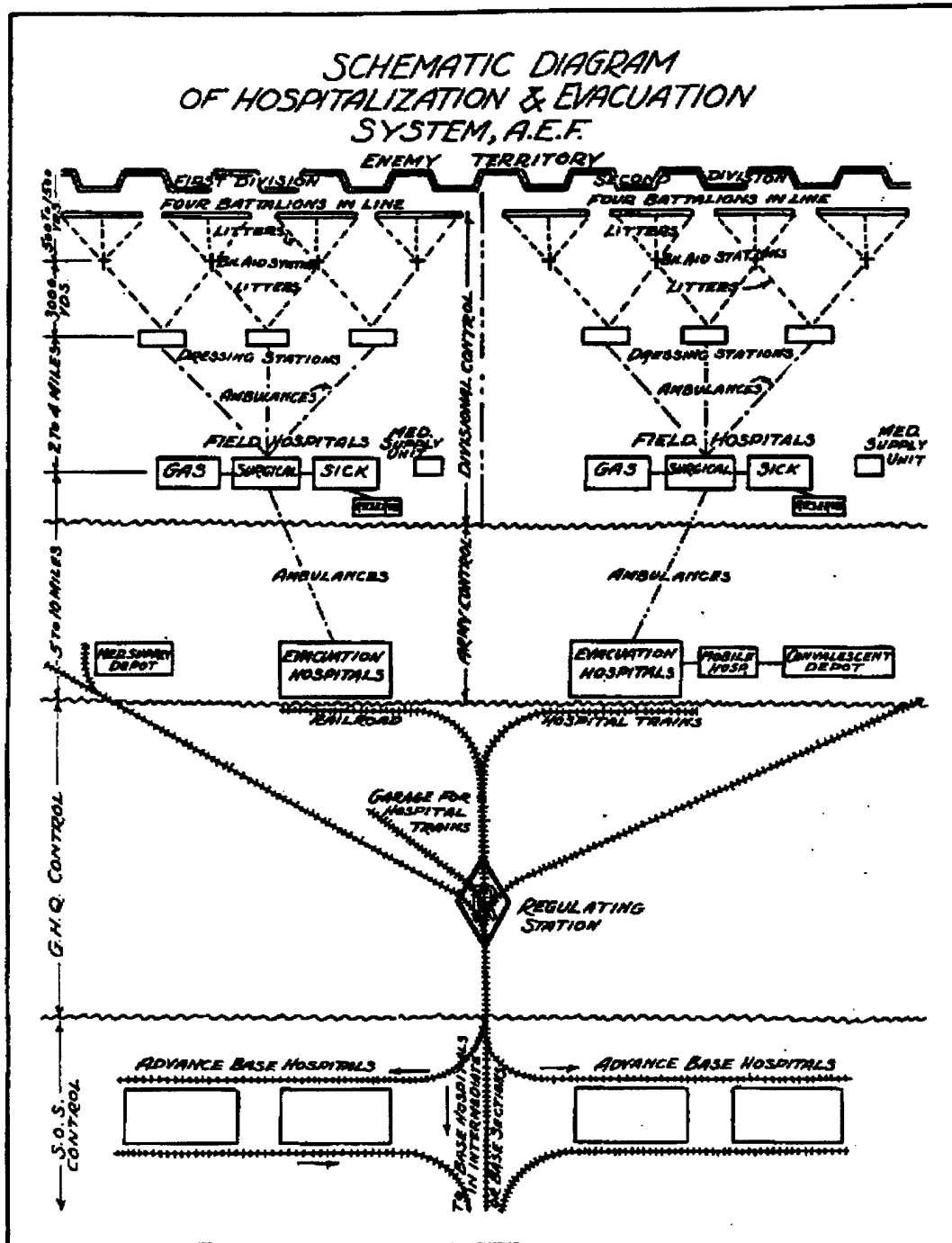


Fig. 1. American Hospitalization and Evacuation System Diagram. Source: Lynch, Charles, Joseph H. Ford, and Frank W. Reed. *Field Operations*, vol. VIII, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1925), 262.

ambulance bandaging stations or dressing stations, the nearest point that an ambulance could approach.<sup>24</sup>

From the ambulance bandaging station the wounded were evacuated to a sorting station of the divisional Field Hospital by animal-drawn or motor ambulances. The animal-drawn ambulances were used exclusively near the front to preserve the limited number of motor vehicles. More serious casualties were taken to Field Hospitals of the division, usually located in tents or buildings marked by large red cross on white background flags or placards in accordance with Chapter VI of the Geneva Convention of 1906.<sup>25</sup> The Field Hospitals were located approximately 5 miles from the front, just outside of the range of the most intense artillery fire.<sup>26</sup>

The next level of American military medical care, located outside of the division area, was the Evacuation Hospital. Motor ambulances were used to bring the casualties to this mobile facility, located approximately 10 to 25 miles from the front and near railheads. The Evacuation Hospital was used to stabilize severe casualties before sending them to Base Hospitals in the rear. In 1918, the United States Army established a plan for the evacuation of the sick and wounded that detailed "whenever

possible, the field hospitals will be grouped in one place" and "not be placed near an important cross road, ammunition dump, important bridge, or a battery position." This was to prevent attacks on the hospital by the enemy aiming at legitimate targets.<sup>27</sup>

Hospital trains or motor ambulances were used to accomplish the evacuation from the Evacuation Hospitals.<sup>28</sup> Hospital trains were to rapidly evacuate the casualties from the Evacuation Hospital to the Base Hospitals. As the American military did not have enough trains during World War I, the U.S. medical Department purchased twenty-two trains from Great Britain and France and borrowed additional trains from these countries when necessary. During the battle at Meuse-Argonne, casualties were so heavy that the Americans needed an additional 45 trains to accomplish the evacuation.<sup>29</sup>

Base Hospitals were designed to receive patients from the Field and Evacuation Hospitals and provide them definitive care.<sup>30</sup> Because of the difficulty of transporting patients back to the United States, American casualties were either evacuated to Great Britain or remained hospitalized in France. British hospital ships performed the evacuation of American casualties to Great

Britain. To accommodate the large number of casualties remaining in France, multiple American Base Hospitals were grouped together in secure areas to form Hospital Centers.<sup>31</sup>

All of the American military medical personnel wore the red cross brassard and all facilities and transport displayed the distinctive emblem (red cross on a white background), in accordance with Chapter VI of the Geneva Convention of 1906. In addition to the prescribed marking of all military medical facilities by the red cross, green lanterns were used at night.<sup>32</sup>

#### The British Medical System in World War I

The British medical services used a very similar system of military medical hospitalization and evacuation in World War I as described for the American Expeditionary Forces. The advantage that the British system had over the American's was that due to the proximity of Great Britain to France, transport of military medical equipment to the war was easier and resulted in Britain's more robust system. (See British Hospitalization and Evacuation System Diagram, figure 2.)

The first element in the British medical system were the regimental stretcher-bearers. It was their job to

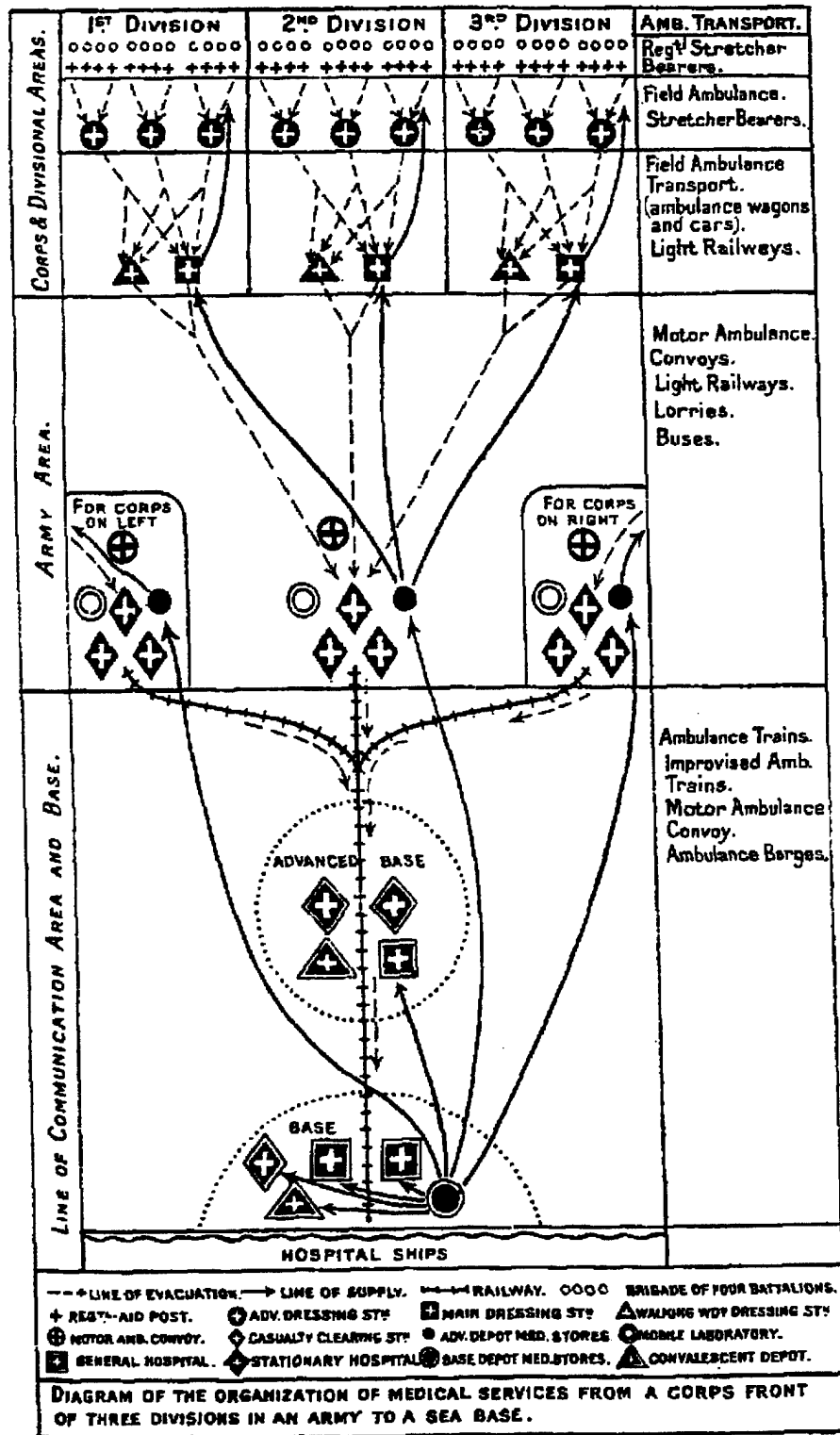


Fig. 2. British Hospitalization and Evacuation System Diagram. Source: W. G. Macpherson, *Medical Services General History*, vol. II, *History of the Great War*, (London: His Majesty's Stationary Office, 1923), 17.



collect seriously wounded casualties from the battlefield and take them to the regimental aid post, located in a shelter of dugouts close to the trenches.<sup>33</sup> From there, the casualty was carried by stretcher-bearers or by field ambulance to the Regimental Aid Station or Advanced Dressing Station. The field ambulances used by the British in this area of the battlefield were either animal-drawn or motorized.<sup>34</sup> Horse-drawn ambulance wagons were the preferred military medical transport in these areas as motorized vehicles had trouble driving on the rough terrain and on the roads destroyed by artillery.<sup>35</sup>

After the battalion medical officer at the Regimental Aid Station applied bandages and administered antibiotics, the casualty was evacuated by stretcher-bearers, light railway, animal-drawn or motorized ambulance to an Advanced Dressing Station or Main Dressing Station. These military medical facilities, also located in dugouts, shelters, and tents, were placed as far forward as possible, while still being safe for motor ambulances.

From the dressing stations, the casualty was evacuated to the Casualty Clearing Station, located about 7 miles from the front. Originally designated by the British as "Clearing Hospitals" in the beginning of World War I, these

military medical facilities treated the casualties, evacuated serious cases to the rear, and kept casualties that could recover within a few days.<sup>36</sup>

Evacuation from the Casualty Clearing Station, often located near a railhead, was accomplished by motor ambulance or ambulance train. Like the Americans, the British military medical services procured trains from the French until they were able to import them from Great Britain starting in December 1914.<sup>37</sup> The ambulance barge was also a form of protected military medical transport used by the British to evacuate casualties from the Casualty Clearing Station to the hospitals in the rear. These small floating boats and platforms were often towed by small tugs, and were marked in accordance with the provisions of the Geneva and Hague Conventions with the red cross on a white background.<sup>38</sup>

Casualties evacuated from the Casualty Clearing Stations were brought to General Hospitals and Stationary Hospitals located far from the front. Like the American medical system, these hospitals were often grouped into base clusters and located on a railhead or near the port for further evacuation to Great Britain or Australia. All

casualties seriously injured and not returning to duty were evacuated by military hospital ships.<sup>39</sup>

The primary use of British military hospital ships was to transport wounded soldiers from ports in Europe, back to ports in Great Britain and Australia. During the peak of World War I, Great Britain had over 100 military hospital ships and transports evacuating casualties.<sup>40</sup> The Australian government had also converted several large coastal liners to be used as hospital ships for their casualties.<sup>41</sup> These military medical transports at sea were used and painted in accordance with the provisions of the Hague Convention of 1907.<sup>42</sup>

As noted previously, during World War I Australia was not yet a separate member of the League of Nations, but a part of the British Empire. The Australian military medical personnel, facilities, and transport were protected by the provisions of the Geneva and Hague Conventions by virtue of the signature and ratifications of Great Britain. The medical services of the Australian Imperial Forces used the same regimental system and basically the same equipment as the British military.

## The French Medical System in World War I

The French medical services used a very similar system of military medical hospitalization and evacuation in World War I as the system described for the American Expeditionary Forces and the British forces. The advantage that the French had over the Americans was that since they were fighting on their own soil, there was no need to transport mobile medical systems across the ocean and they could rely more upon the existing buildings and facilities within their country. This resulted in a less structured system in the rear, while they still used the same basic medical systems near the battlefield. (See French Hospitalization System Diagram, figure 3, and French Evacuation System Diagram, figure 4.)

The French medical system at the front began with the litter-bearers (*brancardier divisionnaires*), protected military medical personnel, who carried the casualty from the trench to an aid station just behind the lines. From there, the casualty was carried to a dressing station or Camp Hospital, the nearest point that a field ambulance could approach.

From the dressing station, the wounded were evacuated to a Mobile Field Hospital by animal-drawn (*Hippomobile*) or

motor ambulances (*Sanitaire Automobile*). The animal-drawn ambulances were used exclusively near the front to preserve the limited number of motor vehicles. More serious casualties were taken to Divisional Field Hospitals (*Hôpital Divisionnaires*), usually located in tents or buildings marked by large red cross flags or placards in accordance with Chapter VI of the Geneva Convention of 1906. Divisional Field Hospitals were located

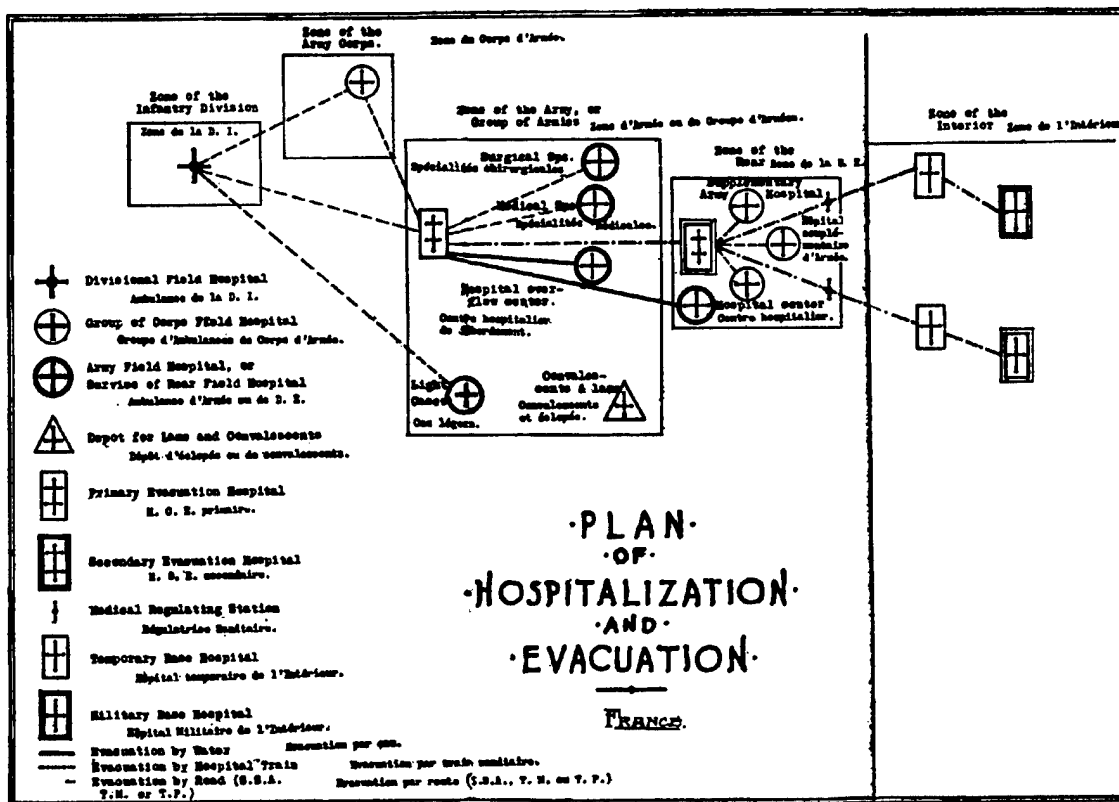


Fig. 3. French Hospitalization System Diagram. Source: U.S. War Office, *Report of the Military Board of Allied Supply*, vol. I, (Washington: U.S. Government Printing Office, 1924), Part Two, Chapter XVIII, Chart 12.

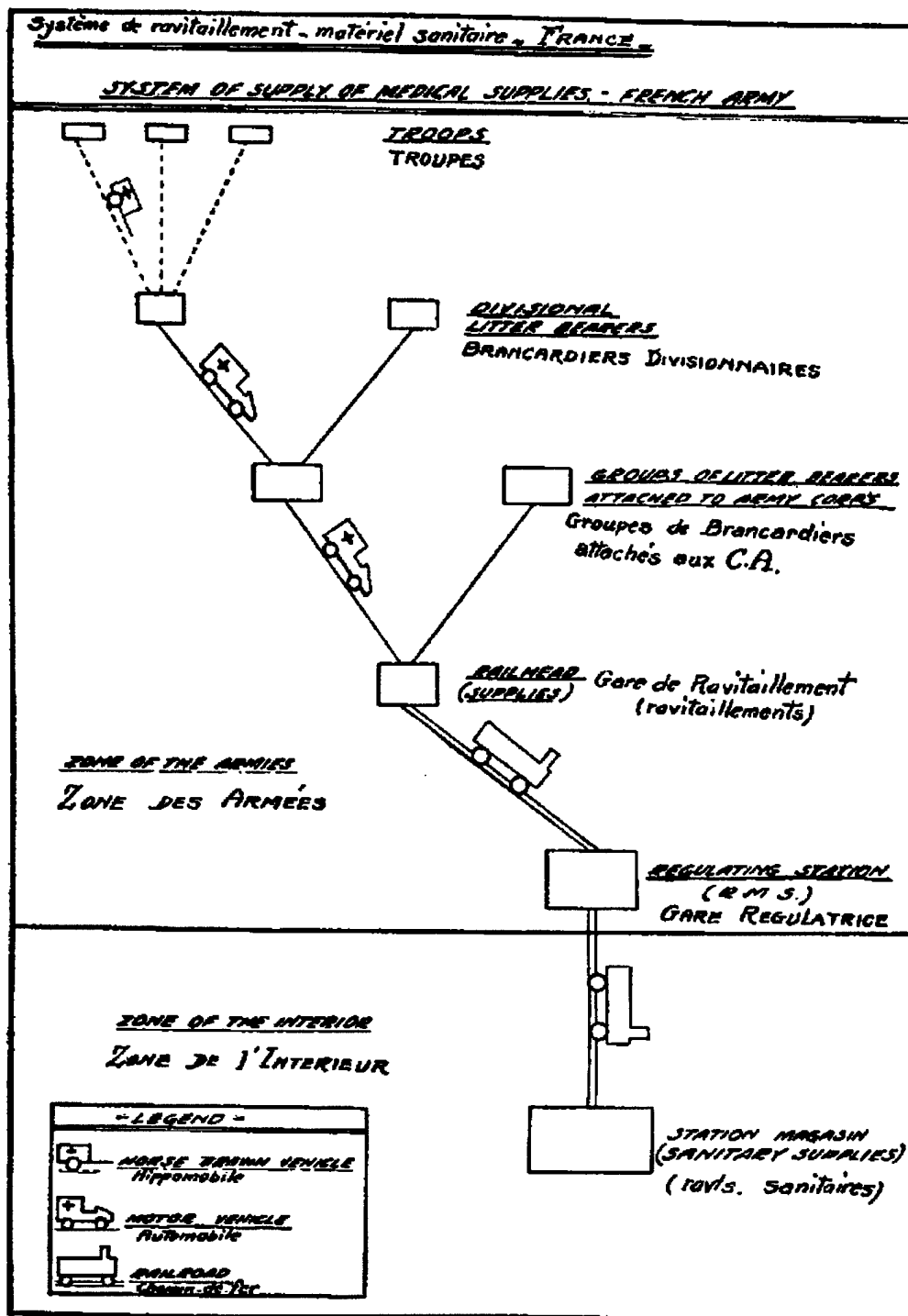


Fig 4. French Evacuation System Diagram. Source: U.S. War Office, Report of the Military Board of Allied Supply, vol. I, (Washington: U.S. Government Printing Office, 1924), Part Two, Chapter XVIII, Chart 14.

approximately five miles from the front, just outside of the range of the most intense artillery fire.

The next level of French military medical care, located outside of the "Zone of the Infantry Division" (*Zone de la D. I.*), were the Group, Corps, or Army Field Hospitals. Motor ambulances were used to bring the casualties to these facilities, located approximately ten to twenty-five miles from the front and near railheads. These types of Field Hospitals were used to stabilize severe casualties before being sent to Evacuation Hospitals (*Hôpital H.O.E.*) or Military Base Hospitals (*Hôpital Militaire de l'Intérieur*) in the rear.

Hospital trains (*Chemin-de-fer*) or motor ambulances (*Ambulance d'Armée ou de D.E.*) accomplished the evacuation from these hospitals. The role of the hospital trains was to rapidly evacuate the casualties from the Evacuation Hospital to the Base Hospitals. As the French military did not have enough trains during the later part of World War I, they were able to purchase and borrow them from Great Britain.

The Military Base Hospitals were designed to receive patients from the Field and Evacuation Hospitals and give them definitive care. Like the American and British

medical services, they were often grouped together as clusters in secure areas. The French military Hospital Centers (*Centre Hospitaliers*) were occasionally established in barracks, schools, and other buildings. Civilian hospitals were also used extensively in France to reduce the demands on the military hospitalization system. These hospitals were also appropriately marked in accordance with the Geneva Convention of 1906 and were entitled to the same protection as military medical facilities.

Hospital ships were not used by France, as there was no need to transport casualties over large bodies of water. The military records of World War I do not mention whether France used hospital barges, as the American and British medical services did.

The French military medical personnel wore the distinctive emblem (red cross on a white background) on brassards and all facilities and transport displayed the emblem, in accordance with Chapter VI of the Geneva Convention of 1906. Additionally, there was little or no misuse of the Red Cross flag by civilians, as had been the case in the Franco-Prussia War of 1870.<sup>43</sup>

The system used by the French from the front line to the rear hospitals was basically identical to that used by



the American and British medical services. Except for the use of hospital ships for military medical transport, the Americans, British, and French used the same methods of hospitalization and evacuation.

In summary, the Geneva and Hague Conventions were developed to protect military medical personnel, facilities, and transport. Using the general layout of the American, British, and French medical services on the battlefield, an analysis of the violations during World War I can be used to determine if the conventions were effective in providing protection on land and at sea.

## Endnotes

<sup>1</sup> John S. Haller Jr., *Farmcarts to Fords: A History of the Military Ambulance, 1790-1925* (Carbondale, Ill.: Southern Illinois University Press, 1992), 62.

<sup>2</sup> Haller, 63.

<sup>3</sup> Jean S. Pictet, *Commentary: Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field*. vol. I, *The Geneva Conventions of 12 August 1949* (Geneva: International Committee of the Red Cross, 1952), 11.

<sup>4</sup> Eloise Engle, *Medic: America's Medical Soldiers, Sailors and Airmen in Peace and War* (New York: The John Day Company, 1967), 59.

<sup>5</sup> Pictet, 15. This convention established that medical personnel and ambulances were no longer considered "neutral," but rather substituted the notion that they were to be respected and protected.

<sup>6</sup> Ibid.

<sup>7</sup> G.I.A.D. Draper, *The Red Cross Conventions* (New York: Frederick A Praeger, 1959), 86. This conference also attempted to restrict the use of airplanes for delivering projectiles and explosives. This would have eliminated the attacks on hospitals during World War I, but instead became one of the primary missions of military tactical aircraft.

<sup>8</sup> U.S. Department of Defense, *The U.S. Fighting Man's Code*. Pub. Office of Armed Forces Information and Education (Washington: Government Printing Office, 1955), 18.

<sup>9</sup> Pictet, 11.

<sup>10</sup> Geoffrey Best, "Restraints on War by Land Before 1945." Ed. Michael Howard, *Restraints on War: Studies in the Limitation of Armed Conflict* (London: Oxford University Press, 1979), 21.

<sup>11</sup> Ibid.

<sup>12</sup> Elizabeth W. Latimer, *The Last Years of the Nineteenth Century* (Chicago: A. C. McClurg & Co., 1901), 149.

<sup>13</sup> Haller, 104.

<sup>14</sup> Richard A. Preston and Sydney F. Wise, *Men In Arms: A History of Warfare and Its Interrelationships with Western Society* (New York: Holt, Rinehart and Winston, 1979), 191.

<sup>15</sup> U.S. Department of Defense, 18.

<sup>16</sup> Haller, 191.

<sup>17</sup> *Ibid.*, 105.

<sup>18</sup> Charles Lynch, Joseph H. Ford, and Frank W. Reed, *Field Operations*, vol. XIII, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1927), 228. The placards were approximately a foot square and were placed on both sides of the ambulance as well as on the back doors and the front, just below the windshield.

<sup>19</sup> *Ibid.*, 225. At this time there were forty-seven Red Cross sections with 4,760 medical personnel.

<sup>20</sup> John H. Plumridge, *Hospital Ships and Ambulance Trains* (London: Seeley, Service & Co., 1975), 81-3.

<sup>21</sup> *Ibid.*, 98.

<sup>22</sup> Engle, 59.

<sup>23</sup> U.S. War Office, *The Allied Armies Under Marshal Foch in the Franco-Belgian Theater of Operations*, vol. II, *Report of the Military Board of Allied Supply*. (Washington: U.S. Government Printing Office, 1925), 427. This system was detailed in the Field Service Regulation (F.S.R.)

<sup>24</sup> Hunter Liggett, *A.E.F.: Ten Years Ago In France* (New York: Dodd, Mead and Company, Inc., 1928), 319.

<sup>25</sup> Charles Lynch, Joseph H. Ford, and Frank W. Reed, *Field Operations*, vol. VIII, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1925), 73.

<sup>26</sup> Richard A. Gabriel and Karen S. Metz, *From the Renaissance Through Modern Times*, vol. II, *A History of Military Medicine* (New York: Greenwood Press, 1992), 250. The normal capacity of the Field Hospital was 216 patients and was sometimes setup in buildings in suitable areas.

<sup>27</sup> Jay W. Grissinger, *Medical Field Service in France* (Washington: Association of Military Surgeons, 1928), 68.

<sup>28</sup> U.S. War Office, 427.

<sup>29</sup> Liggett, 320.

<sup>30</sup> Joseph H. Ford, *Administration American Expeditionary Forces*, vol. II, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1927), 285-6. The allocation of Base Hospitals was 4 per division.

<sup>31</sup> *Ibid.*, 286.

<sup>32</sup> Lynch, Ford, and Reed, *Field Operations*, vol. VIII, 1025; and Charles F. Mason, *A Complete Handbook for the Sanitary Troops*, 15. In accordance with the U.S. Army's Handbook, camp infirmaries were marked with one green lantern, field hospitals with two and ambulance companies or dressing stations with a green lantern above a white lantern.

<sup>33</sup> Peter Simkins, *Chronicles of the Great War: The Western Front, 1914-1918* (New York: CLB International, 1991),

<sup>34</sup> *Ibid.*, 158.

<sup>35</sup> W. G. MacPherson, *The Medical Services on the Western Front and During the Operations in France and Belgium in 1914 and 1915*, vol. II, *History of the Great War: Medical Services General History* (London: His Majesty's Stationary Office, 1923), 38.

<sup>36</sup> Ibid., 42.

<sup>37</sup> U.S. War Office, 379. By July 1918, there were 29 British, 11 French, and 19 temporary ambulance trains in use through Western Europe.

<sup>38</sup> Ibid., 380.

<sup>39</sup> Plumridge, 36.

<sup>40</sup> W. G. MacPherson, *Medical Services of the United Kingdom; in British Garrisons Overseas; and During Operations Against Tsingtau, in Togoland, The Careoon, and South-West Africa*, vol. I, *History of the Great War: Medical Services General History* (London: His Majesty's Stationary Office, 1921), 110.

<sup>41</sup> Arthur W. Jose, *The Royal Australian Navy: 1914-1918* (Sydney, Australia: Angus & Robertson, Ltd., 1928), 426.

<sup>42</sup> MacPherson, 113.

<sup>43</sup> Best, 21.

## CHAPTER 3

### RESEARCH METHODOLOGY

The objective of this study is to assess how much protection the Geneva and Hague Conventions afforded to military medical personnel, facilities, and transport during World War I. The research process originated with a detailed search for literature and references with the ProQuest Direct, ProQuest:ABI/Inform, WinSPIRS, and PAIS automated reference computer systems in the Combined Arms Research Library (CARL), Fort Leavenworth, Kansas. The CARL has an exhaustive inventory of over 1.5 million documents and 227,000 books, with over 1,000 items on World War I alone, and served as the primary source for the historical resources used in this study. The Armed Forces Medical Library at the Office of the Army Surgeon General in Washington, D.C., provided the other major resource pool. In addition, numerous publications and periodicals were obtained through the interlibrary loan program from around the United States.

The initial keywords used for the search were:

"Geneva," "Hague," "Red Cross," "Military," "Medicine," "World War," and "Prisoners of War." While the first six keywords are directly related to the content of the study,

the investigator found that violations against medical personnel were often embedded within literature relating to the treatment of prisoners of war. This strategy proved successful, with many references to important data in books and periodicals written primarily about prisoners of war.

A search was also conducted with the Defense RDT&E Online System (DROLS), located at the Defense Technical Information Center, Fort Belvoir, Virginia. This computerized search identified over 200 classified and unclassified documents held at military installations and universities across the United States. Through a review of the abstracts of these documents, ten were identified as very applicable for this study and microfiche copies were obtained by the Combined Arms Research Library.

The Internet was an important tool to identify sources from multiple search engines using the same keywords. All referenced items from the Internet were accessed only as references to locate primary sources. Through all of the sources mentioned, over 3000 books, periodicals, documents, maps, and abstracts were reviewed in the data gathering phase of this study.

Utilizing the material gathered, the primary means of refining the data was by a thorough and comprehensive

review of all documented cases, historical records, and incidents, looking for possible violations that occurred during World War I against protected military medical personnel, facilities, and transport. Within the identified books and other documents, the keywords "ambulance," "Geneva Convention," "hospital," and "medical" proved, through trial and error, the best way of finding pertinent data for this study.

The literature review in chapter 2 details the historical development and application of the Geneva Convention of 1906 and the Hague Convention of 1907. A review of these documents was used to develop an understanding of the protection provided by the articles of the conventions and help identify the violations against protected military medical personnel, facilities, and transport through the large quantity of material reviewed.

While widely documented events aided in developing this historical review, the use of personal accounts and unit records was very important for making a relative analysis of the war. The use of Field Orders and American, British, French, and German historical resources was essential to determining the actual degree of protection that was provided to the medical forces. A respectable



pool of official military records and primary source documents were used to analyze the official policies, medical operations, and organizations for World War I.

The investigator analyzed the frequency and intentionality of the violations against military medical personnel, facilities, and transport. As discussed under study limitations, it was hard to establish the occurrence of a violation without overwhelming objective evidence. Without the complete and consistent data from every medical unit involved in World War I, the investigator had to be somewhat subjective in categorizing the frequency of violations based upon the documented events and the opinions of previous investigators and World War I historians. The investigator used the words, "seldom" and "rarely" to describe violations that occurred infrequently in the research material. The words "often," "frequently," and "constantly" were used to describe frequent violations.

Another category used by the investigator was intentionality, that is, was the violation deliberate or intentional? The investigator determined the violation to be deliberate/intentional when it could be assumed, with a great amount of certainty, that the enemy knew the subject of his attack was a military medical personnel, facility,

or transport protected by the provisions of the Geneva or Hague Conventions. This determination was made by assessing the enemy's visibility of the distinctive red cross emblems and the type of targeting required to fire the weapon used in the attack with accuracy.

In chapter 4, the results analyzed by country within the scope of the study, starting with the American medical system, followed by the British medical system, and concluded with the French medical system. Within each country's study, the violations are arranged sequentially from the front line, through the different medical facilities and transports, concluding with the hospitals in the rear, near the ports. Violations against military medical personnel and transport (hospital ships) at sea, as protected by the Hague Convention of 1907, are analyzed by the same methodology as the violations against the Geneva Convention. By exploring the frequency and intentionality of the violations against the American, British, and French protected medical personnel, facilities, and transports, the investigator assesses the protection afforded by the conventions during World War I.

In addition to displaying the violations against protected military medical personnel, facilities, and

transport, the investigator also displays specific incidents where the conventions were successful in protecting military medical personnel, facilities, and transport during World War I.

To reiterate, the focus of this study is assess the protection provided by the Geneva and Hague Conventions against protected military medical personnel, facilities, and transport during World War I. The investigator developed categories to describe the frequency and intentionality of the violations, applied against the American, British, and French military medical services in order to answer the research question. It was the investigator's perception going into this study that the Geneva and Hague Conventions were very effective in protecting military medical personnel, facilities, and transport during World War I. As the evidence in chapters 4 and 5 suggest, this perception was very flawed.

## CHAPTER 4

### THE GENEVA AND HAGUE CONVENTIONS DURING WORLD WAR I

The purpose of this study is to determine the degree of protection afforded by the Geneva and Hague Conventions to military medical personnel, facilities, and transport during World War I. The battlefield conditions faced by the belligerents during World War I had a direct influence on how well military medical personnel, facilities, and transport were treated. The wide spread use of long-range artillery fire and machine guns made this battlefield more lethal to the soldier. Additionally, the extended range of engaging the enemy by artillery and attacks from aircraft made visual identification of the distinctive emblem (red cross on a white background) brassards, flags, and placards difficult.

As discussed in chapter 2, the basic medical template used by the American, British, and French medical services started with the stretcher-bearers at the front lines. Casualties would be carried by these stretcher-bearers back to an aid station and then further evacuated back to a field hospital or casualty clearing station by horse-drawn or motorized ambulances. Ambulances would then evacuate the casualties from these forward medical facilities to a hospital further to the rear, where they would receive

advanced care and await further evacuation if necessary. For casualties that required additional medical treatment, longer rehabilitation, or transport home, hospital trains were used by all three countries to evacuate patients to the hospitals far from the battlefields and near the ports. The wounded soldiers, with exception of French soldiers, not expected to return to duty were transported by hospital ships to Australia or Great Britain.

Violations of the Geneva Convention of 1906  
Against Protected American Military Medical  
Personnel, Facilities and Transport

Some historians have theorized that the front line litter bearers were fired upon as the enemy mistook the evacuation of casualties as troop movement.<sup>1</sup> This was the case during the battles of the Aisne-Marne in the summer of 1918 when so many military medical personnel were unintentionally wounded by the enemy that German prisoners were used to evacuate American casualties at the front.<sup>2</sup> The unintentional attack of protected American military medical personnel at the front may have been the case in some circumstances, but there are numerous cases where the enemy had clear vision of the protected military medical personnel and their red cross insignia.

For some American military medical personnel at the front, the potential protection for abiding with the Geneva

Convention was overshadowed by the perceived dangers of displaying the distinctive red cross insignia. These attacks were frequent and intentional. An American stretcher-bearer of the 32nd Division serving near Juvigny, France, in August 1918 commented, "Owing to the fact that our litter-bears were continually fired upon by German snipers, we discarded the Red Cross brassard fastened to our left sleeves. The red cross and white band on the khaki background made a beautiful target for the Huns. When there was a lull in the battle, the German snipers practiced on the stretcher-bearers."<sup>3</sup>

The American military ambulance bandaging stations or dressing stations were located at the nearest point that an ambulance could approach without coming under attack from small-arms weapons. This meant that they were still susceptible to the enemy's artillery. On June 3, 1918, an American military aid stations near Dampleux, France, had to be left behind as the Germans made an advance. The aid station ended up in the middle of the enemy's line. German artillery was targeted on this location, hitting the protected aid station and killing two stretcher-bearers, two doctors, and a patient on a stretcher.<sup>4</sup> Intentional attacks on these protected military medical facilities became so frequent that the military leadership became concerned. In a report to the United States Secretary of War, The Surgeon

General of the United States Army concluded from his visit to France, that dressing stations are "always under fire, and the casualties sustained by the personnel are evidence enough of the heroism of the noncombatant."

Animal-drawn ambulances used by the Americans were used to evacuate patients from the front to the dressing station, where they could be further evacuated by motor ambulances. This form of protected military medical transport was also susceptible to German attacks, especially by high explosive shells. An example of this was in the fall of 1918 when the Tennessee Ambulance Company lost four mules and two drivers at the front while evacuating with mule-drawn ambulances. It is suspected that this attack was unintentional<sup>5</sup>

Protected American military medical personnel drove the motorized ambulances near the front for the primary mission of evacuating patients from the Battalion Aid Stations to the Field Hospitals. As these military medical facilities were often within range of the German artillery, there was concern for the safety of the drivers and ambulances. In fact, hundreds of personal accounts of American ambulance drivers recall coming under attack from German shell-fire, although it can be assumed that not all of these were deliberate attacks on protected military medical personnel.<sup>6</sup> Incidents that can be considered intentional attacks by the Germans, as well as clear violations of the Geneva

Convention, are the cases where the military medical personnel and transport were specifically targeted by the enemy. A clear example of this was the deliberate attack on an American military ambulance on May 28, 1918, near Crevecours, France. The German machine gunner fired upon the protected military medical transport while it was hauling patients. The ambulance was able to escape destruction by quickly getting out of range of the enemy's weapon.<sup>7</sup> Another form of intentional attacks against military medical transports and facilities was through the enemy's use of airplanes and observation balloons. One recorded incident occurred as a protected ambulance from Section 28 of the American Ambulance Field Service was on its way to Dublin, France. A German observation balloon spotted the ambulance and conducted targeting for the enemy artillery attack that soon followed.<sup>8</sup> Attacks at this level occurred frequently. Evidence to the fact that protected military ambulances and their drivers were exposed to enemy attacks, is that, of the 2,113 Ford ambulances used by the American Ambulance Service, 59 were destroyed by enemy shell-fire and twenty-two were captured by October 1918.<sup>9</sup>

Farther back in the evacuation lines were the Field, Evacuation, and Mobile Hospitals. These protected military medical facilities were located in tents or buildings and often positioned near a railhead to accommodate evacuation



by hospital trains. Even though the American military hospitals were clearly marked with the distinctive emblem of a red cross on a white background, in accordance with Chapter VI of the Geneva Convention, they were frequently fired upon by the enemy. The attacks against military hospitals seem to be more deliberate than those against medical units at the front line, specifically when there were no legitimate military targets in the areas where the hospitals were located. For these hospitals located farther from the front than dressing stations to come under attack, the enemy had to intentionally target them.

During August 1917, the Germans used naval guns to shell the town of Dugny. The military field hospital was located in the center of town and received extensive damage from the attack. Three nurses were killed in the attack as they sought protection in a hospital trench. No important cross roads, ammunition dumps, or battery positions were in the area, making this an intentional attack.<sup>10</sup>

Not only did the American military medical facilities have to worry about attacks from artillery, but also from German airplanes. Probably the most frequently documented case of an Evacuation Hospital being attacked occurred on August 20, 1917. The protected military medical facility was operating near Vadelaincourt, France, when a German airplane crossed the enemy line and quietly glided down at

the marked (with the distinctive red cross emblem) hospital with its engine off, dropping two incendiary bombs. This same hospital was intentionally bombed that evening by another German airplane dropping three more bombs.<sup>11</sup>

A similar event occurred during the first week of October 1918, when two German planes attacked the American Expeditionary Force's Evacuation Hospital No. 8. The planes made a low pass at the facility marked with the distinctive red cross flags, "turning their machine guns on the wounded and the men caring for them." Two surgeons and many of the wounded died from this deliberate attack.<sup>12</sup>

Even though American military medical personnel were instructed to avoid placing field hospitals near important cross roads or battery positions, there are recorded incidents where the enemy did fire upon hospitals that had legitimate targets in the vicinity."<sup>13</sup> This was the case on October 30, 1918, during the Meuse-Argonne Offensive when the enemy shelled a Field Hospital near Apremont, France. Over twenty-four German large-caliber artillery shells hit the hospital, destroying seventeen tents. The proximity of the military medical facility to a road used by allied artillery units 50 meters away provided the enemy with a legitimate target for the attack.<sup>14</sup> These unintentional attacks occurred infrequently.

Farther towards the rear, Base Hospitals were also susceptible to attacks by the enemy. While German artillery could not reach these protected military medical facilities, attacks from airplanes occurred occasionally. On September 4, 1917, the Base Hospital No. 5 was bombed by an air raid during the Passchendale battles. The German airplanes intentionally dropped five daisy-cutting variety bombs on the hospital and many protected American military medical personnel were wounded or killed.<sup>15</sup>

Other protected military medical facilities in the rear included those run by the Red Cross, but under full military control.<sup>16</sup> These facilities were also attacked by the Germans, although they were clearly marked with the red cross. On July 14, 1918, a German plane bombed the American Red Cross Hospital No. 107 at Jouy-sur-Morin. Three protected medical personnel died and nine were wounded in this attack.<sup>17</sup> The following day, the American Red Cross Hospital No. 107 located at Château Montanglaust, France, was intentionally bombed by German planes. Nineteen patients and protected military medical personnel were injured in this attack, of which five died from their wounds.

The American military medical services used hospital trains to evacuate patients from near the front to the hospitals located near the ports. These military medical

transports were marked and used in accordance with the Geneva Convention and were rarely attacked unless near a legitimate target, such as an ammunition supply point.<sup>18</sup>

From the record of attacks against protected American military medical personnel, facilities and, transport, the evidence suggests that the provisions of the Geneva Convention of 1906 were violated. While attacks were more frequent against the military medical services near the front, a large number of attacks against the facilities and transport in the rear leads one to conclude that some violations were intentional. To analyze whether this was a situation unique to the American military medical services, this same critique of events is applied for the British and French military medical personnel, facilities, and transport in World War I.

Violations of the Geneva Convention of 1906  
Against Protected British Military Medical  
Personnel, Facilities and Transport

The British military medical services used the same basic medical template as the American and French medical services, starting with the stretcher-bearers at the front lines. Casualties would be carried by these stretcher-bearers back to a regimental aid station and then evacuated farther back to a field hospital or casualty clearing station by horse-drawn or motorized ambulances. Ambulances

would be evacuated from these forward medical facilities to a hospital farther to the rear, where they would receive advanced care and await further evacuation if necessary. For casualties that required additional medical treatment, longer rehabilitation, or transport home, hospital trains were used to evacuate patients to the hospitals far from the battlefields and near the ports.

During World War I Australia was not yet a separate member of the League of Nations, but a part of the British Empire. The Australian military medical personnel, facilities, and transport were protected by the provisions of the Geneva and Hague Conventions by virtue of the signature and ratifications of Great Britain. The medical services of the Australian Imperial Forces used the same regimental system and basically the same equipment as the British military.

Like their American counterparts, the British military medical personnel that performed as regimental stretcher bearers were frequently under direct and indirect fire from the enemy. These intentional and unintentional attacks came from sniper fire and artillery attacks and was experienced by the stretcher bearers from Great Britain and Australia with the same frequency.

While there are hundreds of recorded incidents where protected military medical personnel at the front were fired

upon, intentionally and unintentionally, this study focused on those that appeared to be clear violations of the Geneva Convention. A good example of the type of frequent violations that occurred against the British medical forces is the incident where German soldiers fired machine guns at the Australian stretcher bearers of the 16th Battalion on April 11, 1917. While trying to evacuate casualties back to the railway collection point, many of the protected military medical personnel were intentionally killed, and the remaining stretcher bearers had to return the casualties to the trenches untreated.<sup>19</sup>

During Passchendele I and II, in October 1917, British stretcher bearers were killed from enemy snipers and artillery fire in numerous encounters. One historian writing in *The Official History of Australia in the War of 1914-1918*, speculated that shootings were occurring on both sides of the front and often "arose through suspicion that the red cross flag was being misused." The records suggest that the distinctive red cross insignia was not being misused, but instead the rumors of misuse were spread as a propaganda tool by both sides.<sup>20</sup> As late as August 1918, German soldiers near Cléry Copse were still firing rifles and machine guns at visible protected military medical personnel on the battlefield. This was a frequent and intentional violation.<sup>21</sup>

The Regimental Aid Station was the first stop for a casualty injured in the trenches. Since this British military medical facility was located within a couple hundred meters of the front lines, they frequently came under intentional artillery attack, despite their displaying the distinctive emblem of the red cross in accordance with the Geneva Convention.<sup>22</sup>

One example of an Advance Dressing Station being caught in heavy shell-fire occurred with the Australian troops near Charing Cross at Ploegsteert Wood in June 1917. With the protected military medical facility located among the 3rd Australian Division's batteries, the destruction of the dressing station was a result of proximity more than a deliberate violation of the Geneva Convention by the enemy.<sup>23</sup> These attacks were considered unintentional.

During the Flanders campaigns of 1917, the British medical services had to move their aid stations several times due to the frequent and intentional attacks from enemy artillery. This constant moving of protected military medical facilities deteriorated the medical treatment capabilities of the British, especially at the point where the greatest number of Casualty Clearing Stations were required for British casualties.<sup>24</sup>

Like the American protected military medical transports that carried the casualties from the Regimental Aid Stations

and Casualty Clearing Stations to hospitals and hospital trains in the rear, the British ambulance were often under attack from enemy bullets and artillery bombardment. Both animal-drawn and motorized ambulances experienced the same frequency of intentional attacks.

The medical services of the 2nd Australian Division used horse-drawn ambulances during the Second Bullecourt battle in May of 1917. Limited by a single avenue for evacuation of casualties, the wagons were loaded within full sight of the enemy at the Noreuil-Longatte road. Despite the distinctive red cross emblems and the clear visibility, the protected military medical personnel and transports were shelled on May 4th, resulting in a thirty percent loss to the unit.<sup>25</sup> The medical services of the Australian Imperial Forces marked their horse-drawn ambulances with the distinctive emblem, cloth flags that had large red crosses on a white background, that measured approximately 3 feet across. This marking was clearly in accordance with the Geneva Convention and very visible on the battlefield making this an intentional attack.<sup>26</sup>

At Célestins Wood on August 8, 1918, German troops located near the Somme fired artillery and machine guns at the Australian ambulances exposed on Hamel-Cérisy road. The motorized protected military medical transports of the 4th Field Ambulance survived the intentional attack, but



numerous horses were killed while employed drawing ambulances.<sup>27</sup>

Recorded incidents of violations against the protected military medical personnel and facilities of the British Casualty Clearing Stations occur frequently in the records of World War I. Due to the mission of this medical treatment facility to treat casualties and provide them rapid evacuation to the rear, they were often located near railways and good road networks. This proximity to legitimate targets provided unfortunate results for some of the British Casualty Clearing Stations. This was the case for No. 1 Australian Casualty Clearing Station at Bailleul, France during the Messines Offense. German aviators were trying to intentionally bomb the railway station and other legitimate targets in the area.<sup>28</sup> This type of attack occurred infrequently.

Being located in existing buildings and towns caused additional British Casualty Clearing Stations to be attacked. This was the case in 1914 and 1915 when the protected military medical facilities working out of buildings in Poperinghe, Bailleul, and Bethune, France, were damaged by hostile artillery fire. These series of frequent attacks caused the British military to establish a policy of setting up the Casualty Clearing Stations out of the range

of German artillery and away from buildings and railway stations for the rest of the war.<sup>29</sup>

Another problem facing British Casualty Clearing Stations during World War I was the risk of becoming overrun during enemy offensive attacks. Several of these protected military medical facilities were taken by the Germans during their offensive operations, while the protected military medical personnel at these stations were able to treat casualties and then evacuate just prior to the German's arrival.<sup>30</sup>

Like the attacks against American hospitals in the rear, these types of violations seem more calculated, as there was the necessity to conduct actual targeting of enemy weapons to hit these facilities. An example of these occasional attacks against the protected military medical facilities occurred during the Third Battle of Ypres. German planes bombed the British Field Hospital of the No. 61 Casualty Clearing Station near Proven, France, on two evenings in a three-day span. The white tents of the hospital were marked with many red crosses and allied aviators verified that it was clearly visible from the sky.<sup>31</sup> While this type of attack occurred infrequently, the violation was intentional.

During the German Offensives of 1918, the British medical services learned that the large evacuation hospitals

and hospital centers situated eight to fifteen miles from the front were in grave danger of being captured by enemy troops. Subsequently, the military medical personnel were forced to evacuate very hurriedly on account of shelling or aerial bombing. Some British hospitals were rendered useless because of the impossibility of determining where and when the Germans would make a surge attack, not allowing the protected military medical personnel time to escape.<sup>32</sup>

The British military medical services used hospital trains to evacuate patients from near the front to the hospitals located near the ports. These military medical transports were marked with the distinctive emblem and used in accordance with the Geneva Convention and were rarely attacked unless near a legitimate target.<sup>33</sup> The one known case of an enemy attack occurred during the First Battle of Ypres, on November 1-2, 1914. While the British No. 7 Ambulance Train was being loaded with casualties at the Ypres railway station, an intentional enemy bombardment of high explosives and shrapnel caused severe damage to the train with shells.<sup>34</sup>

From the record of attacks against protected British military medical personnel, facilities and, transport, the evidence suggests that the provisions of the Geneva Convention of 1906 were violated. While, like the Americans, attacks were more frequent against the military

medical services near the front, a large amount of attacks against the facilities and transport in the rear leads us to conclude that some violations were intentional.

A good example of the soldier's impression of the effectiveness of the Geneva Convention comes from a wounded soldier who had been evacuated back to London and was being loaded on an ambulance from the hospital train when the area came under a German air raid. He commented, "He's quite determined to get me. First he shells me in the trenches. Then he bombs me in the field hospital. He followed me all the way and bombed me again on the coast. Then he tried to sink the ship, and now here he is again!"<sup>35</sup>

To analyze if this was a situation unique to the American and British military medical services, this same critique of events are applied for the French military medical personnel, facilities and transport in World War I.

Violations of the Geneva Convention of 1906  
Against Protected French Military Medical  
Personnel, Facilities and Transport

The French military medical services used the same basic medical template as the American and British medical services, starting with the stretcher-bearers at the front lines. Casualties would be carried by these stretcher-bearers back to a regimental aid station and then evacuated farther back to a field hospital or casualty clearing

station by horse-drawn or motorized ambulances. Ambulances would be evacuated from these forward medical facilities to a hospital farther to the rear, where they would receive advanced care and await further evacuation if necessary. For casualties that required additional medical treatment and longer rehabilitation, hospital trains were used to evacuate patients to the hospitals in the rear or to civilian hospitals throughout France.

French stretcher bearers and military medical personnel serving in the Aid Stations were just as frequently fired upon by German artillery and snipers, as their counterparts in the American and British services. The presence of the red cross insignia on the stretcher bearers' brassards and marked on the protected military medical facilities seemed to have no effect in preventing the attacks at the front. Like the attacks against the Americans and British, it is possible that the majority of medical personnel and facilities near the front were not as much deliberately targeted, as fired upon by virtue of their proximity to the fighting soldiers.<sup>36</sup> These frequent attacks were unintentional.

The French motorized ambulances were just as frequently subjected to enemy attacks. During the German Offensive in May 1918, numerous French military medical personnel and transport were destroyed by enemy fire. Two drivers from

Section Six-Twenty-One supporting the 74th French Infantry Division, were injured when a German machine gun fired at their clearly marked ambulance in an encounter near Soissons, France. With three of these similar incidents against protected military medical transports during this same period, matters were made worse by German airplanes that violated the Geneva Convention by intentionally "bombing or machine-gunning the roads, continually."<sup>37</sup>

Protected military medical personnel, facilities, and transport were deliberately attacked in August 1918 during the Fourth German Offense, Noyon-Montdidier. After the town of Juvigny, France had been taken by the German troops, French medical personnel had to provide care from caves. According to witnesses in the caves, whenever the ambulances moved from the caves, German artillery would fire at them. German observation balloons providing targeting information were in visual distance of the distinctive red cross emblem markings, yet intentional artillery and attacks from airplanes continued to violate the provisions of the Geneva Convention by firing upon protected military medical personnel and transport.<sup>38</sup>

These attacks against French military ambulances continued throughout the duration of World War I, often with debilitating results. During the Meuse-Argonne Offensive on October 3, 1918, five ambulances of the French Sanitary

Section No. 63 were shelled, one being completely destroyed. On the same day, French Sanitary Section No. 84 was intentionally subjected to German machine gun fire and six of its protected military medical transports were disabled.<sup>39</sup>

Like the attacks against American and British Field, Evacuation, and Mobile hospitals in the rear, these types of violations seem more calculated, as there was the necessity to conduct actual targeting of enemy weapons to hit these facilities. An example of this was the French Evacuation Hospital, Fraize, located seven kilometers from the front. Despite the fact that it was not near any legitimate targets, the Germans frequently and intentionally shelled it and it ultimately had to be abandoned.<sup>40</sup>

The French Field Hospitals used a "huge red cross of crushed stone" to mark the hospitals for easy identification by German pilots. The red crosses were also painted on the large hospital tents and flown on flags outside of the protected military medical facility. Despite all of the visual insignias used at the French Field Hospital in Dugny, France, German airplanes dropped eleven bombs on this hospital in September 1917.<sup>41</sup> As an example to show how poorly the Evacuation Hospitals fared with a moving enemy front, during the German Aisne Offensive in May 1918, the French lost all of their evacuation hospitals in the sector

during the German's advance. Like all intentional attacks on protected military medical facilities, this had a significant negative impact on medical care to casualties and a demoralizing burden on the hospital train system.<sup>42</sup>

German attacks against protected French military medical personnel and facilities occurred frequently during different phases of World War I, especially at the level of the fixed hospitals. During August 1917, German airplanes frequently and intentionally dropped bombs on at least five of the clearly marked protected hospitals near Verdun.<sup>43</sup>

Like the British, during the German Offensives of 1918, the French medical services found that the large evacuation hospitals and hospital centers situated eight to fifteen miles from the front were inevitably captured by advancing enemy troops. Subsequently, the French military medical personnel were evacuated from the area quickly to avoid the shelling and aerial bombing. Also like the British, some French hospitals were rendered useless because of the impossibility of determining where and when the Germans would make a surge attack, not allowing the protected military medical personnel and facility time to escape.<sup>44</sup>

The French military medical facilities set up in towns were also subjected to attacks as a result of a German reprisal. An example of this was the destruction of the French town of Louvain by German troops on August 25, 1914.



The attack, which intentionally destroyed the protected medical facility, was ordered by German General von Luttwitz, following a raid by allied troops on German soldiers nearby.<sup>45</sup>

In March 1918, the French Army hospital near the front of the German Offensive came under day and night artillery attack. With care of the casualties disrupted, the hospital was moved under ground into coal cellars where they treated American, British, Scottish, Irish, French, and German casualties. As a result of deliberately violating the Geneva Convention by attacking hospitals, the Germans forced the French military medical services to forego the authorized refuge, and thereby forced them into unprotected facilities.<sup>46</sup>

The French military medical services used hospital trains in the same manner as the Americans and British. While the railway stations were occasionally attacked by the Germans airplanes and artillery, the references used in this study do not document any damages to French hospital trains during World War I.

From the record of attacks against protected French military medical personnel, facilities and, transport, the evidence suggests that the provisions of the Geneva Convention of 1906 were violated. While, like the Americans and the British, attacks were more frequent against the

military medical services near the front, the large number of attacks against the facilities and transport in the rear leads one to conclude that some violations were intentional. To analyze if the Hague Convention of 1907 was violated as well, this same critique of events is applied for the military medical personnel and transport at sea used in World War I.

#### Violations Against the Hague Convention of 1907

Attacks against military medical personnel, facilities, and transport not only occurred on the battlefield, but also against military medical personnel and transport at sea. The primary use of British military hospital ships was to transport wounded soldiers from ports in Europe, back to ports in Great Britain and Australia. The Australian government converted several large coastal liners to be used as hospital ships for their casualties

Because of the difficulty of transporting patients back to the United States, the majority of seriously wounded American casualties were either evacuated to Great Britain or remained hospitalized in France. British hospital ships evacuated American casualties to Great Britain.<sup>47</sup> For that reason, there were no direct violations of the provisions of the Hague Convention of 1907 against protected American

military medical personnel and transport at sea during World War I.

The British medical services used protected military medical personnel and transport at sea extensively during World War I. On January 31, 1917, Germany accused Britain of using hospital ships alternately as transports, an act that is not authorized under the provisions of the Hague Convention of 1907.<sup>48</sup> This contributed to Germany's announcement that it was transitioning into a policy of "unrestricted war," and ultimately led to an increase of the attacks on protected military medical personnel and transport at sea.<sup>49</sup> In March 1917, Germany announced their policy to attack all hospital ships, to include those in the Mediterranean. Up until this time, the only hospital ships to be attacked were those in the English Channel.<sup>50</sup>

The protected British military medical transport *Glenart Castle*, with 525 patients, was attacked on March 1, 1917, off the Owens L.V. The attack happened just before midnight and the ship was clearly marked in accordance with the provisions of Articles 5 and 6 of the Hague Convention.<sup>51</sup> The British hospital ship *Asturias* was attacked on March 20, 1917, after unloading her wounded at Avonmouth and on the way to Southampton. Although this protected military medical transport was also marked and lighted in accordance with the provisions of the Hague

Convention, she was intentionally hit aft by a torpedo at midnight.<sup>52</sup>

The intentional German torpedo attacks continued during this period against other protected military medical personnel and transports at sea as well. On March 31, 1917, the British hospital ship *Gloucester Castle* was struck at midnight off the Isle of Wight. With 400 patients on board, the submarine attack only killed two protected military medical personnel and one patient.<sup>53</sup> On April 17, 1917, the hospital ship *Lanfrance* was attacked at 7:30 p.m., about forty-two miles northeast of LeHavre. Like the other hospital ship attacks, this protected military medical transport was distinguished with the required markings and visibly lit, making these frequent violations intentional.<sup>54</sup>

In August 1917, the German government affirmed that hospital ships would not be attacked in the Atlantic or North Sea. This statement reconfirmed their policy to continue attacks on any protected military medical personnel and transport discovered in the English Channel.<sup>55</sup> On May 26, 1918, the protected Australian hospital ship *Kyarra* was sunk in the English Channel.<sup>56</sup> That summer, on August 3, 1918, the Australian hospital ship *Warilda* was also sunk, enroute from LeHavre to Southampton. Two protected military

medical personnel and 115 patients died in this intentional attack.<sup>57</sup>

In addition to direct attacks on protected military medical personnel and transport at sea from other ships, there were the cases of enemy attacks by the use of mines. In the spring of 1917, five hospital ships were damaged by German mines.<sup>58</sup> While this was not an intentional attack on the British hospital ships, the frequent laying of mines in waters used by the military medical transports did interfere with the treatment of the wounded, the general provision that the Hague Convention was developed to minimize.

Like the Americans, the French did not use protected military medical personnel and transport at sea to evacuate casualties during World War I. For that reason there were no documented direct violations of the provisions of the Hague Convention of 1907 against the French in World War I.

#### Incidents Where the Geneva and Hague Conventions Worked

Not all encounters between enemy and hospital ships resulted in violations of the convention. The following findings are presented to answer the third subordinate question.

There are numerous cases from World War I where the enemy did comply with the provisions of the Hague Convention and military medical personnel and transport were protected.

An example of this occurred between the Germans and the Australian hospital ship *Wandilla* in May 1918. In an encounter with an enemy submarine in the Mediterranean, the *Wandilla* was held up, inspected, and finally allowed to proceed unattacked after confirmation that she was actually employed as a hospital ship.<sup>59</sup>

While Germany established the procedure to inspect hospital ships that they suspected of violating the Hague Convention, there is only one documented case of a search by a German submarine. On February 23, 1917 the British *Dunluce Castle* was searched and released unattacked after the German submarine crew found no violations of the convention.<sup>60</sup>

After the spree of attacks on the British hospital ships in 1917, Britain abandoned the primary method of casualty movement by hospital ships for cross channel service, instead conducting the transport by unprotected ships. It was felt that "the brilliant distinguishing lights and marks served only to provide a more distinctive target."<sup>61</sup> These "ambulance-transports" did not fall into the same category of immunity from attacks as protected military medical transport, since they were not authorized to be painted as hospital ships, nor displayed the

illuminating marks that would indicate a military medical transport at sea.<sup>62</sup>

Despite the success of the cited examples, the documented cases of German attacks against protected military medical personnel and transport occurred much more frequently and in all documented cases, appear to be intentional.

#### Summary

While there are numerous, well-documented cases of intentional attacks against protected military medical personnel, facilities, and transport during World War I, there does not appear to be any evidence that the Germans targeted their attacks against any one country in particular.

On land, the Geneva Convention of 1906 was violated by the Germans at all levels of the military medical services. The investigator found over fifty cases of intentional attacks by the Germans against protected military medical personnel, facilities, and transport.

At sea, a total of sixteen hospital ships and naval ambulance transports were destroyed by enemy submarines and mines.<sup>63</sup> While not all of these can be certified as intentional violations against the provisions of the Hague Convention of 1907, they present substantial evidence that

military medical personnel and transport at sea were not fully protected by the convention.

There are numerous examples of incidents where the enemy did not attack protected military medical personnel, facilities, and transport. These cases, while limited, do provide proof that the provisions of the Geneva and Hague Conventions were not intentionally violated all of the time, by all enemy soldiers.

As shown in this chapter, American, British, and French military medical services experienced frequent and intentional attacks at all levels of their evacuation and hospitalization systems. This evidence leads the investigator to conclude that that the provisions of the Geneva and Hague Conventions provided minimal protection to military medical personnel, facilities and transport, on land and at sea, during World War I.



## Endnotes

<sup>1</sup> John S. Haller Jr., *Farmcarts to Fords: A History of the Military Ambulance, 1790-1925* (Carbondale, Ill.: Southern Illinois University Press, 1992), 104.

<sup>2</sup> Haller, 179.

<sup>3</sup> Sylvia Scharmach, *Les Terribles*, (New York: Pageant Press, Inc., 1967), 33.

<sup>4</sup> Guy E. Bowerman Jr., *The Compensations of War: The Diary of an Ambulance Driver During the Great War* (Austin, Tex.: University of Texas Press, 1983) 92-4.

<sup>5</sup> Frank Freidel, *Over There: The Story of America's First Great Overseas Crusade* (Boston: Little, Brown and Company, 1964), 265-6.

<sup>6</sup> Charles Lynch, Joseph H. Ford, and Frank W. Reed, *Field Operations*, vol. VIII, *The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1925), 224. This one example describes how the drivers of the Army American Service drove their vehicles "amid shell holes and under fire" to carry out their evacuations.

<sup>7</sup> Bowerman Jr., 91. Shortly after, the same American ambulance came under an aerial bombardment while leading a convoy of ambulances in the same area.

<sup>8</sup> Elwyn A. Barron, ed., *Deeds of Heroism and Bravery: The Book of Heroes and Personal Daring* (New York: Harper & Brothers Publishers, 1920), 92-4. One this section's ambulances stalled on the road and while the drivers were repairing it, the Germans fired a "star shell" to illuminate the area, and then fired artillery shells at the well marked military ambulances.

<sup>9</sup> Lynch, Ford, and Reed, *Field Operations*, vol. VIII, 236-7. In total, 126 were lost in service during this period. The Army Ambulance Service used the carpentry shop of the assembly and revision plant in Paris to repair the ambulances "riddled by shell fragments.

<sup>10</sup> *Friends of France*, vol. III, *History of the American Field Service in France* (New York: Houghton Mifflin Company,

1290), 383. This same attack caused artillery shells to land in the Operation Room of Hospital 225.

<sup>11</sup> Ibid., 374.

<sup>12</sup> Frederick A. Pottle, *Stretchers: The Story of a Hospital Unit on the Western Front* (New Haven: Yale University Press, 1929), 233-4.

<sup>13</sup> Jay W. Grissinger, *Medical Field Service in France* (Washington: Association of Military Surgeons, 1928), 68.

<sup>14</sup> Lynch, Ford, and Reed, *Field Operations*, 742.

<sup>15</sup> Harvey Cushing, *From A Surgeon's Journal: 1915-1918* (Boston: Little, Brown, and Company, 1936), 200. Base Hospital No. 5 was one of the first American military hospitals to deploy to Europe during World War I.

<sup>16</sup> *General Order No. 17*, HQ, A.E.F., dated July 20, 1917 (Paris, France). This order, by the command of Major General Pershing, converted the Base Hospital unit at Neuilly, France to become the American Red Cross Military Hospital No. 1.

<sup>17</sup> Lyn Macdonald, *The Roses of No Man's Land* (London: Michael Joseph Ltd., 1980), 273. Additional bombings of hospitals during this period spurred a large propaganda drive in England against the "German Savagery."

<sup>18</sup> Haller, 188.

<sup>19</sup> C.E.W. Bean, *The Australian Imperial Force in France, 1917*, vol. IV, *The Official History of Australia in the War of 1914-1918* (London: University of Queensland Press, 1942), 325.

<sup>20</sup> Ibid., 900-14. The official German records of the 448th Infantry Regiment, the enemy unit which held the sector, contains no mention of the attacks or misuse of the red cross flag.

<sup>21</sup> Ibid., 821.

<sup>22</sup> Denis Winter, *Death's Men: Soldiers of the Great War* (New York: Viking Penguin Inc., 1978), 197.

<sup>23</sup> Bean, 681.

<sup>24</sup> Imanuel Geiss, "The Civilian Dimension of the War," Ed. Hugh P. Cecil, *Facing Armageddon: The First World War Experienced*, (London: Leo Cooper, 1996), 456.

<sup>25</sup> Bean, Vol. IV, 474-5.

<sup>26</sup> L. L. Robson, *The First A.I.F.: A Study of its Recruitment 1914-1918* (Carlton, Australia: Melbourne University Press, 1982), 3.

<sup>27</sup> Bean, 573. This attack was conducted by the German 8th Battery, 13th Field Artillery Regiment supporting the 27th (Württemberg) Division. Haller, 77. In the development stages of the ambulance, the British preferred a strong, light, easy loading vehicle that could support four litter patients. Because the British recognized the problem of frequent attacks on the protected military medical transports, they considered using ambulance wagons that had a "shape distinctive from all other army vehicles and a Red Cross emblem distinguishable at a long range." Unfortunately there was no vehicle available to accomplish this requirement.

<sup>28</sup> Bean, 681.

<sup>29</sup> W. G. MacPherson, *The Medical Services on the Western Front and During the Operations in France and Belgium in 1914 and 1915*, vol. II, *History of the Great War: Medical Services General History* (London: His Majesty's Stationary Office, 1923), 46. The 11th British C.C.S. at Bailleul experienced 35 killed and 59 wounded during this attack.

<sup>30</sup> Haller, 188.

<sup>31</sup> Macdonald, 223.

<sup>32</sup> Haller, 188.

<sup>33</sup> Ibid.

<sup>34</sup> John H Plumridge, *Hospital Ships and Ambulance Trains*, (London: Seeley, Service & Co., 1975), 103-4.

<sup>35</sup> Macdonald, 225.

<sup>36</sup> Richard A. Gabriel, and Karen S. Metz, *From the Renaissance Through Modern Times*, vol. II, *A History of Military Medicine* (New York: Greenwood Press, 1992), 277.

<sup>37</sup> *Friends of France*, 367.

<sup>38</sup> Scharmach, 32-3.

<sup>39</sup> Lynch, Ford, and Reed, *Field Operations*, vol. VIII, 534.

<sup>40</sup> *Ibid.*, 981.

<sup>41</sup> *Friends of France*, 397.

<sup>42</sup> Lynch, Ford, and Reed, 32-3.

<sup>43</sup> *Friends of France*, 383.

<sup>44</sup> Haller, 188.

<sup>45</sup> Philip J. Haythornthwaite, *The World War One Source Book* (London: Arms and Armour Press, 1996), 374.

<sup>46</sup> Frank Freidel, *Over There: The Story of America's First Great Overseas Crusade* (Boston: Little, Brown and Company, 1964), 267.

<sup>47</sup> Macpherson, 107.

<sup>48</sup> R. H. Gibson and Maurice Prendergast, *The German Submarine War: 1914-1918* (London: Constable and Company Ltd., 1931), 138.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*, 249.

<sup>51</sup> *Ibid.*, 164. The staff of 68 and crew of 115 were unable to evacuate the patients without loss. The *Glenart Castle* was a 6807-ton ship.

<sup>52</sup> *Ibid.* This was a 12,002-ton ship travelling at 14 1/2 knots.

<sup>53</sup> *Ibid.* The *Gloucester Castle* was a 7,999-ton ship.

<sup>54</sup> Ibid., 165. This 6,287-ton hospital ship was carrying 234 German and 167 British wounded in addition to 123 crewmembers and her staff of 52.

<sup>55</sup> Ibid., 166.

<sup>56</sup> Arthur W. Jose, *The Royal Australian Navy: 1914-1918* (Sydney: Angus & Robertson, Ltd., 1928), 426.

<sup>57</sup> Macdonald, 276.

<sup>58</sup> Gibson and Prendergast, 164-5. These were the *Salta*, *Anglia*, *Galeka*, *Britannie*, and *Braemr Castle*.

<sup>59</sup> Jose, 428.

<sup>60</sup> Gibson and Prendergast, 139.

<sup>61</sup> Ibid., 165-6. A case of this was the *Donegal* ambulance-transport that added armament after being chased by a German submarine on March 1, 1917.

<sup>62</sup> Ibid., 166. It was accepted that since these ships were ultimately military store-ships and carriers, that any attack from Germans could not be charges as a violation against the Hague Convention of 1907.

<sup>63</sup> Macpherson, 370.

## CHAPTER 5

### CONCLUSIONS, RECOMMENDATIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

Many of today's U.S. military leaders question the implications of assuming protection under the provisions of the Geneva Conventions as they employ military medical units in training exercises. This study serves as historical documentation that the Geneva and Hague Conventions provided minimal protection to military medical personnel, facilities, and transport during World War I. With the threat of continued conflicts involving signatories (belligerents or combatants may not be nations, but rather factions, sect, religious, or other groups), a thorough look at the historical benefits of the conventions can be helpful in evaluating protection for military medical personnel, facilities, and transport.

#### Conclusions

There are no simple measures to answer the primary research question regarding how much protection the Geneva and Hague Conventions afforded to protected military medical personnel, facilities, and transport during World War I. History has provided numerous examples of governments that publicly supported the protective provisions, but conducted gross violations on the battlefield in order to meet

military objectives, with little documentation to prove their disregard for the Geneva and Hague conventions.

The incidents described in the findings section of this study demonstrate that there while there were unintentional violations of the Geneva and Hague Convention during World War I, there are numerous incidents to prove that the convention was frequently and intentionally violated by the Germans. This conclusion was developed through the process of developing conclusions to the three subordinate research questions.

The conclusion for the first subordinate research question relates to violations which occurred against protected military medical personnel, facilities, and transport on land in World War I that were intentional violations of the Geneva Convention of 1906. As shown in Chapter Four, intentional violations of the convention occurred frequently for American, British, and French military medical personnel, facilities, and transport. These attacks happened throughout the evacuation and hospitalization system, from the front lines to the rear areas.

The conclusion for the second subordinate research question relates to violations which occurred against protected military medical personnel and transport at sea during World War I that were intentional violations of the

Hague Convention of 1907. Since the American and French military medical services did not use protected military medical transport (hospital ships) during World War I, the violations of the Hague Convention occurred exclusively against the British. As shown in Chapter Four, intentional violations of the convention occurred frequently against the protected British military medical personnel and transport at sea.

The conclusion to third subordinate research question relates to incidents during World War I where the Geneva and Hague Conventions provided protection to military medical personnel, facilities, and transport, on land and at sea. While a large number of the attacks against the American, British, and French military medical services were intentional, there are numerous examples of where the provisions of the Geneva and Hague Convention did provide protection. These infrequent incidents occurred when the enemy acknowledged the distinctive emblem of the red cross and allowed the wounded to be cleared without attacking protected military medical personnel, facilities, or transport.

Overall it appears that during World War I the Geneva and Hague Conventions did afford protection to military medical services during some situations, but the conventions were frequently and intentionally violated. As the record



indicates, violations did occur against protected military medical personnel, facilities, and transport, both on land and at sea. While these conclusions are based on subjective evidence, the frequency of violations is enough to suggest that the conventions were not completely successful in providing the protection they were designed for. Although there is some evidence showing incidents where the conventions did provide protection to military medical personnel, facilities, and transport, violations were not rare and the evidence runs counter to Engle's observation that "during World War I in Europe the red cross designation was generally respected, and there are only a few reported instances when it was deliberately fired upon."<sup>1</sup> The findings from this study support United States Army Surgeon General Merritte W. Ireland who wrote in his 1923 report on the Medical Services during World War I that the military medical personnel were "engaged in a war in which they braved the risks of contagion as well as those from the missiles of the enemy, and in which thousands suffered the dangers of their brothers of the line, as well as to be expected, the supreme sacrifice was required of all too many."<sup>2</sup>

While many violations did occur during World War I, the provisions of the Geneva and Hague Convention did serve a purpose. It can be speculated that enough of the

provisions were observed by the belligerents that military medical personnel, facilities, and transport were protected more than if there were no treaties or conventions. In War, Morality, and the Military Profession, Wasserman suggests that "if it were not regarded as wrong to bomb military hospitals, they would be bombed all of the time instead of some of the time."<sup>3</sup>

#### Recommendations

Based upon the conclusions from this study, the investigator recommends three areas where action should be taken: education, convention reform, and enforcement. Military officers must be educated regarding their command responsibilities for the protection of military medical services and trained on ways to determine the optimal placement of military medical facilities on the battlefield, in compliance with the Geneva Convention. All military personnel must be educated on the principles of the Geneva Convention and actions that risk their protective status.

The United States must continue to demonstrate their commitment to the provisions of the Geneva Convention and encourage international support to strengthen the retribution for countries that violate the convention. This ties with the investigator's third recommendation that countries that violate the provisions of the convention must

be punished and compliance must be enforced to the lowest levels of the military structure.

### Suggestions for Further Research

There are five areas that, in the investigator's opinion, would warrant further research:

1. Study the effectiveness of the Geneva and Hague Conventions in providing protection to German military medical personnel, facilities, and transport during World War I, in order to assess compliance by the allies to the conventions.
2. Analyze the effectiveness of the Geneva and Hague Conventions in providing protection to military medical personnel, facilities, and transport during World War Two. This study could look at any differences from this study of World War I and determine what factors were influenced the change.
3. Study the development and effectiveness of the Geneva Conventions of 1949 in providing protection to military medical personnel, facilities, and transport. Many of the "flaws of the previous conventions were attempted to be resolved through this convention. An in-depth analysis could look at its effectiveness and compare it to previous conventions and wars.

4. Study the applicability of the Geneva and Hague Conventions and their protection of military medical personnel, facilities, and transport for armed forces participating in unconventional war and humanitarian missions. This analysis could be very important to current military medical planners in developing doctrine and establishing policies for medical forces sent to areas where there are no signatories of the conventions, such as in the case where combatants or belligerents are not countries, but perhaps factions, religious or ethnic groups, and the like.

5. Analyze the effectiveness of the Geneva Conventions in protecting military medical personnel who become prisoners of war. While both of these areas are provisions within the Geneva Conventions of 1949, the effectiveness appears to have varied through wars in Europe, the Pacific, Korea, and Vietnam.

Additional research in these areas would provide a more conclusive assessment of the effectiveness of the Geneva and Hague Conventions through history. As this study has shown that frequent and intentional violations did occur against military medical personnel, facilities, and transport during World War I, additional research could be beneficial in assessing the protection that will be available to military medical services on the next battlefield.

## Endnotes

<sup>1</sup> Eloise Engle, *Medic: America's Medical Soldiers, Sailors and Airmen in Peace and War* (New York: The John Day Company, 1967), 60.

<sup>2</sup> Charles Lynch, Joseph H. Ford, and Frank W. Reed, *The Surgeon General's Office, vol. I, . The Medical Department of the United States Army in the World War* (Washington: Government Printing Office, 1923), 6. The U.S. Medical Department lost 540 officers, 250 nurses, and 2,257 enlisted men during the war.

<sup>3</sup> Richard Wasserstrom, "The Laws of War," Ed. Malham M. Wakin, *War, Morality and the Military Profession* (Boulder, Colo.: Westview Press, 1986), 404.

APPENDIX A

INTERNATIONAL RED CROSS CONVENTION  
TREATY SERIES, NO.464

**CONVENTION**

**FOR THE**

**AMELIORATION OF THE CONDITION OF THE WOUNDED OF  
THE ARMIES IN THE FIELD.**

*Signed at Geneva July 6, 1906.*

*Ratification advised by the Senate December 19, 1906.*

*Ratified by the President of the United States January 2,  
1907.*

*Ratification deposited with the Government of the Swiss  
Con-federation February 9, 1907.*

*Proclaimed August 8, 1907.*

BY THE PRESIDENT OF  
THE UNITED STATES OF AMERICA

**A PROCLAMATION**

Whereas a Convention between the United States of America and Germany, the Argentine Republic, Austria-Hungary, Belgium, Bulgaria, Chile, China, the Congo Free State, Denmark, Spain, Brazil, Mexico, France, Great Britain, Greece, Guatemala, Honduras, Italy, Japan, Luxemburg, Montenegro, Norway, the Netherlands, Peru, Persia, Portugal, Roumania, Russia, Serbia, Siam, Sweden, Switzerland, and Uruguay, for the amelioration of the condition of the wounded of armies in the field, was signed at Geneva, July 6, 1906, the original of which convention, being in the French language, is word for word as follows:

[Translation]

**CONVENTION FOR THE AMELIORATION OF THE CONDITION  
OF THE WOUNDED IN ARMIES IN THE FIELD.**

His Majesty the Emperor of Germany, King of Prussia; His Excellency the President of the Argentine Republic; His Majesty the Emperor of Austria, King of Bohemia, etc., and Apostolic King of Hungary; His Majesty the King of the Belgians; His Royal Highness the Prince of Bulgaria; His Excellency the President of the Republic of Chile; His Majesty the Emperor of China; His Majesty the King of the Belgians, Sovereign of the Congo Free State; His Majesty the Emperor of Corea; His Majesty the King of Denmark; His Majesty the King of Spain; the President of the United States of America; the President of the United States of Brazil; the President of the United Mexican States; the President of the French Republic; His Majesty the King of the United Kingdom of Great Britain and Ireland, Emperor of India; His Majesty the King of the Hellenes; the President of the Republic of Guatemala; the President of the Republic of Honduras; His Majesty the King of Italy; His Majesty the Emperor of Japan; His Royal Highness the Grand Duke of Luxemburg, Duke of Nassau; His Highness the Prince of Montenegro; His Majesty the King of Norway; Her Majesty the Queen of the Netherlands; the President of the Republic of Peru; His Imperial Majesty the Shah of Persia; His Majesty the King of Portugal and of the Algarves; etc.; His Majesty the King of Roumania; His Majesty the Emperor of All the Russias; His Majesty the King of Servia; His Majesty the King of Siam; His Majesty the King of Sweden; the Swiss Federal Council; the President of the Oriental Republic of Uruguay,

Being equally animated by the desire to lessen the inherent evils of warfare as far as is within their power, and wishing for this purpose to improve and supplement the provisions agreed upon at Geneva on August 22, 1864, for the amelioration of the condition of the wounded in armies in the field,

Have decided to conclude a new convention to that effect, and have appointed as their plenipotentiaries, to wit:

Then follows the list of the Plenipotentiaries:

Who, after having communicated to each other their full powers, found in good and due form, have agreed on the following:

### **CHAPTER I - *The Sick And Wounded***

**ARTICLE I.** Officers, soldiers, and other persons officially attached to armies, who are sick or wounded, shall be respected and cared for, without distinction of nationality, by the belligerent in whose power they are.

A belligerent, however, when compelled to leave his wounded in the hands of his adversary, shall leave with them, so far as military conditions permit, a portion of the personnel and materiel of his sanitary service to assist in caring for them.

**ARTICLE II.** Subject to the care that must be taken of them under the preceding article, the sick and wounded of an army who fall into the power of the other belligerent become prisoners of war, and the general rules of international law in respect to prisoners become applicable to them.

The belligerents remain free, however, to mutually agree upon such clauses, by way of exception or favor, in relation to the wounded or sick as they may deem proper. They shall especially have authority to agree:

1. To mutually return the sick and wounded left on the field of battle after an engagement.

2. To send back to their own country the sick and wounded who have recovered, or who are in a condition to be transported and whom they do not desire to retain as prisoners.

3. To send the sick and wounded of the enemy to a neutral state, with the consent of the latter and on condition that it shall charge itself with their internment until the close of hostilities.

**ARTICLE III.** After every engagement the belligerent who remains in possession of the field of battle shall take measures to search for the wounded and to protect the wounded and dead from robbery and ill treatment.

He will see that a careful examination is made of the bodies of the dead prior to their interment or incineration.



**ARTICLE IV.** As soon as possible each belligerent shall forward to the authorities of their country or army the marks or military papers of identification found upon the bodies of the dead, together with a list of names of the sick and wounded taken in charge by him.

Belligerents will keep each other mutually advised of internments and transfers, together with admissions to hospitals and deaths which occur among the sick and wounded in their hands. They will collect all objects of personal use, valuables, letters, etc., which are found upon the field of battle, or have been left by the sick or wounded who have died in sanitary formations or other establishments, for transmission to persons in interest through the authorities of their own country.

**ARTICLE V.** Military authority may make an appeal to the charitable zeal of the inhabitants to receive and, under its supervision, to care for the sick and wounded of the armies, granting to persons responding to such appeals special protection and certain immunities.

## **CHAPTER II - *Sanitary Formations and Establishments***

**ARTICLE VI.** Mobile sanitary formations (i.e., those which are intended to accompany armies in the field) and the fixed establishments belonging to the sanitary service shall be protected and respected by belligerents.

**ARTICLE VII.** The protection due to sanitary formations and establishments ceases if they are used to commit acts injurious to the enemy.

**ARTICLE VIII.** A sanitary formation or establishment shall not be deprived of the protection accorded by Article VI by the fact:

1. That the personnel of a formation or establishment is armed and uses its arms in self-defense or in defense of its sick and wounded.
2. That in the absence of armed hospital attendants, the formation is guarded by an armed detachment or by sentinels acting under competent orders.
3. That arms or cartridges, taken from the wounded and not yet turned over to the proper authorities, are found in the formation or establishment.

### CHAPTER III - *Personnel*

**ARTICLE IX.** The personnel charged exclusively with the removal, transportation, and treatment of the sick and wounded, as well as with the administration of sanitary formations and establishments, and the chaplains attached to armies, shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be considered as prisoners of war.

These provisions apply to the guards of sanitary formations and establishments in the case provided for in section 2 of article 8.

**ARTICLE X.** The personnel of volunteer aid societies, duly recognized and authorized by their own governments, who are employed in the sanitary formations and establishments of armies, are assimilated to the personnel contemplated in the preceding article, upon condition that the said personnel shall be subject to military laws and regulations.

Each state shall make known to the other, either in time of peace or at the opening, or during the progress of hostilities, and in any case before actual employment, the names of the societies which it has authorized to render assistance, under its responsibility, in the official sanitary service of its armies.

**ARTICLE XI.** A recognized society of a neutral state can only lend the services of its sanitary personnel and formations to a belligerent with the prior consent of its own government and the authority of such belligerent. The belligerent who has accepted such assistance is required to notify the enemy before making any use thereof.

**ARTICLE XII.** Persons described in articles 9, 10, and 11 will continue in the exercise of their functions, under the direction of the enemy, after they have fallen into his power.

When their assistance is no longer indispensable they will be sent back to their army or country, within such period and by such route as may accord with military necessity. They will carry with them such effects, instruments, arms, and horses as are their private property.

**ARTICLE XIII.** While they remain in his power, the

enemy will secure to the personnel mentioned in article 9 the same pay and allowances to which persons of the same grade in his own army are entitled.

#### **CHAPTER IV - Matériel**

**ARTICLE XIV.** If mobile sanitary formations fall into the power of the enemy, they shall retain their matériel, including the teams, whatever may be the means of transportation and the conducting personnel. Competent military authority, however, shall have the right to employ it in caring for the sick and wounded. The restitution of the matériel shall take place in accordance with the conditions prescribed for the sanitary personnel, and, as far as possible, at the same time.

**ARTICLE XV.** Buildings and materiel pertaining to fixed establishments shall remain subject to the laws of war, but can not be diverted from their use so long as they are necessary for the sick and wounded. Commanders of troops engaged in operations, however, may use them, in case of important military necessity, if, before such use, the sick and wounded who are in them have been provided for.

**ARTICLE XVI.** The matériel of aid societies admitted to the benefits of this convention, in conformity to the conditions therein established, is regarded as private property and, as such, will be respected under all circumstances, save that it is subject to the recognized right of requisition by belligerents in conformity to the laws and usages of war.

#### **CHAPTER V - Convoys of Evacuation**

**ARTICLE XVII.** Convoys of evacuation shall be treated as mobile sanitary formations subject to the following special provisions:

1. A belligerent intercepting a convoy may, if required by military necessity, break up such convoy, charging himself with the care of the sick and wounded whom it contains.

2. In this case the obligation to return the sanitary personnel, as provided for in article 12, shall be extended to include the entire military personnel employed, under competent orders, in the transportation and protection of the convoy

The obligation to return the sanitary matériel, as provided for in article 14, shall apply to railway trains and vessels intended for interior navigation which have been especially equipped for evacuation purposes, as well as to the ordinary vehicles, trains, and vessels which belong to the sanitary service.

Military vehicles, with their teams, other than those belonging to the sanitary service, may be captured.

The civil personnel and the various means of transportation obtained by requisition, including railway matériel and vessels utilized for convoys, are subject to the general rules of international law.

#### **CHAPTER VI - *Distinctive Emblem***

**ARTICLE XVIII.** Out of respect to Switzerland the heraldic emblem of the red cross on a white ground, formed by the reversal of the federal colors, is continued as the emblem and distinctive sign of the sanitary service of armies.

**ARTICLE XIX.** This emblem appears on flags and brassards as well as upon all matériel appertaining to the sanitary service, with the permission of the competent military authority.

**ARTICLE XX.** The personnel protected in virtue of the first paragraph of article 9, and articles 10 and 11, will wear attached to the left arm a brassard bearing a red cross on a white ground, which will be issued and stamped by competent military authority, and accompanied by a certificate of identity in the case of persons attached to the sanitary service of armies who do not have military uniform.

**ARTICLE XXI.** The distinctive flag of the convention can only be displayed over the sanitary formations and establishments which the convention provides shall be respected, and with the consent of the military authorities. It shall be accompanied by the national flag of the belligerent to whose service the formation or establishment is attached.

Sanitary formations which have fallen into the power of the enemy, however, shall fly no other flag than that of the Red Cross so long as they continue in that situation.

**ARTICLE XXII.** The sanitary formations of neutral countries which, under the conditions set forth in article 11, have been authorized to render their services, shall fly, with the flag of the convention, the national flag of the belligerent to which they are attached. The provisions of the second paragraph of the preceding article are applicable to them.

**ARTICLE XXIII.** The emblem of the red cross on a white ground and the words *Red Cross* or *Geneva Cross* may only be used, whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and matériel protected by the convention.

#### **CHAPTER VII - *Application And Execution Of The Convention***

**ARTICLE XXIV.** The provisions of the present convention are obligatory only on the contracting powers, in case of war between two or more of them. The said provisions shall cease to be obligatory if one of the belligerent powers should not be signatory to the convention.

**ARTICLE XXV.** It shall be the duty of the commanders in chief of the belligerent armies to provide for the details of execution of the foregoing articles, as well as for unforeseen cases, in accordance with the instructions of their respective governments, and conformably to the general principles of this convention.

**ARTICLE XXVI.** The signatory governments shall take the necessary steps to acquaint their troops, and particularly the protected personnel, with the provisions of this convention and to make them known to the people at large.

#### **CHAPTER VIII - *Repression of Abuses and Infractions***

**ARTICLE XXVII.** The signatory powers whose legislation may not now be adequate engage to take or recommend to their legislatures such measures as may be necessary to prevent the use, by private persons or by societies other than those upon which this convention confers the right thereto, of the emblem or name of the Red Cross or Geneva Cross, particularly for commercial purposes by means of trade-marks or commercial labels.

The prohibition of the use of the emblem or name in question shall take effect from the time set in each act of

legislation, and at the latest five years after this convention goes into effect. After such going into effect, it shall be unlawful to use a trade-mark or commercial label contrary to such prohibition.

**ARTICLE XXVIII.** In the event of their military penal laws being insufficient, the signatory governments also engage to take, or to recommend to their legislatures, the necessary measures to repress, in time of war, individual acts of robbery and ill treatment of the sick and wounded of the armies, as well as to punish, as usurpations of military insignia, the wrongful use of the flag and brassard of the Red Cross by military persons or private individuals not protected by the present convention.

They will communicate to each other through the Swiss Federal Council the measures taken with a view to such repression, not later than five years from the ratification of the present convention.

#### ***General Provisions***

**ARTICLE XXIX.** The present convention shall be ratified as soon as possible. The ratifications will be deposited at Berne.

A record of the deposit of each act of ratification shall be prepared, of which a duly certified copy shall be sent, through diplomatic channels, to each of the contracting powers.

**ARTICLE XXX.** The present convention shall become operative, as to each power, six months after the date of deposit of its ratification.

**ARTICLE XXXI.** The present convention, when duly ratified, shall supersede the Convention of August 22, 1864, in the relations between the contracting states.

The Convention of 1864 remains in force in the relations between the parties who signed it but who may not also ratify the present convention.

**ARTICLE XXXII.** The present convention may, until December 31, proximo, be signed by the powers represented at the conference which opened at Geneva on June 11, 1906, as well as by the powers not represented at the conference who have signed the Convention of 1864.

Such of these powers as shall not have signed the

present convention on or before December 31, 1906, will remain at liberty to accede to it after that date. They shall signify their adherence in a written notification addressed to the Swiss Federal Council, and communicated to all the contracting powers by the said Council.

Other powers may request to adhere in the same manner, but their request shall only be effective if, within the period of one year from its notification to the Federal Council, such Council has not been advised of any opposition on the part of any of the contracting powers.

Then follows the signatures of the Plenipotentiaries:

In a series of meetings held from the 11th of June to 5th of July 1906, the Conference discussed and framed, for the Signatures of the Plenipotentiaries, the text of a Convention which will bear the date of July 6, 1906.

In addition, and conformably to Article 16 of the Convention for the peaceful settlement of international disputes, of July 29, 1899, which recognized arbitration as the most effective and at the same time, most equitable means of adjusting differences that have not been resolved through the diplomatic channel, the Conference uttered the following wish:

The Conference expressed the wish that, in order to arrive at as exact as possible an interpretation and application of the Geneva Convention, the Contracting Powers will refer to the Permanent Court at The Hague, if permitted by the cases and circumstances, such differences as may arise among them, in time of peace, concerning the interpretation of the said Convention.

This wish was adopted by the following States:

Then follows the signatures of the Plenipotentiaries:

**ARTICLE XXXIII.** Each of the contracting parties shall have the right to denounce the present convention. This denunciation shall only become operative one year after a notification in writing shall have been made to the Swiss Federal Council, which shall forthwith communicate such notification to all the other contracting parties.

This denunciation shall only become operative in respect to the power which has given it.

In faith whereof the plenipotentiaries have signed the present convention and affixed their seals thereto.

Done at Geneva, the sixth day of July, one thousand nine hundred and six, in a single copy, which shall remain in the archives of the Swiss Confederation and certified copies of which shall be delivered to the contracting parties through diplomatic channels.

Germany, Argentine Republic, Austria-Hungary, Belgium, Bulgaria, Chile, China, Congo, Denmark, Spain (ad referendum), United States of America, United States of Brazil, France, Greece, Guatemala, Honduras, Italy, Luxemburg, Montenegro, Nicaragua, Norway, The Netherlands, Peru, Persia, Portugal, Roumania, Russia, Servia, Siam, Sweden, Switzerland and Uruguay.

The wish was rejected by the following States:

Corea, Great Britain and Japan.

In witness whereof the Delegates have signed the present Protocol.

Done at Geneva, the sixth day of July, one thousand nine hundred and six, in a single copy which shall be deposited in the archives of the Swiss Confederation and certified copies of which shall be delivered to all the Powers represented at the Conference.

And whereas it is provided by its Article 30 that the said convention shall become effective, as to each Power, six months after the date of the deposit of its ratifications;

And whereas the ratifications of the said Convention on the part of the United States was deposited with the Government of the Swiss Confederation on February 9, 1907;

Now, therefore, be it known that I, Theodore Roosevelt, President of the United States of America, have caused the said convention to be made public, to the end that the same and every article and clause thereof may be observed and fulfilled with good faith by the United States and the citizens thereof.

In testimony whereof, I have hereunto set my band and caused the seal of the United States of America to be affixed.

Done at the City of Washington this third day of August, in the year of our Lord one thousand nine hundred and seven, and of the Independence of the United States of America the one hundred and thirty-second.



By the President: THEODORE ROOSEVELT

ROBERT BACON,  
*Acting Secretary of State.*

APPENDIX B

TREATY SERIES, NO.543

**CONVENTION  
BETWEEN**

THE UNITED STATES AND OTHER POWERS

**FOR THE**

**ADAPTATION TO MARITIME WARFARE OF THE  
PRINCIPLES OF THE GENEVA CONVENTION**

*Signed at The Hague, October 18, 1907  
Ratification Advised by the Senate, March 10, 1908  
Ratified by the President of the United States, February  
23, 1909  
Ratification Deposited with the Netherlands Government,  
November 27, 1909  
Proclaimed February 28, 1910.*

BY THE PRESIDENT OF  
THE UNITED STATES OF AMERICA

**A PROCLAMATION**

Whereas a Convention for the adaptation to naval warfare of the principles of the Geneva Convention was concluded and signed at The Hague on October 18, 1907, by the respective Plenipotentiaries of the United States of America, Germany, the Argentine Republic, Austria-Hungary, Belgium, Bolivia, Brazil, Bulgaria, Chile, China, Colombia, Cuba, Denmark, the Dominican Republic, Ecuador, Spain, France, Great Britain, Greece, Guatemala, Haiti, Italy, Japan, Luxemburg, Mexico, Montenegro, Norway, Panama, Paraguay, the Netherlands, Peru, Persia, Portugal, Roumania, Russia, Salvador, Servia, Siam, Sweden, Switzerland, Turkey, Uruguay, and Venezuela, the original of which Convention being in the French language, is word for word as follows:

[Translation]

X

CONVENTION

FOR THE ADAPTATION TO MARITIME WARFARE OF THE  
PRINCIPLES OF THE GENEVA CONVENTION.

His Majesty the Germany Emperor, King of Prussia; the President of the United States of America; the President of the Argentine Republic; His Majesty the Emperor of Austria, King of Bohemia, &c., and Apostolic King of Hungary; His Majesty the King of the Belgians; the President of the Republic of Bolivia; the President of the Republic of the United States of Brazil; His Royal Highness the Prince of Bulgaria; the President of the Republic of Chile; His Majesty the Emperor of China; the President of the Republic of Colombia; the Provisional Governor of the Republic of Cuba; His Majesty the King of Denmark; the President of the Dominican Republic; the President of the Republic of Ecuador; His Majesty the King of Spain; the President of the French Republic; His Majesty the King of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, Emperor of India; His Majesty the King of the Hellenes; the President of the Republic of Guatemala; the President of the Republic of Haiti; His Majesty the King of Italy; His Majesty the Emperor of Japan; His Royal Highness the Grand Duke of Luxemburg, Duke of Nassau; the President of the United States of Mexico; His Royal Highness the Prince of Montenegro; His Majesty the King of Norway; the President of the Republic of Panama; the President of the Republic of Paraguay; Her Majesty the Queen of the Netherlands; the President of the Republic of Peru; His Imperial Majesty the Shah of Persia; His Majesty the King of Portugal and of the Algarves, &c.; His Majesty the King of Roumania; His Majesty the Emperor of All the Russias; the President of the Republic of Salvador; His Majesty the King of Servia; His Majesty the King of Siam; His Majesty the King of Sweden; the Swiss Federal Council; His Majesty the Emperor of the Ottomans; the President of the Oriental Republic of Uruguay; the President of the United States of Venezuela:

Animated alike by the desire to diminish, as far as depends on them, the inevitable evils of war;

And wishing with this object to adapt to maritime warfare the principles of the Geneva Convention of the 6th July, 1906;

Have resolved to conclude a Convention for the purpose of revising the Convention of the 29th July, 1899, relative to this question, and have appointed the following as their Plenipotentiaries:

Here follow the names of plenipotentiaries.

Who, after having deposited their full powers, found in good and due form, have agreed upon the following provisions:

**ARTICLE 1.** Military hospital-ships, that is to say, ships constructed or assigned by States specially and solely with a view to assisting the wounded, sick, and shipwrecked, the names of which have been communicated to the belligerent Powers at the commencement or during the course of hostilities, and in any case before they are employed, shall be respected, and cannot be captured while hostilities last.

These ships, moreover, are not on the same footing as warships as regards their stay in a neutral port.

**ARTICLE 2.** Hospital-ships, equipped wholly or in part at the expense of private individuals or officially recognized relief societies, shall be likewise respected and exempt from capture, if the belligerent Power to whom they belong has given them an official commission and has notified their names to the hostile Power at the commencement of or during hostilities, and in any case before they are employed.

These ships must be provided with a certificate from the competent authorities declaring that the vessels have been under their control while fitting out and on final departure.

**ARTICLE 3.** Hospital-ships, equipped wholly or in part at the expense of private individuals or officially recognized

societies of neutral countries, shall be respected and exempt from capture, on condition that they are placed under the control of one of the belligerents, with the previous consent of their own Government and with the authorization of the belligerent himself, and that the latter has notified their name to his adversary at the commencement of or during hostilities, and in any case, before they are employed.

**ARTICLE 4.** The ships mentioned in Articles I, II, and III shall afford relief and assistance to the wounded, sick, and ship-wrecked of the belligerents without distinction of nationality.

The Governments undertake not to use these ships for any military purpose.

These vessels must in no wise hamper the movements of the combatants.

During and after an engagement they will act at their own risk and peril.

The belligerents shall have the right to control and search them; they can refuse to help them, order them off, make them take a certain course, and put a Commissioner on board; they can even detain them, if important circumstances require it.

As far as possible, the belligerents shall enter in the log of the hospital-ships the orders which they give them.

**ARTICLE 5.** Military hospital-ships shall be distinguished by being painted white outside with a horizontal band of green about a metre and a half in breadth.

The ships mentioned in Articles II and III shall be distinguished by being painted white outside with a horizontal band of red about a metre and a half in breadth.

The boats of the ships above mentioned, as also small craft which may be used for hospital work, shall be distinguished by similar painting.

All hospital-ships shall make themselves known by hoisting, with their national flag, the white flag with a red cross provided by the Geneva Convention, and further, if they belong to a neutral State, by flying at the mainmast the national flag of the belligerent under whose control they are placed.

Hospital-ships which, in the terms of Article IV, are detained by the enemy, must haul down the national flag of the belligerent to whom they belong.

The ships and boats above mentioned which wish to ensure by night the freedom from interference to which they are entitled, must, subject to the assent of the belligerent they are accompanying, take the necessary measures to render their special painting sufficiently plain.

**ARTICLE 6.** The distinguishing signs referred to in Article V can only be used, whether in time of peace or war, for protecting or indicating the ships therein mentioned.

**ARTICLE 7.** In the case of a fight on board a war-ship, the sick-wards shall be respected and spared as far as possible.

The said sick-wards and the *matériel* belonging to them remain subject to the laws of war; they cannot, however, be used for any purpose other than that for which they were originally intended, so long as they are required for the sick and wounded.

The commander, however, into whose power they have fallen may apply them to other purposes, if the military situation requires it, after seeing that the sick and wounded on board are properly provided for.

**ARTICLE 8.** Hospital-ships and sick-wards of vessels are no longer entitled to protection if they are employed for the purpose of injuring the enemy.

The fact of the staff of the said ships and sick-wards being armed for maintaining order and for defending the sick and wounded, and the presence of wireless telegraphy apparatus on board, is not a sufficient reason for withdrawing protection.

**ARTICLE 9.** Belligerents may appeal to the charity of the commanders of neutral merchant-ships, yachts, or boats to take on board and tend the sick and wounded.

Vessels responding to this appeal, and also vessels which have of their own accord rescued sick, wounded, or shipwrecked men, shall enjoy special protection and certain immunities. In no case can they be captured for having such persons on board, but, apart from special undertakings that

have been made to them, they remain liable to capture for any violations of neutrality they may have committed.

**ARTICLE 10.** The religious, medical, and hospital staff of any captured ship is inviolable, and its members cannot be made prisoners of war. On leaving the ship they take away with them the objects and surgical instruments which are their own private property.

This staff shall continue to discharge its duties while necessary, and can afterwards leave, when the commander-in-chief considers it possible.

The belligerents must guarantee to the said staff, when it has fallen into their hands, the same allowances and pay which are given to the staff of corresponding rank in their own navy.

**ARTICLE 11.** Sailors and soldiers on board, when sick or wounded, as well as other persons officially attached to fleets or armies, whatever their nationality, shall be respected and tended by the captors.

**ARTICLE 12.** Any war-ship belonging to a belligerent may demand that sick, wounded, or shipwrecked men on board military hospital-ships, hospital-ships belonging to relief societies or to private individuals, merchant-ships, yachts; or boats, whatever the nationality of these vessels, should be handed over.

**ARTICLE 13.** If sick, wounded, or shipwrecked persons are taken on board a neutral war-ship, every possible precaution must be taken that they do not again take part in the operations of the war.

**ARTICLE 14.** The shipwrecked, wounded, or sick of one of the belligerents who fall into the power of the other belligerent are prisoners of war. The captor must decide, according to circumstances, whether to keep them, send them to a port of his own country, to a neutral port, or even to an enemy port. In this last case, prisoners thus repatriated cannot serve again while the war lasts.

**ARTICLE 15.** The shipwrecked, sick, or wounded, who are landed at a neutral port with the consent of the local authorities, must, unless an arrangement is made to the

contrary between the neutral State and the belligerent States, be guarded by the neutral State so as to prevent them again taking part in the operations of the war.

The expenses of tending them in hospital and interning them shall be borne by the State to which the shipwrecked, sick, or wounded persons belong.

**ARTICLE 16.** After every engagement, the two belligerents, so far as military interests permit, shall take steps to look for the shipwrecked, sick, and wounded, and to protect them, as well as the dead, against pillage and ill treatment.

They shall see that the burial, whether by land or sea, or cremation of the dead shall be preceded by a careful examination of the corpse.

**ARTICLE 17.** Each belligerent shall send, as early as possible, to the authorities of their country, navy, or army the military marks or documents of identity found on the dead and the description of the sick and wounded picked up by him.

The belligerents shall keep each other informed as to internments and transfers as well as to the admissions into hospitals and deaths which have occurred among the sick and wounded in their hands. They shall collect all the objects of personal use, valuables, letters, &c., which are found in the captured ships, or which have been left by the sick or wounded who died in hospital, in order to have them forwarded to the persons concerned by the authorities of their own country.

**ARTICLE 18.** The provisions of the present Convention do not apply except between Contracting Powers, and then only if all belligerents are parties to the Convention.

**ARTICLE 19.** The Commanders-in-chief of the belligerent fleets must see that the above Articles are properly carried out; they will have also to see to cases not covered thereby, in accordance with the instructions of their respective Governments and in conformity with the general principles of the present Convention.



**ARTICLE 20.** The Signatory Powers shall take the necessary measures for bringing the provisions of the present Convention to the knowledge of their naval forces, and especially of the members entitled thereunder to immunity, and for making them known to the public.

**ARTICLE 21.** The Signatory Powers likewise undertake to enact or to propose to their Legislatures, if their criminal laws are inadequate, the measures necessary for checking in time of war individual acts of pillage and ill-treatment in respect to the sick and wounded in the fleet, as well as for punishing, as an unjustifiable adoption of naval or military marks, the unauthorized use of the distinctive marks mentioned in Article V by vessels not protected by the present Convention.

They will communicate to each other, through the Netherland Government, the enactments for preventing such acts at the latest within five years of the ratification of the present Convention.

**ARTICLE 22.** In the case of operations of war between the land and sea forces of belligerents, the provisions of the present Convention do not apply except between the forces actually on board ship.

**ARTICLE 23.** The present Convention shall be ratified as soon possible.

The ratifications shall be deposited at The Hague.

The first deposit of ratifications shall be recorded in a *procès-verbal* signed by the Representatives of the Powers taking part therein and by the Netherland Minister for Foreign Affairs.

Subsequent deposits of ratifications shall be made by means of a written notification addressed to the Netherland Government and accompanied by the instrument of ratification.

A certified copy of the *procès-verbal* relative to the first deposit of ratifications, of the notifications mentioned in the preceding paragraph, as well as of the instruments of ratification, shall be at once sent by the Netherland Government through the diplomatic channel to the Powers invited to the Second Peace Conference, as well as

to the other Powers which have adhered to the Convention. In the cases contemplated in the preceding paragraph the said Government shall inform them at the same time of the date on which it received the notification.

**ARTICLE 24.** Non-Signatory Powers which have accepted the Geneva Convention of the 6th July, 1906, may adhere to the present Convention.

The Power which desires to adhere notifies its intention to the Netherland Government in writing, forwarding to it the act of adhesion, which shall be deposited in the archives of the said Government.

The said Government shall at once transmit to all the other Powers a duly certified copy of the notification as well as of the act of adhesion, mentioning the date on which it received the notification.

**ARTICLE 25.** The present Convention, duly ratified, shall replace as between Contracting Powers, the Convention of the 29th July, 1899, for the adaptation to maritime warfare of the principles of the Geneva Convention.

The Convention of 1899 remains in force as between the Powers which signed it but which do not also ratify the present Convention.

**ARTICLE 26.** The present Convention shall come into force, in the case of the Powers which were a party to the first deposit of ratifications, sixty days after the date of the *procès-verbal* of this deposit, and, in the case of the Powers which ratify subsequently or which adhere, sixty days after the notification of their ratification or of their adhesion has been received by the Netherland Government.

**ARTICLE 27.** In the event of one of the Contracting Powers wishing to denounce the present Convention, the denunciation shall be notified in writing to the Netherland Government, which shall at once communicate a duly certified copy of the notification to all the other Powers, informing them at the same time of the date on which it was received.

The denunciation shall only have effect in regard to the notifying Power, and one year after the notification has reached the Netherland Government.

**ARTICLE 28.** A register kept by the Netherland Ministry for Foreign Affairs shall give the date of the deposit of ratifications made in virtue of Article XXIII, paragraphs 3 and 4, as well as the date on which the notifications of adhesion (Article XXIV, paragraph 2) or of denunciation (Article XXVII, paragraph 1) have been received.

Each Contracting Power is entitled to have access to this register and to be supplied with duly certified extracts from it.

In faith whereof the Plenipotentiaries have appended their signatures to the present Convention.

Done at The Hague, the 18th October, 1907, in a single copy, which shall remain deposited in the archives of the Netherland Government, and duly certified copies of which shall be sent, through the diplomatic channel, to the Powers which have been invited to the Second Peace Conference.

Then follows the signatures of the Plenipotentiaries:

And whereas the said Convention has been duly ratified by the Government of the United States of America, by and with the advice and consent of the Senate thereof, and by the Governments of Germany, Austria-Hungary, China, Denmark, Mexico, the Netherlands, Russia, Bolivia, and Salvador, and the ratifications of the said Governments were, under the provisions of Article 23 of the said Convention, deposited by their respective plenipotentiaries with the Netherlands Government on November 27, 1909;

Now, therefore, be it known that I, William Howard Taft, President of the United States of America, have caused the said Convention to be made public, to the end that the same and every article and clause thereof may be observed and fulfilled with good faith by the United States and the citizens thereof.

In testimony whereof, I have hereunto set my hand and caused the seal of the United States to be affixed.

Done at the city of Washington this twenty-eighth day of February in the year of our Lord one thousand nine hundred and ten, and of the Independence of the United States of America, the one hundred and thirty-fourth.

By the President: WILLIAM. H. TAFT

P.C. KNOX

*Secretary of State.*

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