Iraq, Care for Wounded Enemies

N.B. As per the disclaimer, neither the ICRC nor the authors can be identified with the opinions expressed in the Cases and Documents. Some cases even come to solutions that clearly violate IHL. They are nevertheless worthy of discussion, if only to raise a challenge to display more humanity in armed conflicts. **Similarly, in some of the texts used in the case studies, the facts may not always be proven;** nevertheless, they have been selected because they highlight interesting IHL issues and are thus published for didactic purposes.

[**Source**: Robert Bazell, "A Human Life is a Human Life", in *NBC News*, 2 March 2007, available on http://www.msnbc.msn.com/id/17406009/from/ET/]

At U.S. military field hospitals, care and compassion for wounded enemies

TIKRIT, Iraq – With almost no warning, three Medevac helicopters touch down at Camp Speicher near Tikrit, Iraq. The medical staff – reservists from a unit based in Boston – quickly determine the men, all Iraqis, are hurt badly.

Two of the Iraqis were seen placing an IED (*Improvised Explosive Device (note of the authors)*) at the side of a road. They had a car full of weapons and video cameras to tape the explosion.

"He's got some open wounds, he has some ortho wounds, and he needs an X-ray," says a doctor as he evaluates the men. "The fourth guy has some back wounds."

It turns out the other two Iraqis were bystanders, caught in the middle when an American helicopter opened fire on the insurgents.

"I need two units of blood!" orders the doctor. "He looks like he has lost plenty of blood."

The worst of the cases – one of the insurgents – goes immediately into surgery, where in less than an hour doctors administer 30 units of blood.

"Right now, we have had five major traumas come in," says Eric Shrye. "We're down to our last 10 percent of our blood supply."

The call goes out at the base for volunteer blood donors, and within minutes dozens of soldiers line up. Brian Suam is at the head of the line. He says it doesn't matter that his blood might be used for insurgents.

"A human life is a human life, sir," Suam says.

The other casualty arrives by ambulance – an Iraqi policeman shot in the head.

Dr. John Allerding leads the team struggling to save him.

"Hold up, guys, his pupils are fixed and dilated," he says.

But this time a human life cannot be saved.

They start to cover the body with a blanket.

"Do we have a chaplain available?" someone asks. "Thanks, everybody. Nice try."

Though the team did all it could, Allerding says it was tough.

"The Iraqi policeman is one of our allies, one of the good guys," he says. "He's one of the guys that is trying to help us do what we can do over here, so I feel a sense of loss with him."

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Discussion

1. a. Does IHL provide for an equal treatment between own wounded and enemy wounded? Between a wounded combatant and a wounded insurgent who has not combatant status? Between an insurgent who has committed violations of IHL and an insurgent who has not? What should be known to determine whether the insurgents in this case violated IHL? Who should be taken care of in priority? Does the nature of the conflict (international or non-international armed conflict) influence the answer to these questions? (GC I-IV, Art. 3; GC I, Art.12; P II, Art. 7; CIHL Rule 10)

b. Would denial of medical attention to the insurgents who have committed violations of IHL be a grave breach? (GC I-IV, Arts. 50/51/130/147)
2. What is the medical team supposed to do with the remains of the insurgents who die in the camp?
3. Is it realistic to expect military medical personnel to make the same effort to save the lives of those who tried to kill their comrades and to save those of their comrades?