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Under the Global Initiative to Galvanize Political Commitment to International Humanitarian Law (global IHL initiative), the International Committee of the Red Cross (ICRC), Nigeria, Pakistan, Spain and Uruguay cordially invite participants to the:	在“激励对国际人道法做出政治承诺的全球倡议”（简称“国际人道法全球倡议”）下，红十字国际委员会（ICRC）、尼日利亚、巴基斯坦、西班牙和乌拉圭诚挚邀请贵国参加：
WORKSTREAM 5	工作领域 5
FIRST STATE CONSULTATION ON HOSPITALS: ACHIEVING MEANINGFUL PROTECTION IN ARMED CONFLICT	关于保护医院的第一轮政府间咨商：在武装冲突中实现有意义的保护
WEDNESDAY, 28 MAY 2025	2025 年 5 月 28 日，星期三
9:00–12:00 AND 13:00–17:00 (UTC+2)	9:00–12:00 和 13:00–17:00 (UTC+2)
FORMAT: ONLINE/IN-PERSON	形式：线上/线下会议
According to the World Health Organization’s Surveillance System for Attacks on Health Care, between January 2023 and April 2025 over 2,000 medical facilities were damaged or destroyed or saw medical services obstructed. Many of these cases were linked with armed conflict. This indicates that, rather than enjoying specific protection, hospitals too often are subject to attack, are misused for military purposes or experience other military interference with their medical functions. The humanitarian consequences are often tragic: not just the deaths of patients, family members and medical personnel but damage to and destruction of the hospitals themselves, which cripples their ability to function at a time when medical needs are dire and disrupts medical services for the local population over the long term.	根据世界卫生组织医疗机构遇袭事件监测系统的统计，在 2023 年 1 月至 2025 年 4 月期间，有 2000 多个医疗设施遭到破坏或损毁，或医疗服务受到阻碍。其中许多事件与武装冲突有关。这表明，医院非但没有受到特别保护，反而经常受到攻击，被滥用于军事目的或其医疗职责受到其他军事干扰。此类状况往往造成惨痛的人道后果：不仅造成了病患、家属和医务人员的死亡，而且医院本身也遭到破坏和损毁，在医疗需求迫切之时削弱了医院的运作能力，并长期中断了为当地居民提供的医疗服务。
Protecting the wounded and sick has been one of the foundational principles of IHL since the origin of the Geneva Conventions in 1864. Because of that, and the life-saving role of hospitals and other medical facilities, such facilities enjoy specific protection under IHL above and beyond the general protection of civilian objects. This means hospitals must be respected and protected in all circumstances: they must be allowed to provide medical services without interference in their work, they must be protected against attacks, and parties to the armed conflict must take active measures to facilitate their functioning.	自 1864 年《日内瓦公约》诞生以来，保护伤者与病者一直是国际人道法的基本原则之一。正因为如此，且出于医院和其他医疗设施挽救生命的作用，这些设施除享有作为民用物体的一般保护外，还享有国际人道法所赋予的特别保护。这意味着医院在任何情况下都必须受到尊重和保护：必须允许医院提供医疗服务，其工作不受干扰；必须保护医院免受攻击；武装冲突各方必须采取积极措施为医院的运作提供便利。
While such protection is never absolute, the rules of IHL were conceived to ensure the greatest possible protection for medical services. This means that any loss of protection for hospitals or other medical facilities, while taking into consideration military necessity, can only happen as a rare exception, and parties to	虽然这种保护从来都不是绝对的，但制定国际人道法规则的目的就是确保医疗服务得到尽可能多的保护。这就意味着，在考虑到军事必要的情况下，医院或其他医疗设施失去保护的任何情况都只能作为罕见的例外出现，武装冲突各方必须始终尽最大努力维护这些设施的医疗功能。

armed conflict must always do their utmost to preserve the facilities' medical functions.	
The specific protection granted to hospitals may be lost only if a set of cumulative conditions is fulfilled. First, the protection may only cease if a medical facility is used to commit an act harmful to the enemy, outside of its humanitarian function; second, a warning must be given, setting a reasonable time limit to stop such acts, and the protection may cease only if such warning remains unheeded. In addition to these strict conditions, under IHL the loss of specific protection does not automatically turn a medical facility into a military objective. Indeed, even when the conditions are met for a hospital to lose specific protection under IHL, the attacking party remains under the obligation to ensure that the rules on the conduct of hostilities are also complied with, starting with the principle of distinction. Therefore, if a party to the armed conflict comes to the conclusion that a hospital is being used by the enemy to commit acts harmful to it, that party must still determine whether the hospital meets the two-pronged test for a military objective. Only once the party has issued a warning that remains unheeded may the extreme decision of a military response to the loss of specific protection be reconsidered. Even then, the principles of proportionality and precautions must be respected.	只有在满足一系列叠加条件的情况下，医院才可能失去所享有的特别保护。首先，只有当医疗设施被用于从事人道职务以外的害敌行为时，保护才得停止；其次，必须发出警告，规定停止此类行为的合理时限，而警告仍无效果后，才得停止保护。除了这些严格的条件外，根据国际人道法，失去特别保护并不会自动导致医疗设施变成军事目标。事实上，即使依国际人道法某医院失去特别保护的条件均已满足，攻击方仍有义务确保敌对行动规则也要得到遵守，首先就是应遵守区分原则。因此，如果武装冲突一方得出结论，认为敌方正在利用医院实施对其有害的行为，则该方仍须确定该医院是否符合构成军事目标的双重检验标准。只有在该方发出警告但仍无效果的情况下，才可考虑对失去特别保护的设施作出采取军事应对行动的极端决定。而即便如此，也必须遵守比例原则和预防措施原则。
One of the current challenges in applying the rules protecting hospitals in practice is that IHL does not define “acts harmful to the enemy” or the consequences of such acts. The Geneva Conventions single out a few acts that are expressly recognized as <i>not</i> being harmful to the enemy, such as the carrying or using of individual light weapons in self-defence or in defence of the wounded and sick; the use of armed personnel to guard a medical facility; or the presence in a medical facility of sick or wounded combatants no longer taking part in hostilities. By contrast, acts that have been recognized by states as harmful to the enemy include the use of a hospital as: a base from which to launch an attack; an observation post; a weapons depot; a command-and-control centre; and a shelter for able-bodied combatants. In practice, there has been a worrying tendency to consider a wide range of acts as being harmful to the enemy. An additional challenge lies in the difficulty of verifying assertions made by parties to an armed conflict that hospitals are used by their enemy to commit acts harmful to them. Such claims are rarely accompanied by information about how the existence of an act harmful to the enemy was identified and what process was then used to determine the consequences of such acts. Concretely, this has led to a dangerous situation where the exception is becoming the rule, hollowing out the specific protection afforded to hospitals.	目前实践中关于保护医院的规则在适用方面所面临的挑战之一是，国际人道法没有界定“害敌行为”或此类行为的后果。日内瓦四公约单独列出了几种被明确认定为并不属于有害于敌方的行为，如为自卫或保卫伤者病者而携带或使用个人轻武器；使用武装人员守卫医疗设施；或在医疗设施中有不再参加敌对行动的伤病战斗员。相比之下，经各国认可的害敌行为包括将医院用作：发动攻击的基地；观察哨所；武器库；指挥和控制中心；以及掩护健全战斗员的场所。在实践中，出现了一种令人担忧的趋势，即认为各种行为都是害敌行为。另一个挑战在于，很难核实武装冲突各方关于医院被敌方用来实施对其有害的行为的说法。这种说法很少附有信息，说明如何确定存在害敌行为，以及随后采用了何种程序来确定此类行为的后果。具体而言，这种情况导致了一种危险的局面，即例外正在成为常规，从而削弱了对医院的特别保护。
A second practical challenge concerns the question of the warning that must be given before specific protection may cease. Despite the stringency of the obligation to issue such a warning, it is currently unclear whether parties to armed conflict systematically issue them and, when they do so, how they apply the rule. For instance, there is insufficient information on whether and how warnings meet the requirement for specificity, on how parties to armed conflict adapt the format of these warnings to ensure their accessibility, and on the parameters guiding the timing and expiry time granted for ceasing acts harmful to the enemy. Further clarity on the practical implementation of this requirement, and on what is necessary to enable such warnings to serve their purpose, is highly desirable.	第二项切实挑战涉及停止特别保护之前所须发出的警告。尽管对发出此类警告的义务有非常严格的规定，但目前尚不清楚武装冲突各方是否系统性地发出此类警告，以及在发出警告时，他们如何适用该规则。例如，关于下述方面的信息不足：警告是否以及如何满足具体要求；武装冲突各方如何调整这些警告的形式以确保其可获得性；以及设定停止害敌行为的时间和时限的指导规范等。各方都期盼这一要求的实际执行情况能够得到进一步澄清，并明确促使此类警告发挥作用的必要条件。
Another practical challenge is that parties to armed conflict frequently take military action in response to a hospital's loss of specific protection without taking sufficient steps to verify whether the hospital has turned into a military objective. Even after a medical facility loses specific protection, it does not turn into a lawful target unless it meets the two-pronged definition of a military objective.	另一项切实挑战是，武装冲突各方经常针对失去特别保护的医院采取军事行动，而未采取充分措施核实医院是否已经成为军事目标。医疗设施即使在失去特别保护后，也不会变成合法攻击目标，除非它符合军事目标的双重定义。
Lastly, another challenge is how the rules of proportionality and precautions should be interpreted when a hospital becomes liable to attack. Given the life-saving functions of hospitals, and the usual presence of a high number of protected persons, including wounded and sick individuals, medical personnel and other	最后一项挑战是，当医院可能受到攻击时，如何解释比例原则和预防措施原则。鉴于医院发挥着挽救生命的功能，以及其中通常存在大量受保护人员，包括伤者病者、医务人员和其他平民，攻击医院所造成的直接附带损害可能十分巨大。此外，在进行比例性评估时，还必须考虑到攻击可预见的衍生影响，包括医院丧失重要功能、无法运作。然而，目前尚不明确交

civilians, the immediate incidental harm of an attack against a hospital is likely to be very high. In addition, the foreseeable reverberating effects of an attack, including the loss of the hospital's vital functions and its inoperability, must be taken into account in the proportionality assessment. Today however, it is unclear how belligerents weigh these elements when comparing the expected incidental civilian harm and the concrete and direct military advantage anticipated from the attack. It is also unclear what measures are taken by parties to minimize harm to patients, medical personnel and equipment, in keeping with the obligation to take all feasible precautions in attack.	战各方在衡量攻击可能造成的附带平民损害和预期的具体和直接军事利益时如何权衡这些因素。此外，也不清楚各方为履行在攻击中采取一切可行预防措施的义务，采取了哪些措施来尽量减少对病患、医务人员和医疗设备的伤害或损害。
Taken together, these challenges highlight the many questions that remain today about what is required in practice to comply with the specific protection granted to hospitals and medical personnel and to fulfil the overarching obligation to collect and care for the wounded and sick. This first state consultation is intended to shed light on solutions and practical recommendations that can help close the alarming gap between the law and the grim reality of damage and destruction to medical services.	总之，上述挑战凸显了当今仍然存在的许多问题，即在实践中需要采取哪些措施来遵守向医院和医务人员提供特别保护的规定，并履行收集和照顾伤者病者的首要义务。第一轮国家间咨商旨在阐明解决方案和务实建议，帮助缩小法律与医疗服务遭受破坏和损毁这一严峻现实之间令人担忧的差距。
OBJECTIVE	目标
Given the legal and humanitarian concerns outlined above in relation to protecting hospitals, participating states will have an opportunity to:	鉴于上述与保护医院有关的法律和与人道关切，参会国将有机会：
be informed of and weigh in on the issues discussed during the expert workshop held on 26 and 27 May 2025	了解并就 2025 年 5 月 26 日和 27 日举行的专家研讨会所讨论的问题发表意见
identify measures to improve respect for and implementation of existing IHL norms protecting medical facilities	确定哪些措施有助于促进遵守和实施保护医疗设施的现行国际人道法规范
develop a shared understanding of key concepts such as acts harmful to the enemy leading to a loss of specific protection; warnings; and the relationship between acts harmful to the enemy and the notion of “military objective”	对关键概念形成共识，如导致失去特别保护的害敌行为；警告；以及害敌行为与“军事目标”概念之间的关系
understand how the rules of proportionality and precautions should be interpreted in the event that a hospital becomes liable to attack, in order to limit the harm done and so that belligerents can continue to fulfil their obligation to collect and care for the wounded and sick.	了解在医院可能受到攻击的情况下，应如何解释比例原则和预防措施原则，以限制造成的伤害并促使交战各方继续履行其收集和照顾伤者病者的义务。
NEXT STEPS	后续工作步骤
The results of the state consultation will be shared in the general progress report of the global IHL initiative, to be released in September 2025.	第一轮咨商会议的成果将在 2025 年 9 月发布的国际人道法全球倡议整体进展报告中分享。
This consultation will inform discussions during the next round of state consultations and the expert workshop.	此轮咨商将为下一轮国家间咨商和专家研讨会的讨论提供信息和参考。
DESIRED PROFILE OF PARTICIPANTS	参会者的理想资质
All states are welcome to participate and register up to two representatives well versed in IHL as well as the protection of medical facilities. There is a strong preference for legal advisers from the ministries of foreign or external affairs, defence and health based in their capital city.	欢迎各国参会并为最多两名通晓国际人道法及医疗设施保护的表注册参会，尤其欢迎来自各国首都的外交部、外政部、国防部、卫生部法律顾问参会。
Kindly register no later than 12 May 2025 at https://forms.office.com/e/XTGWwZiQn9.	请于 2025 年 5 月 12 日前注册参会，注册链接：https://forms.office.com/e/XTGWwZiQn9.
PROCEDURE	程序事项
The working languages will be Arabic, Chinese, English, French, Russian and Spanish, with simultaneous interpretation.	会议工作语言为阿拉伯文、中文、英文、法文、俄文和西班牙文，会议期间提供同声传译。
The substance of the workshop will be summarized in a progress report, to be published in September. The discussions will be recorded to facilitate the preparation of the report, but the recording will not be made public, and the report will not attribute remarks.	咨商会议的内容要旨将在9月发布的进展报告中予以总结。会议将进行录音录像，以便编写进展报告，但录音录像不会公开，报告也不会提及具体发言人。
The inclusive, constructive, non-politicized and solution-oriented nature of the discussions will be maintained throughout the consultation.	咨商会议全程的讨论将始终保持包容性、建设性、非政治化，并以解决方案为导向。

- While participants are encouraged to refer to their states' domestic practice during the consultations, participants are kindly asked to refrain from discussing specific circumstances or the practice of other states. - While preparing their talking points, states may wish to consider the guiding questions below.	- 鼓励参会者在咨商会议中提及本国国内实践，但请避免讨论具体情况或其他国家的实践。 - 在准备发言要点时，各国不妨考虑以下指导问题。
GUIDING QUESTIONS	指导问题
The following guiding questions are provided to frame the discussions during state consultations. Please note that a similar list of questions was shared as part of the expert workshop. States are welcome to share their views on these questions during the consultation; however, if preferred, during the consultation states may share more-general remarks and practice related to the protection of hospitals in armed conflict. In parallel, we encourage all states to share a written response with further reflections on these questions by the end of June 2025 by emailing gva_ihl_initiative_mailbox@icrc.org . Unless confidentiality is expressly requested, these statements will be published on the ICRC website.	下述指导问题供国家间咨商会议讨论时作为参考。请注意，在专家研讨会上也分享了类似的指导问题清单。欢迎各国在咨商会议期间就这些问题发表意见；不过如果愿意，各国也可在咨商会议上就武装冲突中保护医院的相关问题分享更一般性的意见和实践。与此同时，我们鼓励所有国家对这些问题进行进一步思考，并于 2025 年 6 月底之前将相关书面回应或声明发送电子邮件至： gva_ihl_initiative_mailbox@icrc.org 。除非明确要求保密，否则这些声明将在红十字国际委员会网站上公布。
For ease of reference, the annex to this document contains the legal framework under IHL on the protection of the wounded and sick as well as on the protection of medical personnel, medical units and transports and the use of the distinctive emblems.	为便于参考，本文件的附件载有国际人道法关于保护伤者病者以及保护医务人员、医疗队和医务运输工具以及使用特殊标志的法律框架。
<i>I. Misuse of medical facilities leading to a loss of specific protection</i>	一、滥用医疗设施导致失去特别保护
<i>(a) Acts harmful to the enemy</i>	1. 害敌行为
Under IHL, the specific protection granted to a medical facility ceases if it is used to commit, outside its humanitarian function, acts harmful to the enemy and if a warning provided by the opposing party setting a reasonable time limit for ceasing such acts has gone unheeded.	国际人道法规定，如果医疗设施被用于从事人道职务以外的害敌行为，并且如果对方已发出警告，指定停止此类行为的合理时限而警告仍无效果，则该医疗设施所享有的特别保护即告停止。
What factual indications are relevant to concluding that a medical facility has been or is being used to commit acts harmful to the enemy outside its humanitarian function?	哪些事实迹象可以断定医疗设施已经或正在被用于从事人道职务以外的害敌行为？
Are there examples from existing military practice on avoiding using medical facilities for military purposes?	现有军事实践中是否存在避免将医疗设施用于军事目的的实例？
How could communication or coordination between personnel in charge of health facilities and the parties to the conflict help address cases of misuse of medical facilities for military purposes, and what form could such coordination take in practice?	负责医疗设施的人员与冲突各方之间的沟通或协调如何有助于解决为军事目的滥用医疗设施的问题，这种协调工作在实践中可采取何种形式？
How could it be ensured that health care providers are aware of what could lead to a loss of specific protection?	如何确保医疗服务提供者了解哪些情况可能导致失去特别保护？
<i>(b) The warning requirement</i>	2. 警告要求
Who should the warning be addressed to, and how can it be ensured that it is accessible to the addressee?	警告的对象应该是谁，且如何确保被警告的一方能够收到警告？
What factors need to be considered in fixing a reasonable time limit for the warning?	在确定合理的警告时限时需要考虑哪些因素？
How can a party issuing a warning determine that the warning has been heeded and be assured that the medical facility will henceforth be exclusively dedicated to medical purposes?	发出警告的一方如何确定警告已被听取，并确信该医疗设施今后将专门用于医疗目的？

II. Relationship between acts harmful to the enemy and the notion of a “military objective”	二、害敌行为和“军事目标”概念之间的关系
What factors are relevant to concluding whether a medical facility – having lost specific protection because it was used to commit acts harmful to the enemy and did not cease such acts following a warning – also meets the definition of a military objective under Article 52(2) of Additional Protocol I? (1) The medical facility under the circumstances ruling at the time must make an effective contribution to military action; and (2) there must be a definite military advantage in destroying, capturing or neutralizing the facility.	有哪些相关因素可断定因用以从事害敌行为且在收到警告后未停止此类行为而失去特别保护的医疗设施，是否也符合《第一附加议定书》第 52 条第 2 款关于军事目标的定义？(1) 在当时情况下，医疗设施必须对军事行动有实际贡献；并且(2) 其毁坏、缴获或失去效用必须提供明确的军事利益。
In such circumstances, does the hospital building as a whole qualify as a military objective or is it limited only to the part of the hospital that is used to commit acts harmful to the enemy? What factors influence this assessment and decision?	在这种情况下，是否整个医院建筑都构成军事目标，还是仅限于医院中用于从事害敌行为的部分？影响这一评估和决定的因素有哪些？
What measures short of destroying the medical facility, such as capturing or seizing it, can be taken to terminate military use of the facility while also preserving its medical function? Are there certain circumstances in military operations that would be conducive to taking such measures and thereby enabling both these objectives to be met?	在不损毁医疗设施的情况下，可采取哪些措施，例如缴获或扣押医疗设施，以终止该设施的军事用途，同时保留其医疗功能？在军事行动中，是否有某些情况有利于采取此类措施，从而实现这两个目标？
III. When medical facilities become liable to attack or may be subject to incidental harm	三、医疗设施可能受到攻击或附带损害时
(a) Interpreting the rule of proportionality	1. 解读比例原则
When a medical facility has lost its specific protection and becomes liable to attack, what kind of impact – both direct and indirect – is factored into the proportionality assessment?	当某个医疗设施失去了特别保护并可能受到攻击时，在进行比例性评估时应考虑何种影响——包括直接和间接影响？
How would the proportionality assessment differ in the case of medical facilities from that of other civilian objects that become liable to attack?	对医疗设施的比例性评估与对可能受到攻击的其他民用物体的比例性评估有何不同？
For a commander to decide to refrain from an attack or to cancel or suspend an attack, how would the elements of the proportionality assessment – i.e., expected incidental civilian harm and the reverberating effects of the attack – have to be assessed against the anticipated concrete and direct military advantage?	对于决定不发动攻击或取消或中止攻击的指挥官来说，如何根据预期产生的具体和直接的军事利益，来权衡比例性评估中的要素——即预期的附带平民伤害和攻击的衍生影响？
(b) Interpreting the rule of precautions	2. 解读预防措施原则
In planning military operations what steps can be taken to avoid and, in any event, minimize the indirect impact on the delivery of health care, such as the breakdown of electricity, water supply and access routes for patients, health-care providers and delivery of medical supplies?	在规划军事行动时，可以采取哪些措施来避免，并在任何情况下，尽量减少对医疗服务供应的间接影响，例如减少供电供水中断，减少病患、医疗服务提供者和医疗用品运送路线中断的情况？
Are there certain means and methods of attack (for example, air strikes or the use of heavy explosive weapons) which should be avoided in attacks against hospitals in order to comply with the obligation to take all feasible precautions, including in the choice of means and methods of warfare, to avoid or minimize incidental civilian harm? What are examples of military and humanitarian considerations that may place a limitation on the choice of weapons?	在攻击医院时是否应避免使用某些手段和方法（例如空袭或使用重型爆炸性武器），以履行采取一切可行的预防措施的义务，包括在选择作战手段和方法时，避免或尽量减少附带平民伤害？哪些军事和人道考量可能会对武器的选择施加限制？
What are approaches for best managing the evacuation of medical personnel and patients (including post-operative patients, patients in intensive care, and patients facing specific risks or with specific needs) in order to ensure the continued delivery of health care?	就医务人员和病患（包括术后、处于重症监护、面临特殊风险或有特殊需要的病患）的撤退而言，有哪些最佳管理方法以确保持续提供医疗服务？

AGENDA			议程		
28 May 2025			2025 年 5 月 28 日		
Time	Agenda item	Discussion leads	时间	议程	讨论
9:00–9:15	Coffee		9:00–9:15	茶叙	
9:15–9:30	Welcome address	ICRC	9:15–9:30	欢迎致辞	红十字国际委员会
9:30–12:00	Misuse of medical facilities leading to a loss of specific protection - Acts harmful to the enemy - The warning requirement	ICRC and experts to present States contribute from the floor	9:30–12:00	滥用医疗设施导致失去特别保护 - 害敌行为 - 警告要求	红十字国际委员会和专家发言 各国发言
12:00–13:00	Lunch		12:00–13:00	午餐	
13:00–15:00	Loss of specific protection Acts harmful to the enemy and the notion of a “military objective”		13:00–15:00	失去特别保护 害敌行为和“军事目标”的概念	
15:00–15:15	Tea/coffee break		15:00–15:15	茶歇	
15:15–17:00	When hospitals become liable to attack or may be subject to incidental harm Interpreting the rule of proportionality and precautions	ICRC and experts to present States contribute from the floor	15:15–17:00	医院可能受到攻击或附带损害时 解读比例原则和预防措施原则	红十字国际委员会和专家发言 各国发言
17:00	Closing		17:00	闭幕致辞	
The names of speakers for the welcome, presentations and closing will be provided at a later date.			欢迎致辞、发言和闭幕致辞的发言人名单将在日后提供。		
Annex			附件		
This section outlines the legal framework under IHL for the protection of the wounded and sick, the protection of medical personnel, medical units and transports, and the use of the distinctive emblems.			本节概述了国际人道法中关于保护伤者病者、保护医务人员、医疗队和医务运输工具以及使用特殊标志的法律框架。		
THE WOUNDED AND SICK			伤者与病者		
<i>Attacking, harming or killing</i>			攻击、伤害或杀害		
The wounded and sick must be respected in all circumstances; attempts upon their lives and violence against their person are strictly prohibited (First Geneva Convention (GC I), Art. 12; Second Geneva Convention (GC II), Art. 12; Fourth Geneva Convention (GC IV), Art. 16; Additional Protocol I (AP I), Art. 10; Additional Protocol II (AP II), Art. 7).			在任何情况下，伤者与病者均须受到尊重；对其生命之任何危害或对其人身之暴行均应严格禁止（《日内瓦第一公约》第 12 条；《日内瓦第二公约》第 12 条；《日内瓦第四公约》第 16 条；《第一附加议定书》第 10 条；《第二附加议定书》第 7 条）。		
Wilfully killing them or causing great suffering or serious injury to their bodies or to their health constitutes war crimes as grave breaches of the Geneva Conventions (GC I, Art. 50; GC II, Art. 51).			故意杀害或故意身体及健康遭受重大痛苦或严重伤害，构成严重破坏日内瓦公约的战争罪（《日内瓦第一公约》第 50 条；《日内瓦第二公约》第 51 条）。		
In certain circumstances, the denial of medical treatment may constitute cruel or inhuman treatment, an outrage upon human dignity, in particular humiliating and degrading treatment, or even torture if the necessary criteria are met.			在某些情况下，如果符合必要的标准，拒绝给予医疗救治的行为可能构成虐待或不人道待遇、对人身尊严的侵犯，特别是侮辱性和有辱人格的待遇，甚至是酷刑。		
<i>Searching for and collecting</i>			搜寻并收集		
Parties to an armed conflict must take all possible measures to search for and collect the wounded and sick without delay. If circumstances permit, parties must make arrangements for the removal or exchange of the wounded and sick (GC I, Art. 15; GC II, Art. 18; AP II, Art. 8; ICRC Study on Customary International Humanitarian Law (Customary IHL Study), Rule 109; see also AP I,			武装冲突各方必须立即采取一切可能的措施以搜寻并收集伤者、病者。如果情况允许，各方必须商定办法，以便搬移或交换伤者病者（《日内瓦第一公约》第 15 条；《日内瓦第二公约》第 18 条；《第二附加议定书》第 8 条；《红十字国际委员会习惯国际人道法研究》（简称《习惯国际人道法研		

Art. 17, on the role of the civilian population and aid societies in relation to the wounded, sick and shipwrecked).	究》规则 109; 另见《第一附加议定书》第 17 条, 关于平民居民和救济团体在救助伤者病者和遇船难者方面的作用)。
<i>Protection and care</i>	保护和照顾
All parties to an armed conflict must protect the wounded and sick from pillage and ill-treatment. They must also ensure that adequate medical care is provided to them as far as practicable and with the least possible delay (GC I, Art. 15; GC II, Art. 18; GC IV, Art. 16; AP II, Arts 7 and 8; Customary IHL Study, Rule 111).	武装冲突各方必须保护伤者、病者不受抢劫和虐待。他们还必须确保在最大实际可能范围内, 尽速向伤者、病者提供适当的医疗照顾 (《日内瓦第一公约》第 15 条; 《日内瓦第二公约》第 18 条; 《日内瓦第四公约》第 16 条; 《第二附加议定书》第 7 条和第 8 条; 《习惯国际人道法研究》规则 111)。
<i>Treatment without discrimination</i>	不加歧视地对待
The wounded and sick must be treated without discrimination. If distinctions are to be made among them, it can be only on the basis of their medical condition (GC I, Art. 12; GC II, Art. 12; AP II, Art. 7(2); Customary IHL Study, Rule 110).	对待伤者病者, 不得有所歧视。在这类人之中, 不应以医疗以外的任何理由为依据加以任何区别。(《日内瓦第一公约》第 12 条; 《日内瓦第二公约》第 12 条; 《第二附加议定书》第 7 条第 2 款; 《习惯国际人道法研究》规则 110)。
MEDICAL PERSONNEL	医务人员
<i>Protecting and respecting</i>	保护和尊重
Medical personnel exclusively assigned to medical duties/purposes must always be respected and protected, unless they commit, outside of their humanitarian function, acts that are harmful to the enemy (GC I, Art. 24; AP I, Art. 15; Customary IHL Study, Rule 28).	专门从事医疗工作/目的的医务人员必须始终受到尊重和保护, 除非他们超出其人道任务之外实施了有害于敌方之行为 (《日内瓦第一公约》第 24 条; 《第一附加议定书》第 15 条; 《习惯国际人道法研究》规则 28)。
When they carry and use weapons to defend themselves or to protect the wounded and sick in their charge, medical personnel do not lose the protection to which they are entitled (GC I, Art. 22(1); GC II, Art. 35(1); AP I, Art. 13(2)(a)).	当医务人员携带并使用武器自卫或保护在其照顾下的伤者、病者时, 他们不会失去其有权享有的保护 (《日内瓦第一公约》第 22 条第 1 款; 《日内瓦第二公约》第 35 条第 1 款; 《第一附加议定书》第 13 条第 2 款第 1 项)。
The wounded and sick under their care remain protected even if the medical personnel themselves lose their protection.	即使医务人员本身失去了保护, 其所照顾的伤者、病者仍受到保护。
<i>Provision of care</i>	提供照顾
Parties to an armed conflict may not impede the provision of care by preventing the passage of medical personnel. They must facilitate access to the wounded and sick, and provide the necessary assistance and protection to medical personnel (GC I, Art. 15; GC II, Art. 18; GC IV, Art. 17; AP I, Art. 15(4)).	武装冲突各方不得阻止医务人员通过, 从而妨碍医疗服务的提供。他们必须为救治伤者、病者提供便利, 并为医务人员提供必要的协助和保护 (《日内瓦第一公约》第 15 条; 《日内瓦第二公约》第 18 条; 《日内瓦第四公约》第 17 条; 《第一附加议定书》第 15 条第 4 款)。
HEALTH-CARE PROFESSIONALS	专业医务人员
<i>Impartial care</i>	公正的照顾
No health-care professional may be punished for having carried out activities compatible with medical ethics, such as providing impartial care (AP I, Art. 16(1); AP II, Art. 10(1); see also GC I, Art. 18, on the role of the population; Customary IHL Study, Rule 26).	任何专业医务人员不得因从事符合医疗道德的活动 (如提供公正的照顾) 而受惩罚 (《第一附加议定书》第 16 条第 1 款; 《第二附加议定书》第 10 条第 1 款; 另见《日内瓦第一公约》第 18 条, 关于平民人口的作用; 《习惯国际人道法研究》规则 26)。
MEDICAL UNITS AND TRANSPORTS	医疗队和医务运输工具
<i>Medical units</i>	医疗队
Medical units, such as hospitals and other facilities organized for, and exclusively assigned to, medical purposes, must be respected and protected in all circumstances. Medical units may not be attacked, and access to them may not be limited.	医疗队, 例如医院和其他为了医疗目的而组织且专门用于医疗目的的设施, 在任何情况下, 均须收到尊重和保护。不得攻击医疗队, 亦不得限制人们进入医疗队。
Parties to an armed conflict must take measures to protect medical units from attacks, such as ensuring that they are not situated in the vicinity of military objectives (GC I, Art. 19; GC II, Art. 22; GC IV, Art. 18; API, Art. 12; AP II, Art. 11; Customary IHL Study, Rule 28).	武装冲突各方必须采取措施保护医疗队免受攻击, 例如确保医疗队不设在军事目标附近 (《日内瓦第一公约》第 19 条; 《日内瓦第二公约》第 22 条; 《日内瓦第四公约》第 18 条; 《第一附加议定书》第 12 条; 《第二附加议定书》第 11 条; 《习惯国际人道法研究》规则 28)。
Medical units will lose the protection to which they are entitled if they are used, outside their humanitarian function, to commit acts harmful to the enemy, such as sheltering able-bodied combatants or storing arms. However, this protection can be suspended only after due warning has been given with a reasonable time limit and only after that warning has gone unheeded (GC I, Arts 21 and 22; AP I, Art. 13; AP II, Art. 11; Customary IHL Study, Rule 28).	医疗队如果用于从事人道职务以外的害敌行为, 例如掩护健全的战斗员或储存武器, 则将失去其有权享受的保护。但此项保护仅在发出定有合理时限的适当警告, 而警告仍无效果后, 才得中止 (《日内瓦第一公约》第 21 条和第 22 条; 《第一附加议定书》第 13 条; 《第二附加议定书》第 11 条; 《习惯国际人道法研究》规则 28)。
<i>Medical transports</i>	医务运输工具
Any means of transportation that is assigned exclusively to the conveyance of the wounded and sick, medical personnel, and/or medical equipment or supplies must be respected and protected in the same way as medical units. If medical transports fall into the hands of an adverse party, that party becomes responsible for ensuring that the wounded and sick in their charge are cared for (GC I, Art. 35; GC II, Arts 38 and 39; AP I, Arts 21–31; AP II, Art. 11; Customary IHL Study, Rules 29 and 109).	任何专门用于运送伤者与病者、医务人员和/或医疗设备或用品的运输工具都必须与医疗队一样受到尊重和保护。如果医务运输工具落入敌方之手, 该方有责任确保该医务运输工具照顾下的伤者、病者得到照顾 (《日内瓦第一公约》第 35 条; 《日内瓦第二公约》第 38 条和第 39 条; 《第一附加议定书》第 21–31 条; 《第二附加议定书》第 11 条; 《习惯国际人道法研究》规则 29 和 109)。
<i>Perfidy</i>	背信弃义
Parties to an armed conflict who use medical units or transports with the intent of leading the opposing parties to believe they are protected, while using them to launch attacks or carry out other	武装冲突各方使用医疗队或医务运输工具, 意图使敌方相信它们受到保护, 同时利用它们发动攻击或实施其他害敌行为, 属于背信弃义行为。如果这种背信弃义行为导致敌方人员伤亡, 则构成战争罪 (《第一附加议定

acts harmful to the enemy, commit acts of perfidy. If such an act of perfidy results in death or injury to individuals belonging to an adverse party, it constitutes a war crime (AP I, Arts 37 and 85(3)(f); Customary IHL Study, Rule 65).	书》第 37 条和第 85 条第 3 款第 6 项;《习惯国际人道法研究》规则 65)。
USE OF THE DISTINCTIVE EMBLEMS	特殊标志的使用
When used as a protective device, the emblem – the red cross, the red crescent or the red crystal – is the visible sign of the protection conferred by the Geneva Conventions and their Additional Protocols on medical personnel, medical units and medical transports. However, no such emblem confers as such protection; it is the fact that persons or objects meet the requirements for qualifying as medical personnel and objects and the fact that they discharge medical functions that are constitutive of protection (GC I, Art. 38; GC II, Art. 41; AP I, Art. 8(1); AP II, Art. 12; Additional Protocol III; Customary IHL Study, Rule 30).	特殊标志——红十字、红新月或红水晶标志——用作保护手段时, 是日内瓦四公约及其附加议定书赋予医务人员、医疗队和医务运输工具之保护的有形标记。然而, 此类保护并非此类标志所赋予的; 个人或物体符合构成医务人员和医疗物体的要求并履行医疗职务的事实, 才是享有保护的构成要素 (《日内瓦第一公约》第 38 条;《日内瓦第二公约》第 41 条;《第一附加议定书》第 8 条第 1 款;《第二附加议定书》第 12 条;《第三附加议定书》;《习惯国际人道法研究》规则 30)。
During an armed conflict, the authorized users of a protective emblem include military medical personnel, units and transports; National Red Cross and Red Crescent Societies' medical personnel, units and transports that have been recognized by the state and authorized to assist the medical services of the armed forces; state-certified civilian medical units authorized to display the emblem; and medical personnel in occupied territory. The emblem used as a protective device should be large enough to ensure visibility so that an adversary could recognize medical units from a distance on the battlefield. Medical units and transports may also use distinctive signals (such as light and radio signals) (GC I, Arts 39–44; GC II, Arts 42 and 43; AP I, Arts 39–44; AP II, Art. 12).	在武装冲突期间, 准许使用保护标志的人员包括军事医务人员、医疗队和医务运输工具; 经本国认可并核准协助武装部队医疗部门的国家红十字会和红新月会的医务人员、医疗队和医务运输工具; 经国家认证被核准展示标志的平民医疗队; 以及在被占领领土内的医务人员。作为保护手段使用的标志应足够大, 以确保可见性, 使敌方能在战场上从远处认出医疗队。医疗队和医务运输工具还可使用特殊信号 (如光信号和无线电信号) (《日内瓦第一公约》第 39–44 条;《日内瓦第二公约》第 42 条 和第 43 条;《第一附加议定书》第 39–44 条;《第二附加议定书》第 12 条)。
When used as an indicative device, the emblem links the person or object displaying it to an institution of the International Red Cross and Red Crescent Movement. In this case, the sign should be relatively small (GC I, Art. 44).	特殊标志用作识别手段时, 将展示标志的人或物与国际红十字与红新月运动的机构联系起来。在这种情况下, 标志应相对较小 (《日内瓦第一公约》第 44 条)。
Attacking buildings, material, medical units and transports or personnel displaying the distinctive emblems is a war crime.	攻击展示特殊标志的建筑物、物资、医疗队和医务运输工具或医务人员属于战争罪。
Misuse of the emblem	特殊标志的滥用
Any use of the emblem not prescribed by IHL is considered to be improper (GC I, Art. 53; AP I, Arts 37, 38 and 85; AP II, Art. 12; Customary IHL Study, Rule 59).	国际人道法未作规定的任何特殊标志使用行为均构成不正当使用标志 (《日内瓦第一公约》第 53 条;《第一附加议定书》第 37、38 和 85 条;《第二附加议定书》第 12 条;《习惯国际人道法研究》规则 59)。