

Abstract

Cite this article: Wild H (2024). Humanitarian Surgery in 21st Century Armed Conflict. *Disaster Medicine and Public Health Preparedness*, **18**, e145, 1
<https://doi.org/10.1017/dmp.2024.184>

Humanitarian Surgery in 21st Century Armed Conflict

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Abstract

Modern 21st century armed conflict is characterized by a proliferation of nonstate armed groups, asymmetric warfare, and increased explosive threats such as improvised explosive devices (IEDs), barrel bombs, and cluster munitions. Over the course of the wars in Iraq and Afghanistan, casualty data analysis of preventable deaths led to a radical restructuring of military trauma care through the Joint Trauma System. These changes increased survival among critically injured casualties in Afghanistan from 2.2 to 39.9% from 2001–2017. Many of these practices have been incorporated into civilian trauma systems in high-resource settings (e.g., bystander tourniquet application for hemorrhage control, damage control resuscitation and use of whole blood, trauma registries to benchmark outcomes and quality improvement). In contrast, the structure of humanitarian surgical care in conflict remains largely unchanged. This talk synthesizes gaps and opportunities to translate advances made in military and high-resource trauma systems to humanitarian care in low-resource settings to reduce preventable morbidity and mortality among civilians in conflict.

Learning Objectives: Provide an overview of the unique demographic populations and surgical conditions (including both trauma and non-traumatic emergencies) encompassed by humanitarian surgical care.

Synthesize the evidence base on (a) civilian conflict casualty epidemiology and (b) trauma intervention in low-resource settings to provide a framework for context-appropriate translation of trauma care advances in military and high-resource settings to low-resource conflict settings. Highlight gaps and opportunities for targeted research and operational interventions to improve care for vulnerable subpopulations (e.g., pediatric patients, burn victims), leveraging enhanced coordination between the health and protection clusters.