A Glimpse into the International Humanitarian Law Youth Action Campaign (IHL YAC) Point of Impact for Next Year: Healthcare in Armed Conflict

This article describes the focus on Healthcare and Armed Conflict for the 2026-2027 IHL YAC curriculum year.

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Written by: Lucy Liu

Through a presentation highlighting the historical relationship of IHL, healthcare, and the key intersection between the two, Bryn Norrie and Shannyn Reigle—two legal interns with the American Red Cross—reveal the topic Healthcare in Armed Conflict that the 2026-2027 IHL YAC program will center around. Healthcare has long been entrenched in the rules governing armed conflict, yet, in today's rapid development of new technology and tactics in war, the need for protective infrastructure guaranteeing the promise and accessibility of such healthcare in conflict has become ever more essential.

"Picture a war zone with absolutely zero hospitals, no ambulance, no medics, and no medicine of any kind." By challenging advocates to visualize the grim reality of this "what-if" scenario, this question in the beginning of the presentation doesn't just expose the integral role played by healthcare in armed conflict but pushes for an imagination of the way healthcare existed in armed conflict for the majority of human history. Prior to the establishment of legal shields sustaining healthcare in armed conflict, suffering in war was compounded by a lack of medicinal infrastructure and protection for those offering relief. During the American Civil War, more than two-thirds of deaths resulted from disease rather than direct combat. Early on in the war, wounded soldiers were often left untreated for long stretches of time, lying on the same field they had been injured on days prior; hospitals were makeshift, previously buildings used for other purposes such as hotels, churches, and private homes; quality of care was poor with a

disregard for sanitary practices and a lack of adequately trained medical personnel (Paciorek & Karras, 2007). Similar circumstances have appeared within many other battlefields throughout history, solidifying the need for improvement.

Eventually, at the Battle of Solferino, Henry Dunant witnessed the human consequences and suffering that an absence of legal guarantees for healthcare can result in, propelling the creation of the first Geneva Convention in 1864. This is a legal framework promising care for the sick and wounded in conflict on the sole basis of need. Later adoptions of the second, third, and fourth Geneva conventions in 1906, 1929, and 1949 respectively, along with the 1977 Additional Protocols, expanded the scope of healthcare protections to include both international and non-international conflicts; incorporated guards against broader framework of hostilities like distinction, proportionality, and precautions into the protections; and ensured the protection of civilian access to healthcare and safety (Suter & Rizkallah, 2026).

Norrie and Reigles' curriculum debut began by covering the development of IHL and the legal protections afforded to healthcare within it. The debut later analyzed the ways in which "healthcare protection is central to the entire architecture of the law of war," looking at three groups of interest in considering when and how these protections are applied: the wounded and sick, medical personnel, and medical units. The presentation discussed the scope and applicability of protections for these groups, emphasizing the high legal safeguards set against encroachment of care while pointing out the requirement of impartiality and neutrality in employing treatment. In particular, the presentation also noted how these legal protections applied to unique situations involving individuals with disabilities and modern technologies in warfare. A final case study about zombies encouraged advocates to interpret what they had learned and apply it to four scenarios, translating knowledge into action through application. Despite the legal advancements that have been made to ensure access to healthcare in armed conflict, notable shortcomings around acknowledgement and accountability still hinder the practice of providing healthcare in real-world cases. As noted by Reigle, the "culture of impunity is one of the biggest threats to the system." By spreading awareness around healthcare in armed conflict and educating their families, friends, and peers about the topic, advocates can develop their own understanding to include more perspectives as well as empower a future cohort of advocates to build a platform for change, forming "the case for justice that saves lives."

Warm Regards,
International Humanitarian Law Youth Action Campaign Summit Representatives

SYNOPSIS: The American Red Cross IHL YAC Curriculum Debut outlines the focus for the 2026-2027 IHL YAC on healthcare and armed conflict. Speakers Bryn Norrie and Shannyn Reigle discuss the legal protections afforded to the sick and wounded, medical personnel, and medical units under IHL. An interactive case study around zombies is used to demonstrate how such laws are applied to real world scenarios.

References

Paciorek, J., & Karras, J. (2007). Medicine and Its Practice during the American Civil War. TCNJ Journal of Student Scholarship, 9, 1-12. https://joss.tcnj.edu/wp-content/uploads/sites/176/2012/04/2007-Paciorek-Civil-War-Medicine.pdf. Accessed July 20, 2026.

Suter, R. E., & Rizkallah, Z. (2026). Geneva Conventions, Medical Neutrality and the Protection of Healthcare Facilities in Armed Conflict: Implications for Emergency Medicine. JEM International, 100017. https://www.sciencedirect.com/science/article/pii/S3051322726000165#bib0010. Accessed July 20, 2026.