**No Better People to Treat**

“Can’t you find better people to treat?”

As Doctors Without Borders (MSF) we were asked this during a meeting with an armed group some years back. We were discussing one of our hospitals on a frontline, and the fact that we were treating people who were perceived as the enemy.

It has been 10 years since US airstrikes killed 42 staff, patients and caretakers and destroyed the MSF trauma hospital in Kunduz, Afghanistan. There was outrage, anger and deep sadness; investigations were called for; campaigns were launched; and in May 2016 an historic United Nations Resolution was adopted, 2286. (There had also been devastating assaults on health facilities in Syria and Yemen in the intervening months.) The Resolution strongly condemned attacks against medical facilities and personnel in conflict situations and called for greater protection. And yet, the Safeguarding Health in Conflict Coalition estimate that on average healthcare was attacked 10 times every day in conflict-affected areas in 2024. If anything, instead of the situation improving, attacks on healthcare have surged with wars and violence in places such as Ukraine, Palestine, Sudan and Haiti.

When a hospital is no longer operational or medical teams can no longer work, people suffer. In the days before the bombing, Kunduz hospital was full, over-capacity with patients being slotted into all available space. In that week nearly 400 patients received treatment after being injured in the fighting – men, women and children. Afterwards, that vital lifeline was lost. Overnight over one million people in northeastern Afghanistan were largely deprived of high-quality surgical care, and it took almost six years to rebuild what was lost.

Sadly, this is seen as a positive by some. Attacks on healthcare being a form of military strategy, a deliberate decision to deprive certain populations of their human right, the right to healthcare. And that brings us back to the question, “Can’t you find better people to treat?”. There are no better and worse people. Patients are treated without discrimination according to medical need, regardless of their ethnicity, political beliefs or affiliation, religion, or gender. This is a core principle of International Humanitarian Law and one that should not turn medical aid into a target. There is no two-tier system for who deserves care and who doesn’t.

It becomes harder and harder to advocate for the protection of hospitals and healthcare though when it has become so easy to attack them. It feels that ever more people have become desensitised to how outrageous an act it really is. Today all a State such as Israel has to say is yes, they did attack a hospital in Gaza but that they know the people inside deserved it. Even in the exceptional case where a hospital has lost its protection – and this was not the case in Kunduz – it’s not a free-for-all to attack those staff and patients inside. The level of international scrutiny is so low that justification or proof of these acts is never asked for or pushed for. A hospital cannot be razed to the ground by mistake. And when a hospital is bombed, it is not up to those inside to prove why it shouldn’t have been.

Is it still possible to safely provide medical care on a frontline today? If we continue down the current path, the answer may soon be no. In Kunduz the hospital was in the middle of a rapidly changing frontline and yet it continued to function. It treated wounded even when the area it was in moved from being under the control of the Afghan army to being under the Taliban. This was what had been negotiated, this is what a hospital in conflict is supposed to be. Yet in Ukraine today when a hospital moves to the other side of a frontline, often it ceases to function entirely as a health structure.

The people who came to the Kunduz hospital came because they thought it was safe. Some even brought their families. No-one could have imagined what happened on 3 October 2015. All inside believed they were protected, even if they were scared. Today, people still shelter in hospitals hoping against hope that they’ll be safe.

Healthcare workers all over the world continue to show up day after day in situations of insecurity and conflict, but more needs to be done to safeguard them and those they treat. States that attack healthcare with impunity need to be pressured on their justification, and the burden of proof needs to shift from the attacked to the attacker.

Perhaps the most important thing though is to remain outraged, and to reject the normalisation of bombing hospitals. When healthcare is attacked, it is a heinous act. It is not an acceptable price to pay. There are no ‘better’ people to treat.

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