



Initial MSF internal review:
Attack on Kunduz Trauma Centre, Afghanistan
November 2015

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The following document is an initial MSF internal review of the events leading up to, during and in the immediate aftermath of the airstrikes on the MSF hospital in Kunduz on Saturday 3 October 2015. This review is based on debriefings with MSF national and international employees, internal and public information, before-and-after pictures of the hospital including satellite images, emails and phone records. This review is an ongoing process and is not the final internal MSF report of events.

This document reviews the events in chronological order, including background information to our activities in Kunduz for those not familiar with the details of the project.

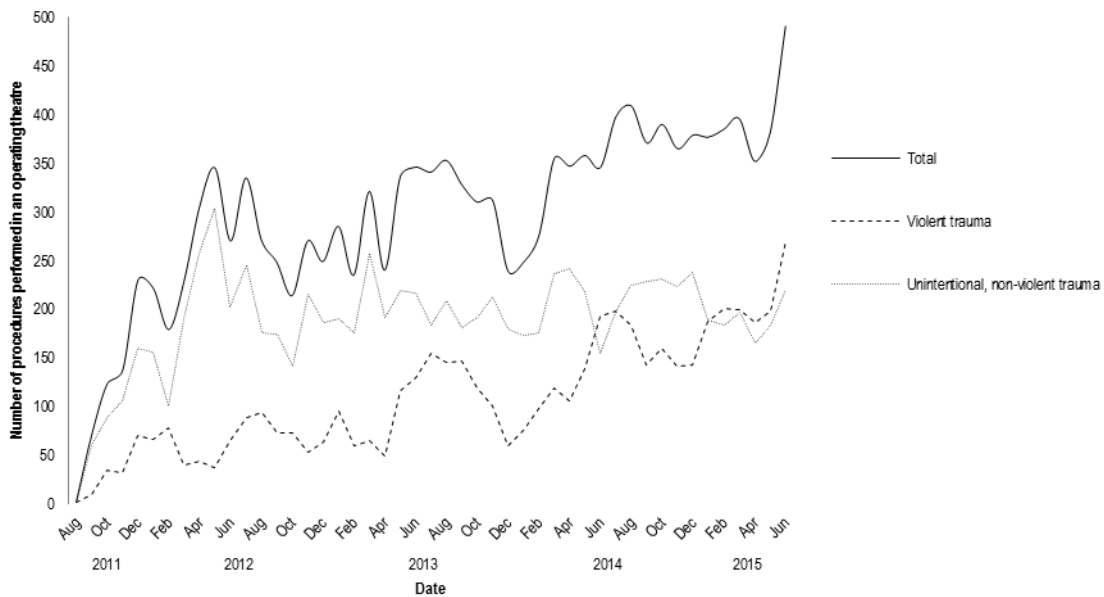
Background to MSF in Kunduz (2011 – 2015)

MSF had been working in Kunduz since August 2011 when the Kunduz Trauma Centre (KTC) was opened¹. The KTC is the only facility of its kind in north-eastern Afghanistan. The Trauma Centre provided high-quality, free surgical care to victims of general trauma like traffic accidents, as well as those presenting with conflict-related injuries such as from bomb blasts or gunshots. The hospital had 92 beds, which increased exceptionally to 140 beds at the end of September 2015 to cope with the unprecedented number of admissions. The KTC was equipped with an emergency department, three operating theatres and an intensive care unit, as well as X-ray, a pharmacy, physiotherapy and laboratory facilities. The Trauma Centre employed a total of 460 staff. On 24 June 2015, MSF opened a clinic in Chardara district, 15 km from Kunduz, where nurses provide immediate care to trauma patients before being transported to Kunduz city.

Since the opening of the KTC in 2011, more than 15,000 surgeries were conducted and more than 68,000 emergency patients were treated. As can be seen in the graph below, the total number of patients seen in the KTC has been steadily increasing over time, with a significant peak in 2015.²

¹ MSF services in Kunduz were completely free of charge and all patients were treated according to their medical needs and without any distinctions of their ethnicity, religious beliefs or political affiliation.

² Violent trauma includes, for example, land mine or bomb blasts, gunshots, stabbing and assault. Unintentional trauma includes, for example, road traffic crashes, falls, unintentional burns, and other injuries.



In 2014, more than 22,000 patients received care at the hospital and 4,241 surgeries were performed. From January - August 2015, 3,262 surgeries were conducted.

MSF activities in Kunduz were based on a thorough process to reach an agreement with all parties to the conflict to respect the neutrality of our medical facility. In Afghanistan, agreements were reached with the health authorities of both the government of Afghanistan and health authorities affiliated with the relevant armed opposition groups. These agreements contain specific reference to the applicable sections of International Humanitarian Law including:

- Guaranteeing the right to treat all wounded and sick without discrimination
- Protection of patients and staff guaranteeing non-harassment whilst under medical care
- Immunity from prosecution for performing their medical duties for our staff
- Respect for medical and patient confidentiality
- Respect of a 'no-weapon' policy within the hospital compound

These commitments were discussed and endorsed by the militaries involved in the conflict, including all international military forces such as the United States, both the regular and special forces branches, ISAF and later Resolute Support command structures, Afghan National Army, National Police and National Security agencies as well as the military command structures of armed opposition groups. The local military hierarchy of all warring parties endorsed compliance by agreeing to a no-weapons policy within the MSF facility.

These agreements were brought into practice through the implementation of the no-weapons policy in the KTC, relying on civilian, MSF-employed unarmed guards as well as an ongoing process of bilateral discussions with the community and all parties to the conflict.

The week before the airstrikes (28 September – 02 October 2015)³

Monday 28 September

Heavy fighting between Afghanistan government and Taliban forces⁴ took place in Kunduz city in the early morning on Monday 28 September. The MSF team launched a mass casualty plan in preparation to receive an expected large number of wounded patients.

MSF requested medical staff and staff essential for running the hospital to stay at the hospital to avoid commuting in the city and being unable to reach the hospital. At noon the same day, MSF national and international staff that were not essential for the running of the hospital were sent home.⁵

As is standard practice⁶, MSF teams did not ask which armed group patients belonged to. It was clear however, based on observation of uniforms or other distinctive identification, that a number of wounded combatants were being brought to the hospital.

As was the case since the opening of the Trauma Centre, the vast majority of the wounded combatants were observed to be government forces and police. In the week starting 28 September, this shifted to primarily wounded Taliban combatants. The proportion of wounded combatants from both sides varied according to the intensity of the fighting, the position of the frontline and the accessibility of the hospital and availability of alternative medical facilities.

When fighting intensified, MSF proposed to patients to remove any military identification or clothing from the hospital, as is our standard practice to reduce possible tensions in the hospital with both parties to the conflict being treated within the facility. MSF team received a visit of a representative from the Afghan government forces to organise the rapid referral of wounded government patients to another hospital. While the majority of the wounded Afghan government forces were referred, the most critical patients remained in the hospital. As far as our teams are aware, after this time, no more wounded Afghan government forces were being brought to the Trauma Centre.

At 6pm, two Taliban combatants arrived at the hospital gates to inform MSF that they were in control of the area.

By 10pm, MSF's medical teams had treated 137 wounded. This included 26 children. The majority of patients had sustained gunshot wounds, with surgeons treating severe abdominal, limb and head injuries.

³ MSF does not have access to the complete medical statistics for the week 28 September – 2 October because a large part of the medical archives, patient files, and admission sheets were destroyed, as they were located in the main building that burned down as a result of the airstrikes.

⁴ MSF usually makes use of the term 'armed opposition groups' in reference to Taliban and other opposition groups operating in Afghanistan. In this document, the term 'Taliban forces' is used as this is the term most commonly used by those who were debriefed for this review.

⁵ MSF often reduces the size of its team to those who are absolutely essential to the running of life-saving medical activities in times of increased insecurity.

⁶ As a neutral medical organisation, MSF does not ask which armed groups patients belong to, as this is medically irrelevant information. In MSF patient records, a 'C' and 'M' may be used to denote 'civilian' or 'military' patients, in relation to the collection of weapons at the entrance of the hospital as part of MSF's 'no weapon' policy. No further details are recorded as to which party to the conflict a patient may belong to. 'Military' patients are no longer deemed to be combatants once wounded and are protected in hospitals under International Humanitarian Law.

Tuesday 29 September

An MSF press release was issued stating that “the hospital is inundated with patients” and that “we have quickly increased the number of beds from 92 to 110 to cope with the unprecedented level of admissions, but people keep arriving. We have 130 patients spread throughout the wards, in the corridors and even in offices. With the hospital reaching its limit and fighting continuing, we are worried about being able to cope with any new influxes of wounded.”⁷

MSF met with a Taliban representative to discuss the need to free beds for other critical patients due to the ongoing fighting, and therefore for some patients to be discharged and for those who required nursing follow-up to be referred to the MSF Chardara medical post.

An MSF vehicle on the way to the airport to collect urgent medical supplies was shot at while crossing a frontline. The MSF staff in the car abandoned the vehicle for their own safety. The following day, the vehicle was retrieved with the medical supplies still intact.

Due to the increased intensity of fighting in Kunduz, MSF reaffirmed the well-known location of the KTC by once again emailing its GPS coordinates to US Department of Defense, Afghan Ministry of Interior and Defense and US army in Kabul. The GPS coordinates provided for the KTC were: 36°43'4.91"N 68°51'43.96"E (for the main hospital building) and 36°43'4.29"N 68°51'42.62"E (for the administrative office building within KTC).

Confirmation of receipt was received from both US Department of Defense and US army representatives, both of whom assured us that the coordinates had been passed on to the appropriate parties. Oral confirmation was received from the Afghan Ministry of Interior. MSF also shared the GPS coordinates with a UN intermediary who confirmed transmission directly to Operation Resolute Support.

Wednesday 30 September

Out of 130 patients in the KTC on Wednesday, there were approximately 65 wounded Taliban combatants that were being treated. Starting this same day a large number of patients discharged from the hospital, including some against medical advice. It is unclear whether some of these patients discharged themselves due to the discussion to free some beds between MSF and the Taliban representative or whether there were general concerns about security as rumours were circulating of a government counter-offensive to reclaim Kunduz city. At the same time as patients were being discharged from the hospital, new patients were being admitted.

By Wednesday, MSF was aware of two wounded Taliban patients that appeared to have had higher rank. This was assumed for multiple reasons: being brought in to the hospital by several combatants, and regular inquiries about their medical condition in order to accelerate treatment for rapid discharge.

Thursday 1 October

MSF received a question from a US Government official in Washington D.C., asking whether the hospital or any other of MSF's locations had a large number of Taliban “holed up” and enquired about the safety of our staff. MSF replied that our staff were working at full capacity in Kunduz and that the hospital was full of patients including wounded Taliban combatants,

⁷ <http://www.msf.org/article/afghanistan-msf-hospital-overwhelmed-wounded-after-heavy-fighting-kunduz>
Publicly released 5 November 2015

some of whom had been referred to the MSF medical post in Chardara. MSF also expressed that we were very clear with both sides to the conflict about the need to respect medical structures as a condition to our ability to continue working.

A UN civilian/military liaison advised MSF to remain within the GPS coordinates provided to all parties to the conflict as “bombing is ongoing in Kunduz.”

Friday 2 October

On Friday, two MSF flags were placed on the roof of the hospital, in addition to the existing flag that was being flown at the entrance to the Trauma Centre.⁸ The KTC was also one of the only buildings in the city that had full electricity from generator power on the night of the airstrikes.

In the hours before the airstrikes, MSF was contacted by French and Australian diplomatic officials and informed that MSF international staff in the KTC were at risk of being kidnapped. This alert came in addition to a request that had been received from French Embassy officials on Tuesday 29 September, where MSF was asked for the cell-phone details of its international staff in case of kidnapping.⁹ Included in the MSF team were two French nationals and one Australian national. The other nationalities of the international team were: Cuban, Malaysian, Hungarian, South African, and a Filipino. As part of MSF’s own assessment of risk, in-depth discussions were held with the MSF team in Kunduz, Kabul and at headquarters to evaluate the kidnapping risk. A decision was taken, based on an independent assessment of risk, to increase the security measures against kidnapping. All national and international staff that were not on duty were instructed to sleep in the safe-rooms in the basement and administrative office.

At 10pm, there were more than 100 MSF staff and caretakers¹⁰ sleeping in the basement below the intensive care unit (ICU) and inpatient department. This basement had been prepared as a safe dormitory in the event of clashes getting closer to the hospital. Those who were awake after 10pm report having noticed how calm the night was in comparison to the intense fighting of the previous days.

Throughout the night before the airstrikes began, all MSF staff confirm that it was very calm in the hospital and its close surroundings. No fighting was taking place around the hospital, no planes were heard overhead, no gunshots were reported, nor explosions in the vicinity of the hospital. Some staff mention that they were even able to stand in the open air of the hospital compound, which they had refrained from doing in the days prior, for fear of stray bullets from fighting in the neighbourhood around the hospital. All staff confirm that the gate of the hospital was closed and that the MSF unarmed guards were on duty.

From approximately 12.20am to 1.10am, the MSF coordinator conducted the nightly security round of the hospital compound. The coordinator reported that the KTC was calm, with no armed combatants present, nor any fighting on the hospital grounds or within the audible vicinity. All MSF guards were on duty and MSF was in complete control of the compound.

All of the MSF staff reported that the no weapons policy was respected in the Trauma Centre.¹¹ In the week prior to the airstrikes, the ban of weapons inside the MSF hospital in

⁸ On Friday, fighting in the area around the hospital significantly reduced, allowing MSF staff to go onto the roof with less fear of stray bullets

⁹ MSF provided these details on Wednesday 30 September

¹⁰ According to MSF policy, one caretaker was allowed per patient in the hospital.

¹¹ Since the KTC opened, there were some rare exceptions when a patient was brought to the hospital in a critical condition and the gate was opened to allow the patient to be delivered to the emergency room without those transporting the patient being first searched. In each of these instances, the breach of the no weapon policy was rapidly rectified.

Kunduz was strictly implemented and controlled at all times and all MSF staff positively reported in their debriefing on the Taliban and Afghan army compliance with the no-weapon policy.

From all MSF accounts, there was no shooting from or around the Trauma Centre and the compound was in full MSF control with our rules and procedures fully respected.

Medical data from 28 September to 2 October

From 28 September to 2 October, MSF had on average 117 patients per day hospitalised in the Trauma Centre. MSF medical statistics for the period consist primarily of patients suffering from violence-related injuries.

In only 6 days, from 28 September to 2 October 2015, MSF treated 376 patients in the ER. The number that were categorised as ‘red’ or ‘black’ demonstrates the severity of the cases received.¹² On 28 September, 32% were red or black cases. This increased to 53% on 29 September, decreased to 35% on 30 September and increased again to 50% on 1 October. On 2 October, the percentage had dropped to 26%.

In the months preceding this period, the percentage of patients that could be classified as ‘red’ upon entering the ER averaged 5%. MSF staff explained the severity of cases the week preceding the airstrikes was due to serious injuries from the fighting, as well as typically only the most critical cases taking the risk of travelling in the midst of the conflict in search of medical care.

Out of the total of 376 patients treated in the ER during 6 days, 11% were women and 16% were children under the age of 15. MSF performed 138 surgeries during this period. Twenty-nine per cent of the surgeries conducted in the operating theatres (OT) in the week before the airstrike were laparotomies¹³

The US aerial attack (early AM 3 October 2015)

According to all accounts the US airstrikes started between 2.00am and 2.08am on 3 October.

Despite it being in the middle of the night, the MSF hospital was busy and fully functional at the time of the airstrike. Medical staff were making the most of the quiet night to catch up on the backlog of pending surgeries. When the aerial attack began, there were 105 patients in the hospital. MSF estimates that between 3 and 4 of the patients were wounded government combatants, and approximately 20 patients were wounded Taliban. One hundred and forty MSF national staff and nine MSF international staff were present in the hospital compound at the time of the attack, as well as 1 ICRC delegate.¹⁴

It is estimated that the airstrikes lasted approximately one hour, with some accounts saying the strikes continued for one hour and fifteen minutes, ending approximately 3am–3.15am.

¹² ‘Red’ indicates that the patient requires immediate emergency medical care; ‘black’ indicates that the patient is already dead or has died upon arrival. These colours, also including green and yellow, are attributed to each patient in the ER based on the South African Triage System (SATS)

¹³ A laparotomy is an emergency life-saving abdominal surgery

¹⁴ As of 28 September, 2 ICRC medical staff were supporting medical activities in KTC. At the time of the attack, 1 of the 2 staff were present in the hospital. 140 MSF staff were present in the hospital compound, while around 80 were on duty that night.

Summary phone log of contacts MSF made during the US airstrikes¹⁵

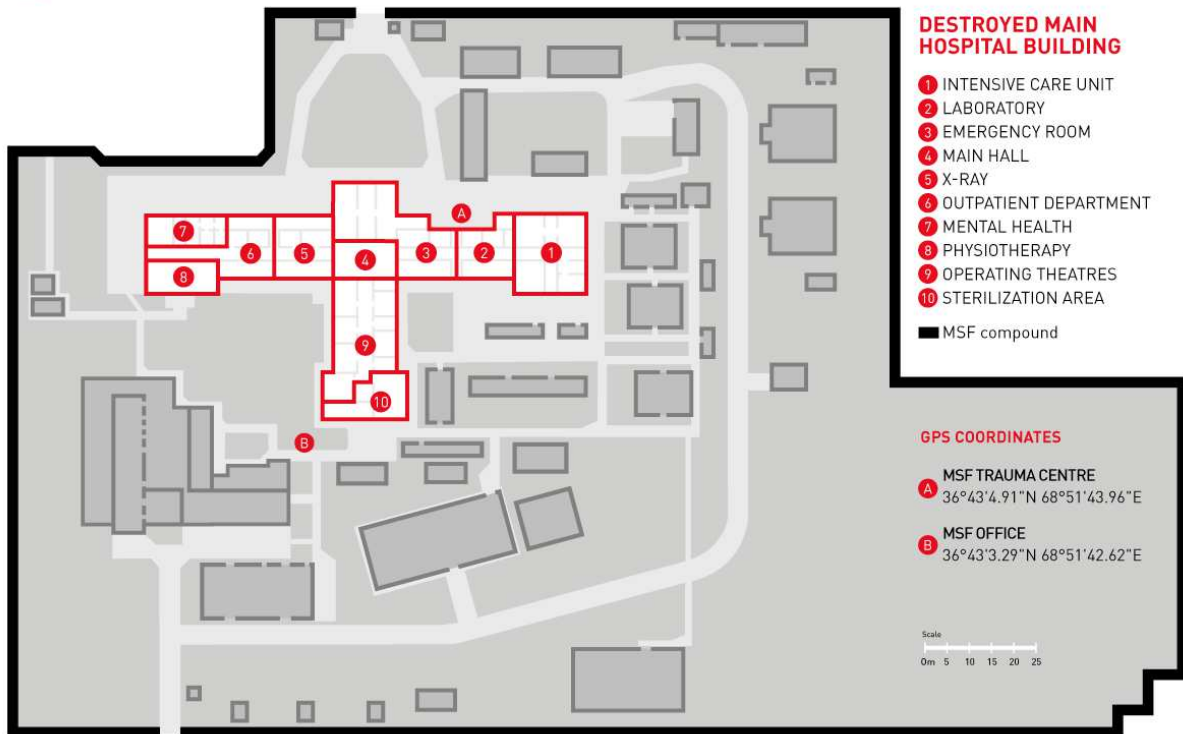
MSF made multiple calls and SMS contacts in an attempt to stop the airstrikes:

- At **2.19am**, a call was made from MSF representative in Kabul to Resolute Support in Afghanistan informing them that the hospital had been hit in an airstrike
- At **2.20am**, a call was made from MSF representative in Kabul to ICRC informing them that the hospital had been hit in an airstrike
- At **2.32am** a call was made from MSF Kabul to OCHA Civil Military (CivMil) liaison in Afghanistan to inform of the ongoing strikes
- At **2.32am** a call was made by MSF in New York to US Department of Defense contact in Washington informing of the airstrikes
- At **2.45am** an SMS was received from OCHA CivMil in Afghanistan to MSF in Kabul confirming that the information had been passed through “several channels”
- At **2.47am**, an SMS was sent from MSF in Kabul to Resolute Support in Afghanistan informing that one staff was confirmed dead and many were unaccounted for
- At **2.50am** MSF in Kabul informed Afghan Ministry of Interior at Kabul level of the airstrikes. Afghan Ministry of Interior replied that he would contact ground forces
- At **2.52am** a reply was received by MSF in Kabul from Resolute Support stating “I’m sorry to hear that, I still do not know what happened”
- At **2.56am** an SMS was sent from MSF in Kabul to Resolute Support insisting that the airstrikes stop and informing that we suspected heavy casualties
- At **2.59am** an SMS reply was received by MSF in Kabul from Resolute Support saying ”I’ll do my best, praying for you all”
- At **3.04am** an SMS was sent to Resolute Support from MSF in Kabul that the hospital was on fire
- At **3.07am** an SMS was sent from MSF in Kabul to OCHA CivMil that the hospital was on fire
- At **3.09am** an SMS was received by MSF in Kabul from OCHA CivMil asking if the incoming had stopped
- At **3.10am** and again at **3.14am**, follow up calls were made from MSF New York to the US Department of Defense contact in Washington regarding the ongoing airstrikes
- At **3.13am** an SMS was sent from MSF in Kabul to OCHA CivMil saying that incoming had stopped
- At **3.15am** an SMS was received from CivMil OCHA stating that information had been passed to Resolute Support in the North and CJOC in Kabul as well as ANA in Kabul and the North
- At **3.18am** an SMS was sent from MSF in New York to US Department of Defence contact in Washington that one staff was confirmed dead and many were unaccounted for

A series of multiple, precise and sustained airstrikes targeted the main hospital building, leaving the rest of the buildings in the MSF compound comparatively untouched. This specific building of the hospital correlates exactly with the GPS coordinates provided to the parties to the conflict (GPS coordinates were taken directly in front of the main hospital building that was hit in the airstrikes).

¹⁵ All times are local time in Afghanistan (GMT+4:30)
Publicly released 5 November 2015

MSF TRAUMA HOSPITAL KUNDUZ, AFGHANISTAN



When the first airstrikes hit the main hospital building, two of the three operating theatres were in use. Three international and twenty-three national MSF staff were caring for patients or performing surgeries in this same main building. There were eight patients in the ICU and six patients in the area of the operating theatres.

Those who survived the US airstrikes were direct witnesses of the attack from the different locations inside the MSF compound.

MSF staff recall that the first room to be hit was the ICU, where MSF staff were caring for a number of immobile patients, some of whom were on ventilators. Two children were in the ICU. MSF staff were attending to these critical patients in the ICU at the time of the attack and were directly killed in the first airstrikes or in the fire that subsequently engulfed the building. Immobile patients in the ICU burned in their beds.

After hitting the ICU, the airstrikes then continued from the east to west end of the main hospital building. The ICU, archive, laboratory, ER, x-ray, outpatient department, mental health and physiotherapy departments as well as the operating theatres were all destroyed in this wave after wave of strikes.

After the first strike, MSF medical teams working in the operating theatres ran out of the OT and sought shelter in the sterilisation room. The two patients on the operating table in the OTs were killed in the airstrikes.

The MSF international staff members sleeping in the administrative building were woken up by the sound of the first explosions. An MSF nurse arrived at the administrative building covered from head to toe in debris and blood with his left arm hanging from a small piece of tissue after having suffered a traumatic amputation in the blast. The MSF nurse was bleeding from his left eye and oropharynx. Immediate treatment was provided in an attempt to stabilise the nurse by the medical team in the administrative building.

The airstrikes continued with many staff referring to a propeller plane, which could be heard throughout. This sound is consistent with the reported AC-130 circling the MSF hospital. Many of those interviewed describe massive explosions, sufficient to shake the ground. These bigger explosions were most frequently described as coming in concentrated volleys. MSF staff also described shooting coming from the plane.

Many staff describe seeing people being shot, most likely from the plane, as people tried to flee the main hospital building that was being hit with each airstrike. Some accounts mention shooting that appears to follow the movement of people on the run. MSF doctors and other medical staff were shot while running to reach safety in a different part of the compound.

One MSF staff member described a patient in a wheelchair attempting to escape from the inpatient department when he was killed by shrapnel from a blast. An MSF doctor suffered a traumatic amputation to the leg in one of the blasts. He was later operated on by the MSF team on a make-shift operating table on an office desk where he died. Other MSF staff describe seeing people running while on fire and then falling unconscious on the ground. One MSF staff was decapitated by shrapnel in the airstrikes.

Though it is clear from the staff debriefings and photos that the main hospital building was the principal target of the attack, other locations within the MSF compound were also struck, including in the southern area of the hospital compound where two unarmed MSF guards were found dead as a result of shrapnel wounds.

MSF TRAUMA HOSPITAL KUNDUZ, AFGHANISTAN

MSF TRAUMA CENTRE
36°43'4.91"N 68°51'43.96"E

MSF OFFICE
36°43'3.29"N 68°51'42.62"E

BEFORE

21 June 2015



AFTER

8 October 2015



— MSF compound

Although the main building was principally targeted, as can be seen in the satellite image, within this main building there were some rooms that were left largely untouched in the airstrikes. This includes the eastern part of the OT wing, notably the sterilisation room in which most of the team from the OTs had sought shelter immediately after the first strike.

Not a single MSF staff member reported the presence of armed combatants or fighting in or from the hospital compound prior to or during the airstrikes.

The US airstrikes stopped between approximately 3am and 3.13am.

The total number of dead from the attack is known to be at least 30, including: 10 known patients, 13 known staff, and 7 more bodies that were burnt beyond recognition and are still under the process of being identified (these bodies have been duly buried). One MSF staff member and two patients who are still missing and presumed dead may be among the unrecognisable bodies, but ongoing forensic examinations have not yet been concluded. Included in these unrecognisable bodies could be caretakers that were accompanying patients. These may not be the final numbers - additional human remains may also be found in the rubble of the hospital.

After the US airstrikes (3 October)¹⁶

When the airstrikes ended the MSF staff reported a chaotic scene of wounded arriving at the administrative building with people in shock, vomiting and screaming.

From 3am to 4am many of the MSF staff remained in the areas of the hospital compound where they had sought shelter. Other staff members were moving around the compound looking for missing colleagues, notably the medical staff from the ICU, the OTs and the ER.

Immediately after the airstrikes, some of the MSF medical team began life-saving medical interventions on the wounded. MSF staff collected what medical material they could and converted one of the administrative rooms into a make-shift emergency room, performing surgery on an office desk and a kitchen table. The medical team quickly tried to organise the patients and to triage the critical from the non-critical patients. Patients in a critical condition included MSF staff with traumatic amputation of the leg, open chest injury, and ruptured abdominal blood vessel, amongst other injuries. MSF medical staff attempted to stop the severe bleeding of some patients, treated shock due to hypovolaemia, inserted chest drains, and provided treatment for pain management. At least two MSF staff died while being operated on in the administrative building.

The MSF coordinator contacted ambulances from the Ministry of Public Health (MoPH) provincial hospital in Kunduz city to collect the wounded.

The MoPH ambulance arrived at the Trauma Centre at approximately 5.45am. Several staff reported that at the same time as the arrival of the ambulance, some Afghan Special Forces entered the MSF hospital while others remained at the main gate.

The MoPH ambulance and MSF ambulance conducted two rounds of transferring patients to the MoPH hospital. At the moment of transferring patients, the atmosphere was chaotic as there were a large number of patients to be transferred and Afghan Special Forces had just arrived at the hospital amidst ongoing clashes in the area outside of the hospital compound. Some Afghan Special Forces started to search for Taliban patients in the MoPH and MSF ambulance on leaving the hospital. At approximately 6am, an ambulance was caught in the crossfire while exiting the main gate of the Trauma Centre. Bullet impacts are visible on the car.

¹⁶ From within the hospital it was not possible for the team to have determined that the airstrikes were conducted by the US. However, this has been subsequently admitted by the US government and military representatives in public.

At between 7.30am and 8am, all MSF international staff and the ICRC delegate were evacuated to the airport. The Afghan National Army proposed that the MSF team be transported within their military vehicles. The MSF team preferred to travel to the airport in an identified MSF vehicle. The decision was taken for MSF to use its own vehicle and for the Afghan National Army to drive in front of and behind the MSF vehicle.

At approximately 8.30am, MSF staff remaining in the Trauma Centre report that fighting broke out again in front of the KTC main gate. The fighting forced those remaining in the hospital to hide in the basement for an additional one hour.

Since 3 October, the hospital has remained closed following the destruction by US airstrikes.

Initial conclusions

MSF can conclude the following points, based on the facts reviewed in this initial overview of events before, during and immediately after the US airstrikes on 3 October 2015:

- The agreement to respect the neutrality of our medical facility based on the applicable sections of International Humanitarian Law was fully in place and agreed with all parties to the conflict prior to the attack.
- The KTC was fully functioning as a hospital with 105 patients admitted and surgeries ongoing at the time of the airstrikes
- The MSF rules in the hospital were implemented and respected, including the ‘no weapon’ policy and MSF was in full control of the hospital at the time of the airstrikes
- There were no armed combatants within the hospital compound and there was no fighting from or in the direct vicinity of the KTC at the time of the airstrikes
- The GPS coordinates provided to all armed groups were accurate and MSF teams in Kabul and New York made the relevant contacts to alert the parties to the conflict of the airstrikes.

Based on these conclusions, there is an urgent need for a widely agreed upon and unambiguous recognition of the practical rules under which hospitals operate in conflict zones. This means:

- A functioning hospital caring for patients, such as the one in Kunduz, cannot simply lose its protection and be attacked
- Wounded combatants must be treated without discrimination and cannot be attacked
- Medical staff cannot be punished or attacked for providing treatment to wounded combatants.