



## Clinics under fire? Health workers caught up in the Afghan conflict

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Those providing health care in contested areas in Afghanistan say they are feeling under increasing pressure from all sides in the war. There have been two egregious attacks on medical facilities in the last six months: the summary execution of two patients and a carer taken from a clinic in Wardak by Afghan special forces in mid-February – a clear war crime – and the United States bombing of the Médecins Sans Frontières (MSF) hospital in Kunduz in October 2015, which left dozens dead and injured – an alleged war crime. Health professionals have told AAN of other violations, by both pro and anti-government forces. Perhaps most worryingly, reports AAN Country Director Kate Clark, have been comments by government officials, backing or defending the attacks on the MSF hospital and Wardak clinic.

### *Summary Executions in Wardak*

The clinic in Wardak that was targeted in February 2016 was run by the Swedish Committee for Afghanistan. It was founded in 1980s, one of the NGOs that emerged in response to the Soviet invasion. It currently has more than 5000 staff, almost all Afghan, and works in 14 provinces, running large education and health programmes. It has run this clinic in Tangi Sayedan in Daimirdad district of Wardak province for more than fifteen years. The clinic has 10 beds and 23 staff, including a doctor and a midwife. It is the only medical institution in the area: the nearest



hospital is a one and a half to two hours drive away.

According to the [Swedish Committee](#) (with many details also confirmed by [UNAMA](#)), at about two in the morning on 18 February 2015, staff at the clinic found themselves in the middle of an operation by Afghan government and international forces to clear Taleban from the area which included the use of air strikes. Afghan special forces raided several homes, including two belonging to clinic staff – an ambulance driver and a cook. Members of their families were tied up.

After that, Afghan forces, including Afghan women soldiers, entered the clinic itself where they beat staff, accusing them of “treating Taleban.” They searched the various buildings on the compound, including the specially built quarters of the midwife and her husband. When they entered the men’s ward, they dragged out two of the patients – one, staff said, who was under 18 – and a boy who was looking after them. They took them to a nearby shop. Twenty minutes later, staff said, they heard gunshots. The three had been killed. (1)

Staff also reported that when the special forces had finished searching the clinic, they forcibly took the doctor from the clinic to use as a shield when they searched nearby buildings.

As the military operation came to an end, the various forces on the ground gathered together and a helicopter landed and picked them up. Both the Swedish Committee and UNAMA reported witnesses saying the foreign forces were involved in the wider operation, but did not enter the clinic. These witnesses included two medical staff who said English was spoken and that some of the soldiers had been wearing ‘foreign’ uniforms. The US military is the only international force with a combat operation in Afghanistan. It seems most likely the foreign soldiers were American Special Operations Forces, who have previously been known to conduct operations in the area. However, this has not been confirmed.

The Swedish Committee for Afghanistan has reported a drop in the numbers of patients coming to the clinic since the raid. People “dare not seek medical care,” said Country Director Jorgen Holmstrom.

NATO told AAN the Afghan government was conducting an investigation (although the deputy presidential spokesman could not confirm this). NATO also said it was conducting a “preliminary inquiry.” It is not clear why NATO, which has a non-combat mission, Resolute Support, would be answering for or indeed investigating what would appear to have been an operation involving the US military in its ‘can be combat’ Freedom Sentinel Mission, but such fudging of the two missions has been apparent from January 2015 when they were launched (see AAN analysis [here](#)).

## *Government reactions*

Afghan government reactions to the news of the Wardak killings came largely at the provincial level, from officials who saw no problem in those they believed were Taleban – wounded or



otherwise – being taken from a clinic and summarily executed. Head of the provincial council, Akhtar Muhammad Tahiri, was widely quoted (for example [here](#)), saying: "The Afghan security forces raided the hospital as the members of the Taliban group were being treated there." Spokesperson for the provincial governor, Toryalay Hemat, [said](#), "They were not patients, but Taliban," and "The main target of the special forces was the Taliban fighters, not the hospital." Spokesman for Wardak's police chief, Abdul Wali Noorzai, [said](#) "Those killed in the hospital were all terrorists," adding he was "happy that they were killed."

Yet, the killings were a clear war crime. The Laws of Armed Conflict, also known as International Humanitarian Law, give special protection to medical facilities, staff and patients during war time – indeed, this is the oldest part of the Geneva Conventions. The Afghan special forces' actions in Wardak involved numerous breaches: forcibly entering a medical clinic, harming and detaining staff and killing patients. (2) The two boys and the man who were summarily executed were, in any case, protected either as civilians (the caretaker clearly, the two patients possibly – they had claimed to have been injured in a motorbike accident) or as fighters who were *hors d'combat* (literally 'out of the fight') because they were wounded and also then detained. (3) Anyone who is *hors d'combat* is a protected person under International Humanitarian Law and cannot be harmed, the rationale being that they can no longer defend themselves. It is worth noting that, for the staff at the clinic to have refused to treat wounded Taleban would also have been a breach of medical neutrality: International Humanitarian Law demands that medical staff treat everyone according to medical need only. (4)

That the Wardak provincial officials endorsed a war crime is worrying enough, but their words echoed reactions from more senior government officials to the US military's airstrikes on a hospital belonging to the NGO Médecins Sans Frontières on 3 October 2015. Then, ministers and other officials appeared to defend the attack by saying it had targeted Taleban whom they said were in the hospital (conveniently forgetting that, until the fall of Kunduz city became imminent when the government evacuated all of its wounded from the hospital except the critically ill, the hospital had largely treated government soldiers). The Ministry of Interior spokesman, for example, [said](#), "10 to 15 terrorists were hiding in the hospital last night and it came under attack. Well, they are all killed. All of the terrorists were killed. But we also lost doctors. We will do everything we can to ensure doctors are safe and they can do their jobs." (5)

MSF denied there were any armed men in the hospital. However, even if there had been, International Humanitarian Law would still have protected patients and medical staff: they would still have had to have been evacuated and warnings given before the hospital could have been legally attacked (for more on this, see AAN analysis [here](#)).

Earlier this month there was another government raid on an NGO medical clinic, this time by the NDS in Baghlan province on 6 March. Members of the NDS questioned staff as to why they were operating in 'Taleban territory' and confiscated several items of medical equipment and material. The NGO, which has permission from the Ministry of Public Health to operate the clinic, spoke to ministry officials and others and succeeded in getting an assurance from the



NDS that they would be allowed to continue operating. As of now, however, the confiscated medical equipment has still not been returned.

### *What the health providers say*

AAN has spoken to a number of heads of agencies who provide health care in contested areas to try to gauge how the situation on the ground was (they spoke on condition of anonymity). All said it was worsening. “General abuses against medical staff and facilities are on the rise from all parties to the conflict,” said one head of agency, while another said, “We have a good reputation with all sides, but we have still had threats from police, army and insurgents.” The head of a medical NGO described the situation as “messy, really difficult”:

*All health facilities are under pressure. We have had some unpleasant experiences, The ALP [Afghan Local Police] are not professional, not disciplined. If the ALP or Taleban take over a clinic, we rely on local elders [to try to sort out the situation]. We are between the two parties.*

He described the behaviour of overstretched Afghan special forces as “quite desperate,” adding, “They are struggling, trying to be everywhere and get very excited when there’s fighting.” Most of them, he said, were northerners speaking little or no Pashto, which can make things “difficult for our clinics in the south.”

The head of another agency listed the problems his staff are facing:

*We have seen the presence of armed men in medical facilities, turning them into targets. We have seen violations by the ANSF [Afghan National Security Forces], damage done to health facilities that were taken over as bases to conceal themselves and fight [the insurgents] from. We have seen checkpoints located close to health centres. Why? So that in case of hostilities, forces can take shelter in the concrete building. We have seen looting. We have seen ANSF at checkpoints deliberately causing delays, especially in the south, including blocking patients desperately needing to get to a health facility. We can never be certain that [such a delay] was the cause of death, but we believe it has been.*

He said his medical staff had been threatened by “ANSF intervening in medical facilities at the triage stage, forcing doctors to stop the care of other patients and treat their own soldiers, in disregard of medical priorities.” Less commonly, but more dangerously for the doctors themselves, he said, was the threat of Taleban abduction. He described a gathering of surgeons in which all reported having been abducted from their homes at least once and brought to the field to attend wounded fighters “with all the dangers you can imagine along the road.” He said the surgeons were “forced to operate without proper equipment and forced to abandon their own patients in clinics because the abduction would last days.”

Locally, medical staff often try to mitigate threats from both government forces and insurgents by seeking protection first from the local community. One head of agency described their strategy:



*When we open a clinic, our first interlocutors are the elders. Everyone wants a clinic in their area, but we decide the location and make the elders responsible for the clinic... They have to give us a building – three to four rooms. All those who work in the clinic – the ambulance driver, the owner of the vehicle, everyone – come from the area. We also need the elders to deal with the parties... If the ALP or Taleban take over clinic, we always start with the elders [who negotiate with whoever has taken over the clinic].*

However, this tactic puts a burden on community elders who may not be able to negotiate if the ANSF, ALP or insurgents are also threatening them.

*Dealing with the government...*

In terms of threats from the ANSF, agencies also lobby in Kabul to try to ensure forces in the field respect their medical neutrality. Results are mixed. One field coordinator said everyone at the higher levels talks nicely about International Humanitarian Law, but the “fine words” do not translate into respect for medical facilities by the ANSF in the field. Another reported improvements in getting the wounded through checkpoints – where there had previously been long delays – after the Ministry of Interior issued a letter to police and ALP to respect the wounded and not block or delay medical transports. The head of a health NGO, however, said the ANSF were still blocking the movement of patients and medical supplies and detaining medical staff at checkpoints. Another country director said, “Lots of support from provincial police commanders has led to a decrease in incidents” in one province they worked in, while in another, the problems continued.

Getting clear top level support for medical staff working in areas of conflict should not be too difficult, given that three of the four ministries and agencies are led, or have been led until recently, by former humanitarians. Massum Stanakzai, acting minister of defence, used to run one of the largest Afghan NGOs, AREA; it was the first agency to start mapping civilian casualties, in early 2002. National Security Advisor Hanif Atmar was with Norwegian Church Aid and the International Rescue Mission. Both men were also members of the steering committee of ACBAR, the body which brings together and represents NGOs working in Afghanistan. Former NDS chief, Rahmatullah Nabil (who stood down in December 2015) used to work with the UN’s refugee agency, the UNHCR. It is scarcely imaginable these men would not know about the ANSF’s legal duty to protect medical facilities and respect medical neutrality.

Yet, there was a general feeling among the health providers AAN spoke to that some members of the government and ANSF do actually believe wounded Taleban in clinics are lawful targets and that clinics and doctors should not be treating them – and if they are, these are good places to find Taleban. One provider said government officials had discussed with them the possibility of “locating two people in emergency places and triage areas to check and control the identities of patients and arrest armed opposition.” The consequences of such a move would, he said, be to “deter patients from coming for treatment or [encourage them] to leave at the ‘stabilisation stage’ [rather than wait for a medical discharge].” He also said it would increase the likelihood of surgeons being abducted to treat wounded fighters.



Having soldiers or police posted inside clinics – like putting checkpoints near them – would inevitably taint the perception of a medical provider’s neutrality; it is this neutrality that forms the basic protection for health workers, allowing them to work in the most contested areas because they are known to accept wounded members of any armed force or group. Members of the general population might also be deterred from seeking treatment if they fear being mistaken for a Taleb or being detained in order to put pressure on a relative who is identified with the Taleban. A drop in general patient numbers, for example, was seen in the aftermath of the Wardak killings.

### *... and international forces*

All of those who spoke to AAN said they had also been deeply alarmed by the US airforce’s bombing of the MSF hospital in Kunduz in October 2015, which killed 42 and injured 43 people at the hospital – staff, patients and caretakers. The US has claimed the attack was a mistake, but health providers said they found the US explanation – a long series of human and technical errors – “unbelievable.” They wondered if a ‘real’ explanation of the attack would ever be forthcoming. The US has still not released a promised redacted version of its internal investigation which was completed in November 2015. Both MSF and UNAMA continue to call for an independent, transparent investigation. [AAN has also questioned](#) the US explanation and pointed out that, even though the US denied the air strike on the hospital was intentional, its account still points to breaches of International Humanitarian Law.

The health providers found two aspects of US strike on the hospital particularly alarming. Firstly, the US had targeted the hospital despite having its GPS coordinates. Secondly, the point of contact the military had given MSF proved useless in stopping the air strikes when they were underway. Not surprisingly, they feared more bombings of medical facilities. Some were now working harder to try to find the right contact within the US military, but reported difficulties. They explained that what used to be a fairly transparent system – under ISAF and the US military’s counter-terrorism Enduring Freedom mission – now feels opaque and obstructive.

### *The statistics*

The experiences of health providers – clinics overrun and used as military bases, clinics raided, ambulances delayed, doctors abducted and staff threatened – are backed up by the gathered data. UNAMA [tracked](#) an increase in attacks and other “conflict-related incidents” deliberately targeting medical facilities and staff in 2015 – from both pro-government and opposition forces. There was an increase in searches, threats and intimidations against health workers by pro-government forces in 2015 compared to 2014. Those searches included ones by Afghan special forces supported by international military forces on clinics in Helmand and Logar provinces.

Incidents in 2015 perpetrated by what UNAMA calls ‘anti-government elements’ saw a 47 per cent increase compared to 2014, 31 incidents compared to 14. Helping push the numbers up on the ‘anti-government’ side were the actions of Daesh, which has pursued a campaign against clinics and medical workers in areas under its control in Nangarhar (over the past 10 months,



these have included parts of Kot, Achin, Nazian, Deh Bala and Bati Kot districts). The number of incidents in Nangarhar, most of them perpetrated by Daesh, represented nearly one third of all attacks and threats against health and health-related personnel in 2015 by all parties to the conflict. In November of that year, Daesh ordered the closing of public health clinics and schools and, [according to David Mansfield](#), told healthcare professionals and teachers that, although they could work privately, they would be punished if they accepted a government salary. UNAMA reported 11 clinics having to close after threats and intimidation of staff, looting of medical equipment (seven incidents) and the extortion of a month's salary (three incidents).

As Mansfield put it, Daesh has breached the normal Afghan 'rules of war':

*... Daesh are understood [by Nangarharis] to have broken local mores with their brutality and their failure to recognise the needs of the local population, including with the closure of schools and clinics, and their prohibition of the production and trade of opium and marijuana.*

In response to Daesh, the Taliban in Nangarhar have reacted with a pragmatic attempt to distance themselves from the new group, trying to portray themselves as 'community minded' by supporting clinics, schools, NGOs and opium production, building roads and even, says Mansfield (AAN has reporting of this in Khogiani district following the recapture of areas by the Taliban from Daesh), easing off their usual threats against families with members in the ANSF. Generally, although the Taliban have targeted other government workers, especially those in the justice sector and sometimes also the education sector, clinics and medical staff have been exempted from their range of targets.

### *The long view*

Afghans have seen a great deal of brutality since 1978, but generally the parties to the various phases of the conflict have respected health professionals and recognised that targeting them is self-defeating – because their fighters or soldiers or the civilians they claim to represent also need treatment. The deliberate, systematic targeting of health professionals and facilities has only really been seen by Soviet and PDPA government forces in the 1980s. They targeted those giving health-care in mujahedin-controlled areas, in the belief that anyone treating 'the enemy' was also the enemy. At the time, the ICRC was forbidden from treating victims of the conflict in Afghanistan and had to establish surgical hospitals in Peshawar and Quetta with facilities at the border that they transported patients from. As the [United Nations Mapping Report](#), which brings together all published war crimes reporting on the Afghan conflict before 2002, said, "Many victims, of course, never reached those border posts [and] died or were permanently disabled due to the lack of swift, on-the-spot treatment." Afghan doctors and foreign NGOs did establish clinics in rural areas held by the mujahedin, but state and Soviet forces sought to arrest doctors and destroy health facilities: the UN Mapping Report describes the destruction of eleven clinics and hospitals in a series of largely air attacks in 1980, 1981 and 1982. (6)

Speaking to those who worked in the humanitarian sector in Afghanistan in the 1980s and



1990s, all said that, apart from the Soviet occupation, incidents against health workers and facilities had been surprisingly rare. A former director of the Swedish Committee, Anders Fange, who worked in Afghanistan from the 1980s to the 2000s, remembers staff at clinics which his NGO supported being killed and detained by government and Soviet forces. “We had no such problems with the mujahedin,” he said. In the 1990s during the civil war and what he called “the Commanders’ Rule,” he said clinics were largely undisturbed. He remembered a few occasions when Hezb-e Islami tried to take over clinics – mainly in Wardak and Ghazni provinces – and a few hijackings by rogue commanders of cars carrying medicine and equipment for clinics. Given that this was a particularly brutal period with fragmented commands and territories, the list of incidents is remarkably short.

During the late 1990s and before 2001, Fange said there were some problems in Northern Alliance areas with corruption and theft – mostly sorted out, he said, after appeals to Ahmad Shah Massud. “We never had problems with the Taleban – over girl schools sometimes, but not clinics. They even allowed female doctors, providing ‘Islamic principles’ were followed.”

There were always events outside the norm. The Taleban air-force, (7) for example, bombed the hospital in Yakowlang, Bamyān province, on 6 June 2001, the start of their ‘scorched earth’ campaign against Hezb-e Wahdat and civilians who were assumed to support them because of a shared ethnic or sectarian identity (Hazaras and Shia Sayeds). There was also Hezb-e Wahdat’s takeover of ICRC buildings in Mazar-e Sharif to fire at Jombesh positions in adjacent buildings; this was during intra-factional fighting in Mazar in 1998 (involving Wahdat, Jombesh and Jamiat-e Islami). (8) However, such incidents have been relatively rare. (9)

### *How bad is it today?*

Afghanistan is not at the point where health facilities are being systematically and deliberately targeted. This is not Syria or Yemen where hospitals have been bombed and medical neutrality trampled – what [MSF has called](#) fighting wars as in “barbarian times.” (It has [reported](#) 14 attacks on medical facilities in Syria since the start of 2016 and 94 airstrikes and shelling on facilities it backs in 2015; in Yemen, in the past five months, MSF has had two hospitals, a mobile clinic and an ambulance attacked.)

Yet, for those on the ground in Afghanistan, the situation is already alarming enough. Moreover, as Swedish Committee Country Director Jorgen Holmstrom explained, finding an effective, appropriate response to an atrocity like the killing of the patients and carer in Wardak is difficult, throwing up ethical dilemmas for a health provider:

*We are different from other sectors. [The Swedish Committee] is the sole provider of health services in many districts and, with this, we give the right to life. There are other rights, like the right to education, but if we have threats to our schools, we can negotiate and live with lengthy waits [keeping schools closed until the threat is sorted out]. However, we can’t threaten to shut down our clinics.*





Because of what they do, health workers feel they have little to no leverage over those with weapons; they are reliant on the ANSF, international military and insurgents to let them get on with their work and respect their humanitarian neutrality. They would like clear statements from the government that medical staff and clinics are protected and clear orders to ANSF field commanders to do this. They would like an end to the taking over of clinics by both government forces and the Taleban. They would also like to see accountability for those violating International Humanitarian Law. At the moment, said one provider, “We see that [violations] are not seriously addressed and are recurring too frequently for the satisfaction of anyone providing or seeking medical attention in this country.”

(1) A fourth person was killed in an air strike that night, hence the confusion over numbers in some of the news reports (some had reported four people summarily executed).

(2) The [ICRC](#)'s database of customary international humanitarian law is “a set of unwritten rules derived from a general, or common, practice which is acknowledged as law.” All of the rules below apply in international and (as the war in Afghanistan is classified) non-international conflicts. The original legal sourcing can be found on the website. The rules applicable to medical personnel and facilities include:

Medical personnel ([Rule 25](#)), medical units ([Rule 28](#)) and medical transports ([Rule 29](#)) “exclusively assigned to medical duties must be respected and protected in all circumstances. They lose their protection if they commit, outside their humanitarian function, acts harmful to the enemy.”

ICRC also gives these rules for the protection of the “wounded, sick and shipwrecked”:

“Whenever circumstances permit, and particularly after an engagement, each party to the conflict must, without delay, take all possible measures to search for, collect and evacuate the wounded, sick and shipwrecked without adverse distinction.” ([Rule 109](#)). The wounded, sick and shipwrecked must “receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition” and with “no distinction... made among them founded on any grounds other than medical ones” ([Rule 110](#)). Each party to the conflict must also take “all possible measures to them against ill-treatment and against pillage of their personal property.”

(3) Rule 47 of the ICRC database of customary international humanitarian law says:

*Attacking persons who are recognized as hors de combat is prohibited. A person hors de combat is:*

*(a) anyone who is in the power of an adverse party;*



(b) anyone who is defenceless because of unconsciousness, shipwreck, wounds or sickness; or

(c) anyone who clearly expresses an intention to surrender;

*provided he or she abstains from any hostile act and does not attempt to escape.*

(4) [Rule 110](#) from the ICRC Customary Law data base says: “No distinction may be made” when treating the wounded “on any grounds other than medical ones.” [Rule 26](#) also says that “Punishing a person for performing medical duties compatible with medical ethics or compelling a person engaged in medical activities to perform acts contrary to medical ethics is prohibited.”

(5) Far from condemning the attack, several senior officials explained the strike in ways that sounded like justifications. Acting Defence Minister Massum Stanakzai, for example, told [Pajhwok](#) there had been “armed Taleban” in the hospital, “who used it and civilians as a shield so that they could attack the civilians and security forces.” He [told](#) the Associated Press:

*"That was a place they wanted to use as a safe place because everybody knows that our security forces and international security forces were very careful not to do anything with a hospital," ...adding that a Taliban flag had been mounted on one of the hospital's walls.... Stanekzai insisted that "the compound was being used by people who were fighting there, whether it was Taliban or ISI or whoever they were," referring to Pakistan's powerful Inter-Services Intelligence agency, long accused by Kabul of supporting the Taliban. "If the fighting was not coming from there, that kind of a mistake will never happen."*

National Security Advisor Hanif Atmar sidestepped a question as to whether the strike on the MSF hospital had been intentional or a mistake. Instead, he placed blame for the attack on Taleban whom he claimed were in the hospital. He also, somewhat bizarrely given that MSF had given their coordinates to the US military and the hospital was a well-established landmark in Kunduz, said the hospital was not well-known (AAN translation –the minister’s [comments on MSF come at about 7 minutes in](#):

*It's not fair to say that they have intentionally bombed civilians or a hospital or a school. Both they and our soldiers are united in our complete commitment to humanitarian law. According to humanitarian law, it's a war crime. Definitely, it was not intentional. If anyone was intentionally involved in this, it was the terrorists who used the hospital as a base [to fight from] or as a human shield. Unfortunately, at that time there was not complete awareness that it was a hospital.*

(6) The UN Mapping Report lists the following attacks by Afghan government or Soviet forces:

- September 1980, an MSF hospital in the “particularly deprived region” of Yakowlang, Bamyán, was looted and destroyed by Soviet troops in September 1980. MSF reported: “There is not a single usable capsule or pill. All that remain, scattered all over the floor, are the medical records, with a file on each patient”;



- Autumn 1980, a small hospital in Laleng west of Kabul was attacked;
- Early 1980, three small hospitals operated by Médecins du Monde were bombed
- 5 November 1981, MiG-27s and armored helicopters bombed the hospital of Aide Médicale Internationale in the Panjshir valley, razing the stone building to the ground;
- 5 November 1981, MI-24 helicopters razed the hospital of MSF in Jaghori, Ghazni;
- November 6 1981, three helicopters destroyed a dispensary of Aide Médicale Internationale in Nangarhar province;
- November 1981, the MSF dispensary in Waras in Hazarajat was attacked;
- 14 March 14, 1982, a new hospital established by MSF in Jaghori, Ghazni was bombed.

One of the doctors working in the Panjshir, Dr Laurence Laumonier of Aide Médicale Internationale, told Human Rights Watch (quoted in the UN Mapping Report):

*“After the first time they bombed our hospital in Panjshir,” “I went to see (Panjshir Valley resistance Commander Ahmad Shah) Massoud. I told him we were going to make another hospital and put a red cross on the roof, so they would be sure to know it was a hospital. He told me I was crazy, it would just make it easier for the Russians to bomb it. But I did it anyway, and then the helicopters came and bombed it.”*

(7) After the fall of Kabul to the Taleban in 1996 and up till the fall of the Taleban in 2001, both Ahmad Shah Massud and the Taleban had remnants of the old PDPA air force.

(8) Both incidents are [described in](#) “Casting Shadows: War Crimes and Crimes against Humanity: 1978-2001 Documentation and analysis of major patterns of abuse in the war in Afghanistan 2005” by the Afghanistan Justice Project. The ICRC incident is on page 108, the Yakowlang bombing on page 150.

(9) The words of one of the health providers AAN spoke to whose agency is working in the east today spoke about possibly changing mores. He said his agency had been working in Afghanistan for 30 years and, during that time, NGOs had become “part of the landscape.” Afghans, generally “know NGOs very well,” he said, but his agency was now “facing a new generation of those claiming to be commanders who don’t know about humanitarian principles.” He was particularly worried about the Tahrik-e Taleban-e Pakistan (TTP), the Pakistani Taleban who were driven over the border after the Pakistani operation in North Waziristan in the summer 2014. “These guys are not so likely to speak to us,” he said. “Every time, there’s an abduction of one of our staff, we hope it’s not the TTP.”