



AALBORG UNIVERSITET

Voices Between Conflict and Care: The (De)politicization of the Kunduz Hospital Attack

How has the 2015 Kunduz hospital attack been represented and accounted for, and what role has the (de)politicization of humanitarian aid played in shaping these narratives?

Daiana Micaela Kejwan – 20230666

International Relations - Global Refugee Studies

Master Thesis, Aalborg University

Supervisor

Vibeke Andersson

Number of Characters

154.142

Abstract

This thesis examines how the 2015 U.S. airstrike on Médecins Sans Frontières' (MSF) trauma hospital in Kunduz, Afghanistan, has been represented and accounted for, with a particular focus on the (de)politicization of humanitarian aid. Through a discourse-oriented political analysis, the study critically analyzes United Nations Security Council Resolution 2286 and MSF's internal report on the attack using Carol Bacchi's "*What is the Problem Represented to Be?*" (WPR) approach and Critical Discourse Analysis. Drawing on theories of politicization, anti-aid rhetoric, and depoliticization, the thesis demonstrates how legalistic discourses tend to frame such attacks as isolated violations of international humanitarian law (IHL), thereby depoliticizing the structural and political conditions that enable violence against humanitarian actors. In contrast, MSF's discourse proclaims operational neutrality and calls for independent accountability, highlighting the limits of fundamental legal frameworks. The analysis shows that politicization, through the erosion of neutrality and the rise of anti-aid narratives, contributes to the targeting of humanitarian aid personnel, while depoliticization obscures the political responsibility of state and non-state actors. By juxtaposing institutional and humanitarian narratives, this research reveals how opposite discourses shape accountability, legitimacy, and the perception of the humanitarian space. Lastly, the thesis suggests reconsidering protection beyond legal compliance, stating that it is a political condition dependent on the credibility and perceived neutrality of humanitarian actors.

Table of Contents

1. Introduction.....	4
1.2. Research problem and aim.....	6
1.3. Concept clarification	7
2. Literature Review	9
3. Theory	12
3.1. Politicization of humanitarian aid	13
3.2. Anti-aid rhetoric	14
3.2. Depoliticization	15
4. Methodology.....	18
4.1. My position in the field	18
4.2. Research Philosophy and Positionality	19
4.3. What is the problem represented to be?.....	20
4.4. Critical Discourse Analysis.....	23
4.5. Data Collection	24
5. Limitations	24
6. Ethical considerations.....	25
7. Background information on MSF's attack in Kunduz, Afghanistan.....	26
7.1. Background to MSF's Presence in Kunduz (2011–2015).....	26
7.2. The week before the attack.....	27
7.3. The Night of the Attack.....	28
7.4 Aftermath and Operational Collapse	28
7.5. MSF's Discursive Framing and Demands	29
8. Analysis.....	29
8.1. What is the Problem Represented to Be in the Resolution 2286 and MSF report?	30
8.1.1. Background of the Resolution 2286.....	30
8.1.2. The first question: What is The Problem Represented to Be in the Resolution 2286?	32
8.1.3. The second question: What assumptions underlie this representation of the problem?	34
8.1.4. The third question: How has this representation come about?	35
8.1.5. The fourth question: What is left unproblematic in this representation? What are the silences? Could the “problem” be thought about differently?	36
8.1.6. The fifth question: What effects are produced by this representation of the ‘problem’?	37
8.1.7. The sixth question: How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?	38
8.2. What is the Problem Represented to Be in MSF's report on Kunduz Attack?	40

8.2.1. The first question: What is the problem represented to be in the MSF internal review of the Kunduz attack?	40
8.2.2. The second question: What assumptions underlie this representation of the problem?	41
8.2.3. The third question: How has this representation come about?	42
8.2.4. The fourth question: What is left unproblematic in this representation? What are the silences? Could the 'problem' be thought about differently?	43
8.2.5. The fifth question: What effects are produced by this representation of the 'problem'?	44
8.2.6 The sixth question: How/where has this representation been produced, disseminated and defended? How could it be questioned, disrupted and replaced?	45
8.3. Politicization of Humanitarian Aid: Why humanitarian aid is attacked?	45
8.3.1. Evolution and Politicization of Humanitarian Aid	45
8.3.2. The Impact of Anti-Aid Rhetoric on MSF's Operations	50
8.4. The Breakdown of Neutrality	56
8.4.1. Deconfliction failure	58
8.5. More than just International Humanitarian Law: The Depoliticization of humanitarian aid	60
9. Discussion	62
9.1. The other face of the (de)politicization of humanitarian aid	63
11. Bibliography	70

1. Introduction

Attacks on humanitarian and medical personnel in armed conflict have become increasingly visible and frequent in recent years, challenging the very foundations of international humanitarian law (IHL) and the principles of humanitarian action (Haar, et.al., 2021). Among the most emblematic of such “incidents,” on October 3, 2015, a Médecins Sans Frontières (MSF) hospital in Kunduz, Afghanistan, was destroyed by a U.S. airstrike, resulting in the deaths of 42 individuals and injuries to approximately 40 others¹. Despite MSF having provided the GPS coordinates of the trauma hospital to the U.S. Department of Defense, the Afghan Ministry of Interior and Defense, and the U.S. Army in Kabul, the attack took place, raising serious concerns regarding the protection of medical facilities in conflict zones.

Investigations were conducted by both the U.S. and Afghan armed forces, but MSF was not granted the authority or capacity to conduct an independent inquiry into the incident. MSF condemned the attack as a grave violation of IHL and a war crime (MSF, 2015). Under IHL, medical facilities are protected in armed conflicts unless they are used to commit hostile acts outside their humanitarian function (ICRC, 2016). Despite these legal protections, humanitarian aid personnel, both local and international, continue to face escalating threats. “Since 1997, the number of violent incidents, including killings, kidnappings, and armed attacks targeting aid workers, has nearly doubled” (Benson, 2007). Humanitarian organizations must navigate these dangers while upholding their fundamental commitment to providing impartial assistance, even in the most insecure environments.

At its core, humanitarianism is governed by four fundamental principles: neutrality, impartiality, humanity, and independence (UNHCR, 2025). These principles aim to ensure the safety and effectiveness of humanitarian aid by maintaining its separation from political, military, and ideological interests. However, the contemporary humanitarian landscape demonstrates a concerning shift away from these, as humanitarian efforts increasingly become entangled with political agendas and security concerns (Barnett, 2005). These actions challenge

¹ <https://www.msf.org/kunduz-hospital-attack-depth>

the traditional understanding of neutrality and impartiality, raising critical questions about the risks faced by humanitarian aid workers in conflict zones (Weissman, 2017).

In response to the growing number of attacks on medical facilities, United Nations Security Council Resolution 2286, co-drafted by MSF and the International Committee of the Red Cross (ICRC), was adopted in 2016. The resolution strongly “condemned such attacks, demanded compliance with international law, and underscored the need for accountability in cases of violations” (UN Security Council, 2016). While such resolutions articulate legal norms and commitments, they often fall short of addressing the deeper political and structural conditions that enable or even legitimize violence against humanitarian actors.

This thesis argues that the attack on MSF in Kunduz cannot be adequately understood through a legal lens alone. Rather, it must be situated within the broader context of the (de)politicization of humanitarian aid, the erosion of neutrality and impartiality, and the growing prevalence of anti-aid rhetoric in contemporary conflict settings. Politicization in this context refers to the influence of political objectives on humanitarian action, including the strategic allocation of aid to serve foreign policy interests and the manipulation of humanitarian narratives to justify military interventions (Barnett, 2005; Sellers, 2014). As a result, conflict parties and local populations increasingly perceive humanitarian actors as aligned with political interests rather than as neutral entities. This erosion of trust significantly contributes to the rise in attacks against humanitarian workers, including medical personnel (Barnett, 2011). Given these challenges, humanitarian organizations must adopt strategies to mitigate the effects of politicization.

The central research question guiding this thesis is: *How has the 2015 Kunduz hospital attack been represented and accounted for, and what role has the (de)politicization of humanitarian aid played in shaping these narratives?* To address this, the thesis applies Carol Bacchi’s “What is the Problem Represented to Be?” (WPR) approach and engages with critical discourse analysis to interrogate both institutional (e.g., UN Resolution 2286) and humanitarian (e.g., MSF’s public reporting) representations of the attack. This methodological choice enables a comparative analysis of how humanitarian violence is framed, who is positioned as responsible, and what consequences these framings have for accountability.

The core argument advanced is that prevailing legalistic discourses, while essential for setting international norms, tend to depoliticize attacks on humanitarian actors (Bagshaw & Scott, 2023). By focusing on violations of IHL in isolation, such frameworks obscure the broader political conditions and strategic rationales that make such violence possible and, at times, permissible. However, humanitarian actors like MSF strategically uses a discursive that reasserts neutrality and demands independent accountability mechanisms, offering an alternative understanding of the crisis in humanitarian protection (Visser, 2019).

By juxtaposing institutional and humanitarian discourses, this thesis aims to highlight the limitations of pre-vailing legal framings and the need to re-conceptualize protection not only as a legal obligation, but as a political condition contingent on the legitimacy and perceived neutrality of humanitarian actors. In doing so, it contributes to broader debates in International Relations, humanitarian governance, and global conflict studies, offering a critical lens through which to understand the rising violence against those who seek to alleviate suffering in war.

1.2. Research problem and aim

This thesis aims to examine how the attacks on humanitarian aid personnel have been accounted and represented and how the (de)politicization of humanitarian aid led to these attacks, specifically with the attack that MSF's Kunduz Hospital, suffered back in 2015, and influenced the diverse narratives around it.

Through a discourse-oriented political analysis, this study explores how the problem of attacks on aid personnel and medical care is framed in international policy discourse, and how this framing contrasts with the lived realities and perspectives of humanitarian aid personnel and patients in the field.

To do so, the thesis is structured in three parts. The first part of the analysis uses Bacchi's WPR methodology (2009) to analyze United Nations Security Council Resolution 2286 (2016). This policy analysis reveals how attacks on humanitarian aid personnel are represented primarily as violations of legal norms, depoliticizing the violence and obscuring the strategic and rhetorical processes that undermine humanitarian protection. MSF's own report on the 2015 Kunduz attack will then be examined using Bacchi's WPR questions, offering a contrasting discourse that

emphasizes the organization's commitment to operational neutrality, its call for an independent investigation, and its challenge to dominant narratives of accountability.

The second part of the analysis will explore the erosion of neutrality in humanitarian operations, drawing on scholarship related to the politicization of aid and anti-aid rhetoric. Building on this, the concept of depoliticization will be used to examine not only the underlying factors contributing to such attacks but also how their recognition and framing are (de)politicized by states and political actors.

Rather than viewing discourse merely as language use or as a tradition within discourse analysis, this study conceptualizes discourse as a socially constructed form of knowledge that shapes and constrains thought, writing, and discussions about specific issues or practices (Foucault, 1972). Following Bacchi and Foucault, this research acknowledges that discourses, through their perceived truth status, influence and shape practices, ultimately produce tangible effects (Bacchi, 2009). Accordingly, this thesis does not seek to establish an objective truth but instead aims to illuminate how (de)politicization processes shape the conditions under which certain knowledge claims become embedded in policy and, subsequently, in broader discourse.

1.3. Concept clarification

To ensure conceptual clarity and consistency throughout this thesis, this section will define and clarify the key terms and principles that form the foundation of the analysis.

Humanitarian Aid Personnel: Throughout this thesis, the term “humanitarian aid personnel” refers broadly to all individuals engaged in the delivery of humanitarian assistance in conflict-affected contexts. This includes, but is not limited to, medical personnel, logistics staff, water and sanitation experts, mental health professionals, and administrative or support workers who operate under humanitarian mandates. The term encompasses both national and international staff working with humanitarian organizations, including non-governmental organizations (NGOs) such as MSF, as well as UN agencies and other actors involved in lifesaving and relief activities.

This inclusive definition is essential to avoid a narrow interpretation that excludes non-medical contributors who nevertheless play a critical role in humanitarian operations and are similarly exposed to violence, insecurity, and political targeting.

International Humanitarian Law (IHL) and the Protection of Humanitarian Actors: IHL provides the legal framework governing the conduct of armed conflict². Central to IHL is the protection of civilians and those not directly participating in hostilities, including humanitarian aid personnel. Key IHL instruments such as the Geneva Conventions of 1949 and their Additional Protocols establish that humanitarian personnel must be respected and protected, and that attacks on them, their facilities, or their convoys are prohibited under international law.

In the context of this thesis, references to IHL concern both the legal obligations of warring parties to safeguard humanitarian actors and the limits of legal frameworks in addressing the increasingly politicized and strategic nature of attacks on humanitarian aid personnel. Resolution 2286 (2016), for example, reaffirms the protection of medical and humanitarian personnel under IHL, but its implementation has been widely criticized as insufficient, especially in contexts such as Afghanistan.

Humanitarian Principles: The work of humanitarian actors is guided by four core principles³, which form the ethical and operational foundation of humanitarian action:

Humanity: Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

Neutrality: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.

Impartiality: Aid must be provided solely based on need, without discrimination of any kind.

² <https://en.rodekors.dk/international/human-law>

³ https://civil-protection-humanitarian-aid.ec.europa.eu/who/humanitarian-principles_en

Independence: Humanitarian action must be autonomous from political, economic, military, or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

These principles are codified in the Code of Conduct for the International Red Cross⁴ and Red Crescent Movement and NGOs in Disaster Relief and are operationalized by organizations like MSF to maintain access, trust, and safety in conflict zones. However, as this thesis explores, these principles are increasingly challenged by the politicization of humanitarian spaces, where aid actors are perceived not as neutral but as aligned with broader geopolitical agendas (Barnett, 2005), which contributes to their vulnerability to targeted attacks.

2. Literature Review

Humanitarian aid, intended to alleviate human suffering, has increasingly become entangled in political and military agendas, a phenomenon known as the politicization of aid. This politicization has significant consequences, particularly for the security and operations of humanitarian aid personnel.

Hazel Tyssen's *Humanitarian Aid as Political Weapon: An Analysis of DG ECHO's Policy in Afghanistan* (2023) examines how the European Commission's humanitarian arm, DG ECHO, operates within Afghanistan's conflict-ridden environment. The study highlights tensions between humanitarian principles and political objectives, demonstrating how aid distribution can be leveraged as a tool of influence rather than purely for humanitarian purposes. Tyssen's analysis provides critical insights into how political agendas shape humanitarian operations and contribute to the perception of aid organizations as partisan actors, thereby increasing their vulnerability to attacks. Similarly, Baitenmann's *NGOs and the Afghan War: The Politicisation of Humanitarian Aid* (1990) highlights how the work of NGOs in Afghanistan became politicized due to the competing interests of different parties involved in the conflict. This phenomenon is further complicated by the increasing alignment of humanitarian, development, political, and military goals.

⁴ <https://www.ifrc.org/document/code-conduct-international-red-cross-and-red-crescent-movement-and-ngos-disaster-relief>

The perception of aid organizations by different actors in a conflict significantly affects their operations and security. Visser's *The Politicisation of Humanitarian Aid and Its Effects on (In)security* (2019) explores how the politicization of aid results in humanitarian actors being viewed through a political lens rather than solely as neutral providers of assistance. This perception leads to operational constraints and security threats, as exemplified by MSF's experience in Syria, where their perceived political alignment affected their access and ability to operate safely.

Beyond specific case studies, broader theoretical discussions on politicization provide insight into the risks faced by humanitarian actors. Michael Zürn's *The Politicization of World Politics and Its Effects: Eight Propositions* (2021) argues that politicization leads to increased contestation and resistance, which in the humanitarian sector can manifest as hostility and violence against aid workers. His framework helps contextualize how humanitarian aid, as part of global politics, becomes a contested space and thus a target of attacks.

Another critical aspect of this debate is the role of neutrality in humanitarian action. In *Do No Harm: The Role of Humanitarian Aid and Neutrality in Protracting Civil Wars*, Anisa Abeytia, Esther Brito Ruiz, John Sunday Ojo, and Taha Alloosh (2023) examine how aid, even when neutral, can inadvertently prolong conflicts by sustaining warring parties or legitimizing particular actors. Their analysis provides another angle on the political dimensions of aid, illustrating how neutrality itself can become contentious and increase the risks faced by humanitarian actors, including medical personnel.

One direct consequence of the politicization of aid is the increased risk of attacks on humanitarian aid personnel. As aid delivery often occurs in conflict or crisis zones, the blurring of humanitarian, development, political, and military goals can distort the perceived motivations for aid disbursement, impacting aid worker security. The rising number of attacks on aid workers—234 recorded incidents in 2023—suggests that politicization plays a role in increasing these threats. Sellers' *Harming Those Doing Good? The Role of Anti-Aid Rhetoric in Explaining Aid Worker Attacks* (2024) argues that the growing politicization of aid fuels divisions, contributing to narratives that portray humanitarian organizations as aiding groups considered “enemies.” This rhetoric, in turn, places aid workers at greater risk.

Moreover, the concept of depoliticization plays a central role in this thesis, particularly in examining how humanitarian aid personnel navigate attacks on their operations and how these attacks are framed or neglected by political authorities. To unpack this concept, several scholarly works provide both theoretical grounding and practical insight into the processes through which issues are removed from public debate, reframed as technical concerns, or obscured by dominant narratives.

Colin Hay's *Why We Hate Politics* (2007) offers a foundational understanding of depoliticization, situating it as a response to widespread political disillusionment. Hay argues (2007) that the deliberate removal of contentious issues from democratic deliberation fosters cynicism and disengagement, undermining democratic accountability. In the context of humanitarian crises, this theoretical lens allows for a critical reading of how governments and institutions may sideline debates around the targeting of humanitarian actors—portraying such attacks as isolated incidents rather than symptoms of broader political dynamics.

Complementing this, the article *Talk is Cheap* by Simon Bagshaw and Emily K. M. Scott (2004) critiques the performative nature of international responses to attacks on humanitarian aid workers. While states publicly condemn such incidents, concrete accountability measures are often absent. Their work highlights how discourse functions as a depoliticizing tool—where rhetoric replaces action, and the structural causes of such violence remain unaddressed. This aligns with Hay's notion of depoliticization as a strategic deflection of responsibility.

Flinders and Wood's *Depoliticisation, Governance and the State* (2014) further expand on the mechanisms through which governments shift responsibility to non-political or technocratic arenas. They distinguish between types of depoliticization—through delegation, denial, or discourse—and show how these can be used to manage contentious policy areas. In the humanitarian sector, such mechanisms can obscure the role of state actors in either contributing to or failing to prevent attacks on medical aid workers, reinforcing a narrative of operational neutrality that conveniently avoids deeper political scrutiny.

Pedro Arcos González and Rick Kye Gan, in their article *The Evolution of Humanitarian Aid in Disasters* (2021), trace the growing complexity of humanitarian operations and the

increasing ethical challenges posed by politicized environments. While not focused solely on depoliticization, the authors provide useful context for understanding how humanitarian principles, particularly neutrality and impartiality, are increasingly strained by political agendas. Their work supports the idea that depoliticization in humanitarian contexts can sometimes serve to uphold a fragile legitimacy for aid operations, even as it conceals power dynamics and political failures.

Finally, Fabio de Nardis' *The Concept of De-politicization and Its Consequences* (2020) provides a critical framework to understand depoliticization not only as a withdrawal of political engagement but also as an active process of exclusion. De Nardis emphasizes how depoliticization can lead to the erosion of democratic accountability and hinder critical discourse. Applied to the humanitarian context, this perspective highlights how the lack of political recognition or debate around attacks on aid workers can serve to normalize violence and prevent meaningful responses.

Together, these texts provide a comprehensive understanding of the (de)politicization of humanitarian aid and its ramifications for humanitarian aid personnel security. They highlight the blurring of lines between humanitarianism and politics, the role of rhetoric in shaping the perception on aid, and the broader theoretical debates on neutrality and politicization, all of which are central to this thesis.

3. Theory

To better understand the mechanisms of (de)politicization of humanitarian aid and its impact on medical care in the field, the concepts of politicization, anti-aid rhetoric and depoliticization will be elaborated on, both conceptually and analytically. First, politicization is examined conceptually, which will provide indicators when conducting my analysis. Second, an analytical framework on anti-aid rhetoric will be described and discussed in relation to attacks on humanitarian aid personnel as a consequence. Lastly, how depoliticization fails on the recognition and further investigation of the attacks on the humanitarian aid personnel.

3.1. Politicization of humanitarian aid

Tyssen (2023) defines politicization as “an increase in the polarization of views, interests, or values, and the extent to which these are openly expressed in the formulation” (p. 2), particularly within decision-making bodies such as the UN Security Council. Within the humanitarian sector, the concept extends beyond institutional politics to encompass the violation of *humanitarian space* by various national and international (f)actors, thereby jeopardizing the effective delivery of humanitarian aid (Tyssen, 2023, p. 2).

Humanitarian space (Tyssen, 2023) is both a physical and conceptual domain, it refers to the areas where humanitarian actors can operate safely, as well as the principles that underpin humanitarian action, namely neutrality, impartiality, independence, and humanity. Politicization is therefore framed as a detrimental force that undermines this space by drawing humanitarian actors into broader political, security, and strategic interests. This perspective aligns with the classical humanitarianism paradigm, which asserts that humanitarian aid should remain strictly separate from political agendas, with humanitarian principles serving as the key mechanism for maintaining this separation.

However, Barnett (2005) challenges the dichotomy between humanitarianism and politics, tracing how humanitarianism has evolved from a strictly needs-based approach to one that is increasingly entangled with political, economic, and security concerns. He argues that humanitarian organizations, whether intentionally or not, have become political actors due to their engagement with state and non-state actors, funding dependencies, and operational constraints. This shift, according to Barnett, is essential in understanding why medical humanitarian actors, such as MSF, are increasingly targeted in conflicts. When perceived as aligned with political agendas, whether due to funding sources, partnerships, or access negotiations, humanitarian organizations risk being seen as legitimate targets rather than neutral entities.

Visser (2019) further elaborates on this challenge, arguing that true neutrality and independence are nearly impossible to achieve for humanitarian organizations in conflict settings. As Weiss (1999) explains, even the mere act of entering a conflict zone requires negotiations and consent from warring parties, making aid organizations susceptible to

perceptions of bias. If an organization operates within government-controlled areas, it may be seen as complicit with the state; conversely, if it delivers aid in opposition-held areas, it may be accused of supporting insurgent groups (Visser, 2019). This double-bind dynamic illustrates how humanitarian organizations are caught between maintaining their principles and ensuring access to populations in need.

Building on Barnett's argument, Weiss (2014) emphasizes that the agendas of humanitarian agencies themselves have shifted, moving beyond short-term emergency relief to incorporate development goals, human rights promotion, and post-conflict reconstruction. This transformation—from “classical humanitarianism” to “new humanitarianism”—makes it even more difficult to uphold traditional principles of neutrality and impartiality. While MSF resists these broader development-oriented shifts and focuses strictly on emergency medical relief, the changing nature of conflict itself has nonetheless contributed to the politicization of humanitarian aid.

3.2. Anti-aid rhetoric

The perception that humanitarian action has become politicized creates a fertile ground for the proliferation of anti-aid rhetoric, which in turn fuels suspicion and hostility toward humanitarian organizations and their personnel (Sellers, 2024). When humanitarian actors are seen as aligned with political, military, or ideological agendas, conflict parties, local communities, and even state authorities may distrust their motives, undermining both the legitimacy and the effectiveness of aid efforts.

Anti-aid rhetoric often manifests through accusations that humanitarian organizations are biased in their distribution of aid, ineffective in addressing the root causes of suffering, or even acting as agents of foreign intervention (de Waal, 2015). As Slim (2019) notes, such rhetoric is not always baseless but can stem from historical grievances or donor-driven aid practices that inadvertently reinforce political divisions. Humanitarian organizations operating in conflict zones often depend on state permissions, donor funding, and logistical support from political actors, making them vulnerable to perceptions of partiality. In some cases, these perceptions are actively weaponized by governments or armed groups to justify restricting access, expelling organizations, or even targeting aid workers (Meininghaus, 2016).

In fragile political contexts, negative narratives about humanitarian organizations can contribute to public skepticism, leading to reduced cooperation between aid agencies and local communities, lower acceptance levels, and increased security risks for aid workers (Hoffman & Weiss, 2018). For instance, in recent years, humanitarian organizations in conflict zones such as Syria, Afghanistan, and Sudan have been accused of serving foreign intelligence interests, leading to violent reprisals and access restrictions (Fast, 2014).

This erosion of perceived neutrality has direct operational consequences. As Slim (2022) argues, once humanitarian organizations are seen as partisan actors rather than neutral intermediaries, they lose their ability to negotiate safe access to affected populations. Meininghaus (2016) highlights how even organizations that adhere strictly to humanitarian principles can find their actions interpreted through a political lens, making it nearly impossible to counter these negative narratives effectively. This is particularly problematic for medical humanitarian actors such as Médecins Sans Frontières (MSF), whose mission is centered on impartial emergency care. Despite its commitment to neutrality, MSF has frequently been accused of bias or political interference, leading to expulsions, attacks on facilities, and the targeting of medical staff (Terry, 2011).

Ultimately, the cycle of politicization leading to anti-aid rhetoric and increased insecurity poses an existential threat to the humanitarian sector. As humanitarian aid personnel face growing physical and legal threats, organizations must navigate an increasingly hostile operating environment, where their ability to deliver assistance is constrained by both external political pressures and internal credibility challenges (Donini, 2012). Addressing this issue requires not only reaffirming humanitarian principles but also engaging in strategic communication efforts to counter misinformation, build local trust, and reinforce the legitimacy of humanitarian action in contested environments (Fast, 2014).

3.2. Depoliticization

In *Why We Hate Politics* (2007), Colin Hay conceptualizes depoliticization not as the absence of politics but rather as a *distinct mode of political governance*. It is a strategic process in which authoritative decision-making is relocated or reframed away from traditional, visible, and accountable political arenas, such as parliaments, public debates, or electoral processes, to

spaces that are deliberately positioned as non-political. These include sites of legal, technical, or economic authority. Importantly, this relocation is itself a deeply political act: a conscious attempt by political actors to manage or contain contestation by shifting the site and framing of conflict (Hay, 2007). Rather than eliminating politics, depoliticization transforms and obscures it, reconfiguring where and how power is exercised and contested.

Hay (2007) identifies several mechanisms of depoliticization, each contributing to the insulation of policy decisions from democratic engagement. One common strategy is the delegation of authority to technocratic or non-majoritarian institutions, such as central banks or regulatory agencies, whose decisions are framed as neutral, objective, and technically driven. Another form, especially relevant to this thesis, is *legalization*, the framing of complex political issues as questions of compliance with established laws, rules, or procedures. This mechanism positions political decisions as administrative necessities, thereby distancing them from ideological contestation or public scrutiny.

Moreover, based on Hay's work (2007), Flinders & Wood (2017), proposed a 'sub-concept' inside depoliticization, which is called *discursive depoliticization*, to "highlight aspects of it involved in linguistic or rhetorical denial of politics" (Flinders & Wood, 2017, p. 603). When state actors declare that certain policies are beyond their control and thus not subject to any meaningful political discourse, the inherently political nature of those policies is not automatically negated (Flinders & Wood, 2017).

Hay argues (2007) that while depoliticization may be intended to stabilize governance or avoid blame, it often produces paradoxical effects. Accountability becomes obscured, as decisions appear to stem from impersonal rules or technical expertise rather than political agency. Furthermore, political conflict is not resolved but merely displaced, sometimes re-emerging in more disruptive or informal forms. Despite the rhetorical neutrality of technocratic or legalistic framings, depoliticization can entrench existing power dynamics and reinforce dominant agendas by shielding them from democratic challenge. In this sense, depoliticization is not anti-political but a politics that denies itself (Hay, 2007, p. 84), operating in ways that obscure power and limit the visibility of political choice.

Applying Hay, Wood and Flinder's framework (2007; 2006; 2017) to the politics of humanitarian protection, particularly in the context of UN Security Council Resolution 2286, reveals how depoliticization through legalization operates in practice. As shown in the Bacchi's WPR further analysis, Resolution 2286 predominantly frames the issue of attacks on humanitarian and medical personnel as a violation of IHL. While this framing is crucial for reinforcing normative commitments and establishing legal accountability, it also functions as a depoliticizing move. By representing such attacks primarily as legal aberrations, failures to comply with established rules, it marginalizes the underlying political dynamics that drive such violence in the first place.

In the context of this thesis, Hay's concept of depoliticization (2007) is particularly useful for critically interrogating how the problem of attacks on humanitarian aid is framed and governed through legal instruments like Resolution 2286. By illuminating how political choices are disguised as technical or legal necessities, the concept enables a deeper exploration of how discursive and institutional strategies depoliticize humanitarian violence, often sidelining the broader political, strategic, and ideological drivers behind such attacks. This theoretical lens helps unpack not only what is rendered visible and actionable in dominant legal framings, but also what is rendered invisible or beyond debate, such as questions of militarization, power asymmetries, or the instrumentalization of humanitarian space. It allows for a more nuanced analysis of how humanitarian actors are positioned, how accountability is structured, and how power operates within international responses. In doing so, it contributes to a broader understanding of how depoliticized governance frameworks may undermine the very political engagement needed to protect humanitarian space. This insight is vital for rethinking how international legal and policy tools can more effectively respond to, and not abstract away from, the political realities they seek to regulate.

Hay's conceptualization of depoliticization (2007) thus provides a powerful analytical lens for understanding not only how humanitarian protection is framed in global governance but also what political work that framing performs. By focusing on legal compliance, Resolution 2286 may inadvertently obscure the political roots of violence, presenting a technocratic solution to a deeply political problem. This has significant implications: it may weaken efforts to safeguard humanitarian space by failing to confront the strategic motives behind attacks.

4. Methodology

This section will explore the research design and the chosen methodological approaches to answer the research question: *“How has the 2015 Kunduz hospital attack been represented and accounted for, and what role has the (de)politicization of humanitarian aid played in shaping these narratives?”*.

4.1. My position in the field

Drawing on Haraway's (1988) argument, this research acknowledges that the researcher is never a neutral observer but rather situated within a complex web of disciplinary knowledge, professional experiences, and personal engagements that inevitably shape the research process and its outcomes. To claim an objective, unsituated perspective is, as Haraway compellingly argues, to enact a "god trick" (p. 581), obscuring the partial and specific nature of all knowledge production. Instead, embracing a feminist epistemology of location, positioning, and situating allows for a more transparent and responsible approach to knowledge claims, recognizing that partiality is the very condition for rational understanding (Haraway, 1988, p. 589).

Therefore, this section explicitly addresses my positionality within the academic field and my professional background, particularly in relation to the case study of the 2015 attack on MSF in Afghanistan. My engagement with this topic is not purely academic; it is deeply informed by my ongoing internship with MSF in Denmark and my active participation in a summer campaign focused on raising awareness about attacks on humanitarian personnel and advocating for the renewed importance of UN Security Council Resolution 2286. This direct involvement has provided me with a nuanced understanding of the contemporary challenges faced by humanitarian actors and the urgency of protecting them.

My professional trajectory within the humanitarian sector began in early 2024, encompassing experiences with both Dignity (Dansk Institut Mod Tortur) and, crucially for this research, MSF. While both organizations operate at the intersection of policy and field action, my direct affiliation with MSF provides a particularly salient lens through which to analyze the attack in Afghanistan. This proximity has fostered a familiarity with the organizational culture, operational principles, and the profound impact such events have on the individuals and the broader humanitarian community.

Furthermore, my involvement in the current campaign has offered invaluable insights into the ongoing political dynamics surrounding the protection of humanitarian actors. This includes an understanding of the advocacy efforts directed towards UN bodies, Member States and other stakeholders, the prevalent discourses surrounding attacks on aid workers, and the persistent challenges in ensuring accountability and adherence to international humanitarian law. This experiential knowledge inevitably shapes my interpretation of policy documents related to the 2015 attack and my analysis of the politicization processes surrounding humanitarian action.

Academically, this research is situated within the field of International Relations, with a specialization in Global Refugee Studies. This disciplinary grounding provides a theoretical framework for understanding issues of power, conflict, governance, and the dynamics of transnational political relations. My interest in this specific case study is thus also driven by its relevance to broader debates within the field concerning the security of humanitarian operations, the responsibilities of state and non-state actors in conflict, and the effectiveness of international legal frameworks. The analytical framework and methodological choices employed in this thesis are consequently informed by key concepts and debates within International Relations.

In conclusion, this research emerges from the confluence of my academic training and my evolving professional experiences within the humanitarian field. Following Haraway's (1988) perspective, I recognize that this situated knowledge inevitably shapes the questions I ask, the data I prioritize, and the interpretations I offer. By explicitly acknowledging my positionality, I aim to conduct a reflexive and responsible analysis that contributes meaningfully to both academic understanding and the ongoing efforts to protect humanitarian action in conflict contexts.

4.2. Research Philosophy and Positionality

This study is grounded in a poststructuralist research philosophy, which views knowledge as socially constructed and shaped by discourse, power, and historical context (Foucault, 1972). Rather than treating policy as a neutral response to pre-existing problems, this approach understands policy as actively producing the very problems it claims to address. Drawing on Carol Bacchi's WPR approach and Critical Discourse Analysis (CDA), the thesis interrogates how representations of humanitarian violence are constructed and sustained through discourse.

4.3. What is the problem represented to be?

This thesis employs Carol Bacchi's WPR approach (2009), a methodology rooted in critical discourse analysis, to investigate the discursive construction and representation of attacks on humanitarian aid personnel and the (de)politicization of aid. This framework is particularly crucial for analyzing policy documents like UN Security Council Resolution 2286 and MSF's report on Kunduz Hospital attack, as it allows for a deep examination of how the "problem" of attacks on aid workers is framed and what assumptions underpin the proposed solutions and commitments. As Riemann (2023) explains, "policies are therefore not analysed from a problem-solving perspective, but from a problem-questioning perspective" (p. 1). By using WPR methodology, the 'problem' itself becomes the focus of the analysis and allows to "uncover the political, epistemological and historical contexts which are constitutive of the problem representation" (Riemann, 2023).

To do so, the analysis will follow Bacchi's WPR six guiding questions, where the "represented problem" goes through a strict, rigorous and comprehensive analytical process:

The WPR Chart:

1. What's the 'problem' represented to be in a specific policy or policy proposal?
2. What presuppositions or assumptions underpin this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences?
Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?

The core of the WPR approach will be central to the analysis of Resolution 2286. Rather than taking the resolution's articulation of the problem at face value, this research will critically examine how the document itself constructs the issue of attacks on humanitarian actors, how the

problem is trying to be answered, and what the resolution is lacking from the perspective of humanitarian aid and politics. This involves scrutinizing the language used to describe these attacks, the identification of responsible parties (implicitly or explicitly), the underlying assumptions about the causes and consequences of such violence, and the proposed mechanisms for prevention and accountability. This policy analysis method, grounded in poststructuralism, feminism, and social constructionism (Riemann, 2023, p. 152), offers a framework to identify gaps and silences in policy debates.

Understanding these representational choices is crucial, as Bacchi's model helps us examine how issues are problematized and understand the power relations in discursive framing.

The six presented questions are interrelated and are strategically ordered to follow the naturalization of the problem and allowing a critical 'intervention':

- Question 1 requires the researcher to identify and evaluate the proposed policy, as well as to re-examine the implicit problem addressed by this proposal. This step is crucial of the method, as Bacchi says (2009): "what one proposes to do about something reveals what one thinks is problematic". (p. 21)
- Question 2 is encouraged by a Foucauldian approach that is aimed to identifying diverse cultural precursors to social phenomena (Riemann, 2023, p. 156). Q2 identifies political strategies and rationalities. It also clarifies conceptual logics, showing the coherence of specific problems.
- Question 3 is aimed to expose the historical background of the problem representation by focusing on the different practices and processes that led to its outcome. At the same time, it highlights political and cultural conditions that influenced the problem representation.
- Question 4 highlights the embedded silences in the problem representation and what actually has been marginalized or excluded. Bacchi's idea is to also use this question to engage with how the problem can be thought about differently. (Bacchi, 2009, 48).
- In question 5, the aim relevant for this topic, is to allow the analysis of the discursive effects and how the representation limits what can be said about an issue (Bacchi, 2009).

- Lastly, question 6 helps to expose “what factors contributed to the production of the problem” (Riemann, 2023, p. 157), and provides an opportunity to examine how the problem representation has gained widespread acceptance.

The WPR approach will illustrate if the Resolution 2286 addresses the politicization of humanitarian aid, either directly or indirectly. The analysis will consider how the resolution frames the principle of neutrality and independence in the context of armed conflict and whether it acknowledges or downplays the political factors that can contribute to attacks on aid workers. By looking at the language concerning state responsibility, the protection of humanitarian space, and the condemnation of attacks, the WPR lens can reveal the underlying assumptions about the relationship between political agendas and humanitarian action as constructed within this key policy document. By employing Bacchi's WPR approach to analyze UN Security Council Resolution 2286, this research aims to provide a critical understanding of how this significant policy instrument frames the problem of attacks on humanitarian personnel, including in the context of events like the 2015 MSF attack.

Additionally, further analysis of MSF's internal report on the Kunduz Hospital Attack through WPR can help us understand how the organization affected by the attack represents the issue and the claims made regarding it. Moreover, it will enable a closer examination of how MSF frames the attack as a violation of IHL, while positioning itself as a neutral and compliant actor. By deconstructing this representation, WPR reveals the normative assumptions rooted in MSF's narrative, such as the belief in the protective power of IHL, the universal applicability of neutrality, and the legitimacy of institutional accountability mechanisms. This is particularly relevant for understanding how humanitarian actors like MSF navigate through spaces where their neutrality is increasingly contested.

The method thus facilitates not only a surface-level analysis of MSF's claims but a critical unpacking of how those claims operate within existing structures of power and perception in conflict settings. This approach is especially valuable for illuminating the complex interplay between a legal discourse, humanitarian principles, and political realities in the context of modern warfare.

4.4. Critical Discourse Analysis

The analysis of this research will be also conducted through the lens of Critical Discourse Analysis (CDA), a methodological approach that delves into the intricate relationship between discourse and power dynamics within society. CDA goes beyond simply describing language use; it critically examines how language constructs, maintains, and challenges social inequalities and power relations (Fairclough, 1995; van Dijk, 2001). This framework was presented by Michel Foucault (1972), who posits that discourse is not a neutral medium for reflecting pre-existing realities but rather actively shapes and produces them. According to Foucault (1972), discourses establish frameworks of knowledge, define what can be said and thought, and ultimately influence how we understand the world and our place within it.

In the context of this research on the 2015 attack on MSF in Afghanistan and the (de)politicization of humanitarian aid, CDA provides a valuable toolkit for unpacking the power-laden ways in which this event and the broader issue are represented. By analyzing the language used in policy documents, reports, organizational statements, and potentially other relevant texts, CDA allows for a critical examination of how different actors discursively construct the attack, assign blame, frame the motivations of those involved, and articulate the implications for humanitarian principles and practice. This approach will enable the research to move beyond a surface-level understanding of the narratives surrounding the event and to uncover the underlying ideologies and power struggles at play.

CDA's focus on discourse's social and political context shows that the MSF attack was not isolated. The way it was discursively framed was likely influenced by pre-existing power dynamics, geopolitical interests, and competing narratives about the role of humanitarian organizations in conflict zones. By employing CDA, this research aims to illuminate how these broader power relations shaped the discourse surrounding the attack and contributed to the potential politicization of humanitarian action. This critical examination will contribute to a more nuanced understanding of the challenges faced by humanitarian actors and the importance of critically analyzing the discourses that shape our perceptions of such events.

4.5. Data Collection

Data for this study will be gathered from a range of primary and secondary sources, including: (i) reports and public statements from humanitarian organizations from MSF, the United Nations, and international NGOs that discuss attacks on humanitarian workers, the politicization of aid, and the challenges of operating in conflict zones. (ii) Political Statements such as public speeches, interviews, and policy documents from governments and warring parties involved in conflicts where humanitarian workers are targeted. These sources will provide insight into how state actors and armed groups represent humanitarian organizations and the delivery of aid. (iii) and countries as case study where MSF have suffered different attacks on its medical personnel and facilities, and how these events were represented in official statements, media and political discourse. for instance, in the UN Security Council.

5. Limitations

While Bacchi's methodology offers valuable insights into how problems are represented, it has certain limitations. The analysis will focus on available discourses, which means that it may not capture the local or secondary perspectives of individuals directly affected by attacks on humanitarian workers. Additionally, discourse analysis does not establish direct causal links between representations and real-world outcomes. Instead, it offers insights into how these representations shape the perception of humanitarian action and its risks (Bacchi, 2009).

Moreover, this thesis will be conducted as a desk-based study, relying on the in-depth analysis of secondary data sources. This approach, as noted by Tranfield et al. (2018), allows for a comprehensive and systematic review of existing literature, including academic articles, organizational reports, policy documents, and potentially media archives. The strength of a desk study lies in its capacity to synthesize diverse perspectives, identify predominant trends, and conduct rigorous textual analysis without the logistical complexities and time constraints associated with primary data collection (Bryman, 2016).

However, it is crucial to acknowledge the inherent limitations of relying solely on secondary data. As pointed out by Hockly and Dudeney (2007), desk-based research may lack the rich contextual understanding and nuanced insights that firsthand observation and direct

engagement with research subjects can provide. The interpretation of secondary sources is inevitably mediated through the lenses and biases of the original authors and the reporting organizations.

As Denscombe (2010) concerns, researchers must be critically aware of the potential for selective reporting, framing effects, and the inherent power dynamics that shape the creation and dissemination of information. Therefore, this study will strive for methodological rigor by cross-referencing information from multiple sources and critically evaluating the perspectives and potential biases embedded within each text. Following the principles outlined by Flick (2018), meticulous attention will be paid to the proper citation of all sources, ensuring transparency and upholding intellectual property rights.

Furthermore, the analysis will adhere to principles of impartiality and sensitivity, particularly when engaging with materials that recount the experiences of individuals affected by the 2015 attack on MSF and the broader issue of violence against humanitarian personnel. The aim is to represent these experiences with respect and avoid perpetuating harmful stereotypes or causing further distress. This commitment to ethical engagement with secondary data underscores the responsibility of the researcher to treat all sources and the human experiences they represent with due care and scholarly integrity (Punch, 2016).

By acknowledging both the strengths and limitations of a desk-based approach, and by adhering to rigorous ethical standards in the analysis of secondary data, this thesis aims to provide a valuable and insightful contribution to the understanding of the discursive construction of attacks on humanitarian aid workers and the politicization of humanitarian action.

6. Ethical considerations

The research will adhere to ethical standards by ensuring that all data used is publicly available and properly referenced. Given the sensitive nature of the topic, special care will be taken to handle the representations of violence and suffering with respect. Additionally, the study will engage critically with these representations, highlighting how they shape power dynamics and affect the safety of humanitarian aid personnel.

7. Background information on MSF's attack in Kunduz, Afghanistan

On the early morning of October 3, 2015, the MSF trauma hospital in Kunduz, Afghanistan, was attacked by a U.S. AC-130 gunship in a sustained aerial operation that lasted approximately one hour. The incident resulted in the deaths of at least 40 people, including 13 MSF staff members, 10 patients, and 7 bodies that were burnt beyond recognition. The facility—formally known as the Kunduz Trauma Centre (KTC)—was the only free, high-capacity surgical hospital in northeastern Afghanistan. The attack not only destroyed a critical healthcare facility at a time of active conflict but also posed serious questions about the integrity of humanitarian protection under IHL.

MSF's internal report⁵, publicly released on November 5, 2015, offers a detailed chronology and organizational perspective on the events before, during, and after the attack. The report is both a testimony of operational facts and a powerful discursive intervention that frames the incident not merely as a tragic error, but as a *violation of medical neutrality* and a breakdown of normative commitments that underpin humanitarian action in conflict zones.

7.1. Background to MSF's Presence in Kunduz (2011–2015)

MSF began operating in Kunduz in 2011 with the establishment of the Kunduz Trauma Centre (KTC). By 2015, the hospital had expanded from 92 to 140 beds to accommodate growing needs amid escalating violence. As the only specialized trauma facility in the region, the KTC provided emergency and surgical care for both unintentional injuries (e.g., car crashes) and violent trauma (e.g., gunshots, explosions). From 2011 to mid-2015, the KTC performed over 15,000 surgeries and treated more than 68,000 emergency patients.

Crucially, MSF operated based on strict neutrality and impartiality, treating patients solely based on medical need. As MSF expressed in their internal report (2015) “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”. MSF had also stated back in 2004⁶, that they established clear agreements with all parties to the

⁵ <https://www.msf.org/afghanistan-msf-releases-internal-review-kunduz-hospital-attack>

⁶ <https://www.msf.org/msf-pulls-out-afghanistan>

conflict, including the Afghan government, Taliban forces, and international military actors. These agreements recognized the hospital's protected status under IHL and enforced a stringent "no-weapons" policy within the compound, which it was clearly present with different signs in the entrance of the hospital.

7.2. The week before the attack

Fighting between Taliban and Afghan government forces intensified in Kunduz beginning on September 28, 2015, prompting MSF to activate a mass casualty protocol. Over the next five days, the hospital was overwhelmed. On September 29, MSF issued a press release stating, "We have quickly increased the number of beds from 92 to 110 to cope with the unprecedented level of admissions, but people keep arriving⁷".

As the Taliban took control of areas surrounding the hospital, the profile of incoming patients shifted. While most wounded combatants admitted since the hospital's opening had belonged to government forces, "this shifted to primarily wounded Taliban combatants" during the week prior to the airstrike. Despite this, MSF maintained its commitment to impartiality. Staff were instructed to help patients remove identifiable military clothing, and MSF reiterated to all parties that medical treatment was non-discriminatory and protected under IHL.

On September 29, due to increased hostilities, MSF re-sent the hospital's exact GPS coordinates to the U.S. Department of Defense, the Afghan Ministry of Interior and Defense, and U.S. military officials in Kabul. Confirmations of receipt were obtained, and a UN intermediary further relayed them to Operation Resolute Support.

On October 1, MSF received a query from a U.S. government official asking if the hospital contained "a large number of Taliban 'holed up'" and whether MSF staff were safe. MSF responded that wounded Taliban combatants were indeed present, as were some wounded government soldiers, but emphasized that the hospital was functioning strictly as a medical facility. The organization explicitly reminded both parties that "we were very clear with both

⁷ <https://www.msf.hk/en/latest/news-and-stories/news/afghanistan-msf-hospital-overwhelmed-wounded-after-heavy-fighting-kunduz>

sides to the conflict about the need to respect medical structures as a condition to our ability to continue working”.

7.3. The Night of the Attack

On the night of October 2, the situation within the hospital compound was calm. Staff reported that there were no gunshots, aircraft sounds, or combat activity in or near the facility. “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”.

At the time of the attack, the hospital was treating 105 patients and operating at full capacity. There were 140 national staff, nine international MSF staff, and an ICRC delegate present. Medical teams were catching up on surgeries due to the prior days of intense conflict. Suddenly, between 2:08 a.m. and 3:13 a.m., the main hospital building came under sustained aerial bombardment by a U.S. AC-130 gunship. According to the report, “Patients burned in their beds, medical staff were decapitated and lost limbs, and others were shot by the circling AC-130 gunship while fleeing the burning building”.

MSF made multiple calls and SMS messages to military and humanitarian actors, including Resolute Support, the U.S. Department of Defense, and UN civil-military liaisons, pleading for the attack to stop. Despite these attempts, the airstrikes continued for nearly an hour. “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”—a detail MSF highlighted to refute claims that the strike was a mistake or misidentification.

7.4 Aftermath and Operational Collapse

Following the airstrike, surviving MSF staff improvised emergency surgeries using office desks and kitchen tables. The administrative building was converted into a triage area. Staff described the scene as “chaotic,” with “wounded arriving at the administrative building with people in shock, vomiting and screaming”. Two MSF staff members died during surgery in these makeshift conditions.

In the hours following the attack, Afghan Special Forces entered the compound. MSF reported that these forces began searching for Taliban patients, even in ambulances. The security situation deteriorated rapidly, forcing staff to seek shelter in basements until eventual evacuation.

The Kunduz Trauma Centre was permanently closed after the strike, leaving a significant gap in trauma care for the region. MSF declared: “The attack on our hospital in Kunduz destroyed our ability to treat patients at a time when we were needed the most. We need a clear commitment that the act of providing medical care will never make us a target”.

7.5. MSF’s Discursive Framing and Demands

MSF’s narrative is clear: the hospital was fully operational, its neutral status had been confirmed with all parties, no armed combatants were present, and the organization had repeatedly communicated its location. As the report emphasizes, “There were no armed combatants within the hospital compound and there was no fighting from or in the direct vicinity of the trauma center before the airstrikes”.

The report positions MSF not only as a witness but as a moral authority calling for accountability. It explicitly rejects internal military investigations, instead calling for an independent international investigation through the International Humanitarian Fact-Finding Commission (IHFFC). Dr. Joanne Liu, MSF’s International President, declared on the 5th of November 2015 that: “We (*MSF*) need to know whether the rules of war still apply”.

MSF’s discourse thereby frames the Kunduz airstrike as emblematic of a broader crisis in humanitarian protection—one in which the *politicization of conflict and the erosion of neutral space* render legal protections insufficient. The question posed by the organization— “whether our hospital lost its protected status in the eyes of the military forces engaged in this attack, and if so, why”—underscores the urgency of re-examining how humanitarian action is represented and perceived in militarized environments.

8. Analysis

This section aims to address the central research question: *How has the 2015 Kunduz hospital attack been represented and accounted for, and what role has the (de)politicization of*

humanitarian aid played in shaping these narratives? This chapter dwells on the analysis of the Resolution 2286 and MSF's report on the Kunduz Attack in 2015, not to only understand how the attacks on the humanitarian aid personnel are accounted but also the voices from the organization victim of the attack.

To ensure that the theoretical framework informs the analysis in a structured and analytically rigorous manner, each theoretical lens mentioned in section 3 is operationalized through specific concepts. For example, the politicization of humanitarian aid will be utilized to examine the causes of these attacks and how anti-aid rhetoric exacerbates them. Additionally, this theory will facilitate a discussion on the erosion of humanitarian space as well as one of the core principles of humanitarian aid, neutrality.

Finally, depoliticization is analyzed to understand why governments, Member States, and governmental organizations frame these strategies as responses to attacks and justify calls for accountability, despite frequently lacking subsequent actions. This analysis also considers how such strategies are represented by states, governments, and United Nations bodies, including the Security Council.

These theoretical and conceptual dimensions are translated into four key themes that structure the analysis: (1) WPR: Resolution 2286 and MSF report; (2) Politicization of aid: Why humanitarian aid is attacked?; (3) The Breakdown of Neutrality and, (4) More than just International Humanitarian Law: Depoliticization of humanitarian aid.

The juxtaposition of politicization and depoliticization provides a deeper understanding on how the first one acts as a "why" of the problem, while the second one is the representation of the consequences of it.

8.1. What is the Problem Represented to Be in the Resolution 2286 and MSF report?

8.1.1. Background of the Resolution 2286

Resolution 2286, adopted unanimously by the UN Security Council in May 2016, emerged as a direct response to a growing global concern over the alarming increase in attacks

against healthcare facilities and personnel in conflict zones. The preceding incident in MSF Kunduz's hospital, in Afghanistan, in October 2015, served as a stark reminder of the vulnerability of medical missions and the potential for grave violations of IHL. The drafting of Resolution 2286 was thus driven by an urgent need to reaffirm the protected status of healthcare in conflict and to strengthen the legal and normative frameworks designed to ensure this protection.

When presented to the Security Council, the primary stated purpose of Resolution 2286 was to unequivocally condemn deliberate attacks against medical facilities and humanitarian aid personnel, as well as against other protected persons and objects in armed conflict. It aimed to reiterate the obligations of all parties to armed conflict to respect and protect medical care, including hospitals, clinics, and transport, as well as humanitarian personnel exclusively engaged in medical duties. The resolution explicitly called upon states to comply fully with their obligations under international humanitarian law and to ensure accountability for those responsible for violations. Furthermore, it urged member states to take concrete measures to prevent such attacks and to ensure the safety and security of healthcare workers operating in dangerous environments.

From the perspective of the WPR framework, the Resolution 2286 primarily frames the problem of attacks on healthcare facilities as one of violations of IHL. The resolution's strong condemnation of deliberate attacks, such as the airstrike on the MSF hospital in Kunduz, and its emphasis on states upholding their legal obligations, positions the issue as a legal problem requiring greater adherence to existing legal frameworks and the establishment of accountability mechanisms for states and individuals who fail to do so. This framing suggests that the solution lies primarily in strengthening the enforcement of IHL and ensuring that perpetrators are held responsible for their actions

As preliminary synthesis reveals the following dominant representations of the problem:

- **Primarily a Legal Obligation Deficit:** The resolution's strong condemnation of "acts of violence, attacks and threats against the wounded and sick and medical personnel, and hospitals" immediately frames the issue as a violation of established legal norms. By

demanding that all parties to conflict "comply fully with their obligations under International Law, including the Geneva Conventions," the resolution represents the core problem as a failure by combatants to adhere to existing legal frameworks designed to protect medical care in armed conflict.

- **Emphasis on Ensuring Protection and Accountability:** Resolution 2286 unequivocally reaffirms those medical personnel and facilities "must not be attacked" and explicitly calls for the provision of safe passage for medical assistance. Furthermore, its strong emphasis on ending "impunity" and its urging of investigations and enforcement mechanisms depict the problem as one of unchecked violence against legally protected targets, where a lack of accountability perpetuates further violations.
- **Humanitarian Principles Acknowledged but Depoliticized in Framing:** While the resolution explicitly reaffirms the fundamental humanitarian principles of neutrality, impartiality, and independence, asserting that medical missions must be "free from attack," its treatment of these principles remains largely at the level of abstract legal norms. The analysis reveals a lack of engagement with the underlying strategic or ideological rationales that might lead actors in conflict to disregard these principles or to perceive medical facilities as legitimate targets. In the terms of Bacchi's framework, the problem is predominantly represented as a failure of legal compliance, rather than as a manifestation of deeper political framings that may justify or rationalize attacks on aid. As one analysis astutely observes regarding Resolution 2286's calls for accountability, while they "strike at the heart of state conduct in war," the resolution notably omits any substantive analysis of the political contexts and strategic considerations that might motivate parties to attack hospitals. Consequently, the "problem" as represented in Resolution 2286 is largely defined as the act of attacking healthcare itself, with limited exploration of the politicized environment that enables or instigates such acts.

8.1.2. The first question: What is The Problem Represented to Be in the Resolution 2286?

The way a problem is represented significantly shapes the policy responses and solutions that follow (Bacchi, 2009). In the Resolution 2286, the problem representation provided by the international community has profound implications for the actions that are pursued, especially in the realm of humanitarian protection.

However, this framing has significant implications for the effectiveness of Resolution 2286. By focusing primarily on legal compliance, the resolution overlooks the underlying political motivations that drive these violations. States that perpetrate such attacks often do so within a broader geopolitical context, where the strategic interests of the state take precedence over humanitarian concerns (Bagshaw & Scott, 2023). For example, in the case of the Kunduz airstrike, the US military's operational objectives in Afghanistan, including targeting insurgent groups, were prioritized over the protection of civilians and healthcare infrastructure. As MSF pointed out in its response to the attack (2015), "the militarization of humanitarian aid and the political context in which it operates often result in the compromise of humanitarian principles such as neutrality and independence."

By framing the problem in terms of a failure to adhere to legal norms, Resolution 2286 fails to address the broader political dynamics that allow these violations to persist. For instance, the resolution does not critique the selective enforcement of IHL, where powerful states, like the United States, are less likely to face consequences for violating international law compared to weaker states or non-state actors (Sassóli & Shany, 2011). This represents a significant gap in the resolution's effectiveness, as it ignores the geopolitical and strategic interests that often drive the use of force in conflict zones, undermining the potential for meaningful accountability.

In Resolution 2286, the "problem" is primarily represented as a violation of IHL through attacks on medical facilities, personnel and the wounded and sick during armed conflict:

"Recalling further the specific obligations under international humanitarian law to respect and protect, in situations of armed conflict, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities, which must not be attacked, and to ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required" (United Nations Security Council, 2016, parra. 8).

What mostly the resolution tries to underscore is the need for all parties to armed conflict to comply with their obligations under IHL, particularly the protection of medical services. The

problem, therefore, is described as not the political or structural conditions that give rise to such attacks, but rather the failure of parties to adhere to existing legal norms. Thus, compliance and accountability are presented as the main “solutions”: “*Strongly urges* States to conduct, in an independent manner, full, prompt, impartial and effective investigations within their jurisdiction of violations of international humanitarian law related to the protection of the wounded and sick, medical personnel and humanitarian personnel” (United Nations Security Council, parra. 24).

This representation constructs the issue lies only within a legal discourse, reaffirming existing legal protections and enhancing enforcement mechanisms. It thus frames violence against humanitarian aid personnel as ‘exceptional’ acts, rather than outcomes influenced by broader political or military strategies.

8.1.3. The second question: What assumptions underlie this representation of the problem?

Firstly, the resolution operates under a significant legalism and norm compliance assumption. This is evident in its repeated emphasis on adherence to IHL, stating that all parties to conflict and also states, shall “ensure that violations of international humanitarian law related to the protection of the wounded and sick, medical personnel and humanitarian personnel (...) in armed conflicts do not remain unpunished” (United Nations Security Council, 2016, parra. 17). The implicit assumption here is that the existing legal framework, if universally respected and implemented, would be sufficient to prevent attacks on humanitarian personnel, exclusively, healthcare.

Secondly, the resolution presupposes a universal acceptance of humanitarian principles. While in its paragraph 16, it explicitly "reaffirms the humanitarian principles of neutrality, impartiality and independence" and insists that medical missions must be "free from attack", it does so without delving into the complexities of how these principles are perceived and potentially challenged by various actors in diverse conflict contexts. The resolution assumes a shared understanding and valuation of these principles, potentially overlooking instances where they might be contested or strategically disregarded.

Thirdly, the framing of the problem leans towards apportioning blame to individual actors who fail to comply with IHL. The strong condemnations of "deliberate attacks" and the calls for accountability in its paragraphs 17 and 18, suggest that the primary cause of attacks lies with "acts of violence" perpetrated by non-compliant parties. This highlights the potential influence of broader structural dynamics within modern warfare, such as evolving military doctrines, the blurring of lines between combatants and civilians, or the strategic considerations involved in targeting medical infrastructure.

Furthermore, Resolution 2286, by focusing on the legal obligations and the sanctity of medical care, largely detaches humanitarian action from the complex strategic and political logics that often shape conflict environments (Rubenstein, 2021). While it acknowledges the need for "safe and unimpeded access" (United Nations Security Council, 2016) for humanitarian assistance, it does not deeply engage with the political obstacles and strategic calculations that can impede such access or lead to the targeting of aid operations. The resolution treats the protection of healthcare as a self-evident imperative, without fully exploring the ways in which medical facilities can become entangled in the political and military objectives of warring parties.

Thus, the resolution implicitly assumes the possibility of impartial accountability. Its calls to 'end impunity' for those responsible for attacks and to ensure that those responsible 'are held accountable' presuppose the existence and effective functioning of impartial and accessible accountability mechanisms, even in highly politicized conflict zones. This assumption may overlook the significant challenges in achieving accountability when powerful states or veto-wielding members of the Security Council are implicated or when justice systems are compromised by ongoing conflict (Groupe URD, 2023).

8.1.4. The third question: How has this representation come about?

This representation emerges from a legal-institutional worldview shaped by the Geneva Conventions and customary international humanitarian law. It reflects the normative architecture of the United Nations, which promotes a rules-based international order and emphasizes states responsibility and legal compliance. It also reflects a diplomatic compromise that avoids

assigning blame to specific actors, especially given that members of the Security Council themselves, for instance, the United States, Russia, have been implicated in attacks on medical facilities. (Grupe URD, 2023)

8.1.5. The fourth question: What is left unproblematic in this representation? What are the silences? Could the “problem” be thought about differently?

Resolution 2286's representation of attacks on humanitarian aid workers and healthcare facilities, while emphasizing legal obligations and accountability, leaves several critical aspects unproblematic, constituting significant silences within its discourse. Notably, the resolution largely depoliticizes the issue. As Duffield (2002) argues, the traditional humanitarian impulse often seeks to "insulate itself from the world of politics," a tendency reflected in the resolution's focus on the legal violation rather than the underlying political motivations and strategic calculations driving such violence. While it strongly condemns acts of violence, attacks and threats against the wounded and sick and medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment and the hospitals where they operate (United Nations Security Council, 2016), this legalistic framing often fails to address the political narratives that question the neutrality and legitimacy of aid organizations.

This depoliticized lens overlooks how the politicization of aid, including anti-aid rhetoric often fueled by state or non-state actors seeking to control populations or resources, can contribute to a climate where attacks are normalized or even justified. Indeed, as Barnett and Weiss (2008) observe, humanitarian action is inherently political, yet the dominant discourse often seeks to deny or downplay this reality: a dynamic that appears to be perpetuated by the legalistic approach of Resolution 2286. By not explicitly engaging with these political discourses that undermine humanitarian principles, the resolution risks overlooking a crucial driver of violence against aid workers. Consequently, alternative framings of the "problem" could benefit from a more explicit engagement with the political realities, including the questioning of humanitarian action and the rise of anti-aid sentiment, that shape attacks on humanitarian actors.

8.1.6. The fifth question: What effects are produced by this representation of the ‘problem’?

Applying Bacchi's fifth WPR question (2009) to the analysis of Resolution 2286 uncovers several important implications arising from its largely legalistic and somewhat depoliticized portrayal of attacks on humanitarian aid personnel and healthcare facilities:

One key effect is the prioritization of legal and normative solutions. By framing the problem as a violation of IHL, the resolution directs attention and resources towards strengthening legal frameworks, promoting adherence to existing norms, and pursuing accountability through legal channels. This can lead to initiatives focused on legal training for armed forces, the development of better monitoring and reporting mechanisms for violations, and the pursuit of justice through international or national courts. However, this focus may indirectly marginalize non-legal approaches that could address the underlying political drivers of violence, such as diplomatic engagement, conflict mediation, or addressing anti-aid rhetoric through public advocacy and dialogue.

Another effect is the construction of subjects and objects within a specific framework: humanitarian personnel and medical facilities are primarily represented as objects of protection under IHL. The resolution emphasizes their vulnerability and the need for their safeguarding. On the other hand, the individuals responsible are frequently portrayed as non-compliant entities that disregard established legal standards (Barnett & Weiss, 2008). This representation can mask the complex roles of humanitarian actors in conflict zones, including their negotiations with local actors, their possible political affiliations, and how they manage threatening environments.

Furthermore, the depoliticized nature of the representation can limit the scope of potential interventions (Flinders & Wood, 2014). By not fully engaging with the political dimensions of attacks, the resolution may carelessly limit the development of strategies that address the root causes of violence. For instance, if attacks are partly driven by political agendas or anti-aid sentiment, a purely legalistic approach might fail to address these underlying drivers (Sellers, 2024). The silence on these political factors allows for the continuation of dynamics where humanitarian aid personnel are seen as legitimate targets in pursuit of political or military objectives, as these objectives are not directly challenged within the resolution's framework.

Moreover, the emphasis on state responsibility, while crucial, can indirectly sideline the accountability of non-state actors, who are increasingly involved in conflicts and responsible for attacks. While the resolution calls on "all parties to armed conflict" to respect IHL, the primary mechanisms for accountability and enforcement often remain within the realm of state action. This can leave a gap in addressing violations committed by non-state groups.

Finally, the representation can shape public understanding and discourse around the issue. By framing attacks as primarily legal violations, the narrative may focus on condemnation and the need for punishment, potentially overshadowing the need for deeper analysis of the political and social contexts that contribute to such violence. This can limit public and political will to support more comprehensive and politically sensitive approaches to protecting humanitarian action (Donini, 2011).

In essence, while Resolution 2286's legalistic framing has the intention of reinforcing normative standards and advocating for accountability, it also produces effects that may limit a more holistic understanding of the problem and constrain the range of potential responses by restraining political drivers, simplifying the roles of actors, and potentially hindering the development of more politically informed and context-specific protection strategies.

8.1.7. The sixth question: How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

The resolution was produced within the diplomatic arena of the UN Security Council, where political sensitivities shape what can be said and what must be omitted (Groupe URD, 2023). It is disseminated through official UN communications, legal instruments, and the broader humanitarian policy community. The framing is defended by appeals to legal authority and institutional legitimacy, but it simultaneously suppresses more critical discourses that challenge the neutrality of humanitarianism or call attention to Western military complicity in such attacks (Barnett, 2011).

Voices such as MSF which have called for independent investigations into attacks (such as in Kunduz), are largely marginalized within the official discourse, despite being central to the

issue. A more critical problem representation would move beyond legalistic understandings and address the structural and political drivers of attacks on humanitarian actors.

The representation of attacks on humanitarian aid workers and healthcare facilities as primarily a legal violation has been produced through a confluence of factors. It draws upon the established framework of IHL and the long-standing efforts of legal scholars, humanitarian organizations, and international institutions to codify and uphold norms of protection in conflict. The UN Security Council, as a body mandated to maintain international peace and security, naturally operates within this legal paradigm, making IHL a primary lens for understanding violence in armed conflict.⁸ The drafting process of resolutions involves negotiation and consensus-building among member states, often leading to language that reflects shared legal understandings.

This representation is disseminated through official UN documents, statements by UN officials, reports by humanitarian organizations that often frame their advocacy in legal terms (highlighting violations of IHL), and media coverage that frequently reports on attacks through a legalistic lens, focusing on war crimes and breaches of international law. Academic discourse in international law and humanitarian studies also contributes to this dissemination by analyzing and interpreting these legal frameworks.

The legalistic framing is defended by its grounding in established international norms and the widely accepted principles of the laws of war. It provides a seemingly objective and universally applicable framework for condemning violence and demanding accountability. Emphasizing the legal prohibition of attacks on protected persons and objects offers a clear moral and legal stance. Moreover, the focus on state responsibility aligns with the state-centric nature of the international system and the UN's mandate. The avoidance of overtly political analysis can also be a defensive strategy, sidestepping potentially contentious debates about the root causes of conflict and the culpability of powerful actors.

⁸ <https://main.un.org/securitycouncil/en/content/what-security-council>

However, this dominant representation can be questioned by highlighting its limitations and silences, as discussed previously. This involves:

- **Highlighting the political aspects:** Addressing the strategic, political, and economic elements that lead to attacks, instead of only considering legal violations. This requires analyzing the motivations of various actors and the political context of conflicts.
- **Centering the experiences of affected populations and humanitarian aid personnel:** Bringing their perspectives and analyses to the forefront, which may offer different understandings of the threats they face beyond purely legal violations.
- Critically assessing whether legal frameworks and accountability mechanisms are sufficient to deter attacks in complex political environments.
- **Analyzing the impact of anti-aid rhetoric:** Investigating how political narratives that delegitimize humanitarian action contribute to a climate of violence.

8.2. What is the Problem Represented to Be in MSF's report on Kunduz Attack?

MSF's report on the 2015 U.S. airstrike against its trauma hospital in Kunduz, Afghanistan offers a markedly different framing of the event compared to that found in UNSC Resolution 2286. Where the resolution situates such attacks primarily as violations of IHL, MSF presents the Kunduz incident because of a broader failure to respect humanitarian principles, compounded by the politicization of aid and a crisis of accountability. Using an approach that draws on Bacchi's WPF methodology (2009) and CDA, this sub-section explores how MSF problematizes the attack, constructs its legitimacy, and positions itself in relation to military and political actors.

8.2.1. The first question: What is the problem represented to be in the MSF internal review of the Kunduz attack?

In MSF's internal review of the 2015 Kunduz incident, the issue is primarily identified as the unlawful targeting of an operational and protected medical facility by U.S. military forces, constituting a serious violation of IHL. The document frames the incident not merely as an operational failure or miscommunication but as indicative of a broader erosion of respect for the principles of neutrality and medical impartiality in modern warfare. This is explicitly articulated

in MSF's assertion that, "Hospitals have protected status under the rules of war. And yet in the early hours of 3 October, the MSF hospital in Kunduz came under relentless and brutal aerial attack by US forces" (MSF, 2015, p. 1).

This representation constructs the problem as one of legal and normative breakdown, where the Geneva Conventions are no longer sufficient guarantees of protection in contemporary conflict settings. The report is structured to document the systematic compliance by MSF with IHL and its own strict operational neutrality, highlighting, for instance, that "the MSF rules in the hospital were implemented and respected, including the 'no weapons' policy" and that "there were no armed combatants within the hospital compound" (p. 1). In contrast, the failure lies squarely with the military chain of command that ordered the airstrike. MSF's repeated emphasis that they "were in full control of the hospital before and at the time of the airstrikes" (p. 1) serves to underscore this contrast.

The problem is also framed as one of opacity and impunity: MSF does not claim to possess all the facts, but it asserts that "what we lack is the view from outside the hospital – what happened within the military chains of command" (p. 1). This reflects a demand for accountability and transparency, further evidenced by MSF's public call for an independent investigation through the International Humanitarian Fact-Finding Commission (IHFFC). The underlying implication is that without independent scrutiny, such attacks risk being normalized or excused as operational errors rather than understood as violations of international law. Therefore, the central problem is not only the attack itself, but the fragility of the norms meant to prevent such violence and the political conditions that allow those norms to be disregarded with impunity.

8.2.2. The second question: What assumptions underlie this representation of the problem?

The internal review rests on several normative and operational assumptions that shape MSF's interpretation of the attack. Foremost is the assumption that compliance with IHL ensures protection. MSF implicitly assumes (2015) that if all parties to a conflict honor their legal obligations, humanitarian organizations can operate safely. This is reflected in the review's insistence that "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” (p. 13). The attack is portrayed not due to legal ambiguity but as a failure to uphold clear commitments.

A second assumption is the belief in the effectiveness and relevance of neutral humanitarianism. The document takes for granted that MSF’s practice of treating all patients, whether civilians or wounded combatants from any side, should insulate them from attack. This is underpinned by the claim that “MSF does not ask which armed group patients belong to, as this is medically irrelevant information” (MSF, 2015, p. 4), and that this policy had been respected even in the week leading up to the strike, despite the high number of Taliban casualties. The assumption here is that all parties value and understand humanitarian principles in the same way, which may not hold in politicized conflicts where humanitarian actors are perceived as partial or as threats to military objectives.

Additionally, MSF assumes that existing accountability mechanisms, such as the IHFFC, are both legitimate and accessible. This overlooks the political challenges involved in holding powerful actors like the United States accountable. The U.S. and Afghan governments' refusal to consent to an independent investigation is acknowledged but not problematized within a broader critique of the limits of international justice systems in asymmetric wars. Finally, MSF presumes a distinction between humanitarianism and politics, despite operating in highly politicized environments. While the review notes that “each of these forces may have been operating according to different understandings or interpretations of how international humanitarian law applies,” it stops short of examining how aid itself may be politicized or strategically targeted (2015, p. 1).

8.2.3. The third question: How has this representation come about?

This representation emerges from MSF’s institutional identity as a medical humanitarian actor committed to neutrality, impartiality, and independence. It is grounded in a professional ethic that assumes adherence to international norms can secure humanitarian space. The review’s construction of the problem is shaped by MSF’s operational logic and its experience of direct victimization during the attack. The insistence on documenting precise timelines, medical statistics, and security procedures lends the review an evidentiary rigor that reinforces its claim to neutrality and transparency.

This framing also reflects MSF's advocacy strategy. By meticulously demonstrating its compliance with IHL and the absence of armed combatants, MSF positions itself as the legitimate party in the conflict between humanitarian norms and military action. This moral positioning serves to challenge state narratives that may seek to justify or downplay the strike. The decision to publicly release the report, despite its "initial" nature, reflects a deliberate attempt to counter competing representations of the event and claim discursive authority.

Importantly, the report also avoids naming the political rationale behind the airstrike. While it alludes to the possibility that "the hospital lost its protected status in the eyes of the military," (2015, p.1) it does not explore whether this was due to a strategic shift in how medical facilities treating insurgents are perceived by military planners. Thus, the representation is shaped as much by institutional advocacy imperatives as by on-the-ground realities.

8.2.4. The fourth question: What is left unproblematic in this representation? What are the silences? Could the 'problem' be thought about differently?

Despite its critical tone, the MSF review leaves several issues unproblematic. Most notably, it does not interrogate the political and military logics that may have led to the hospital being targeted. The presence of Taliban combatants among the wounded, while legally irrelevant, may have held strategic significance for U.S. forces engaged in counterinsurgency operations. This dimension is largely absent from the report, which treats the attack as an aberration rather than as a possible consequence of broader military policies that increasingly view humanitarian actors with suspicion.

There is also a silence around the role of anti-aid rhetoric and delegitimization campaigns. While MSF notes that different actors may interpret IHL differently, it does not consider how political discourses might frame humanitarian organizations as adversaries or collaborators with the enemy. This omission is particularly striking given the long history of MSF's fraught relations with military actors, including its prior withdrawal from Afghanistan in 2004⁹ following the targeted killing of staff.

⁹ <https://www.msf.org/msf-pulls-out-afghanistan>

Furthermore, the review avoids engaging with the limitations of legal remedies. The refusal of the U.S. and Afghan governments to consent to the IHFFC investigation is mentioned but not explored as part of a structural problem of impunity. By assuming that impartial accountability is feasible, the report depoliticizes the mechanisms through which justice is—or is not—achieved in international relations.¹⁰

The problem could be reframed more critically by situating the attack within a broader trend of the politicization of aid, where medical spaces are not only violated but strategically instrumentalized in war (Duffield, 2007). This necessitates acknowledging that neutrality may be viewed as a political stance, and that humanitarian organizations must navigate both legal and ideological landscapes (Tickin, 2011).

8.2.5. The fifth question: What effects are produced by this representation of the ‘problem’?

This representation produces both empowering and limiting effects. On one hand, it strengthens MSF’s position as a credible and principled actor. The review reinforces the normative weight of IHL and advocates for renewed commitment to humanitarian protections. It also creates a detailed public record that challenges state narratives and could serve as a resource for future accountability efforts.

However, the framing also has constraining effects. By presenting the attack as a failure of compliance rather than a symptom of politicized warfare, the report may obscure the structural conditions that make such attacks more likely. It also reinforces a binary view of humanitarian actors as apolitical and militaries as violators, when actually the lines are increasingly blurred.

This binary approach may limit the creation of protection strategies that consider the complex political environments in which humanitarian organizations operate.

Moreover, the focus and connection within IHL and neutrality might marginalize other forms of resistance or resilience. Local staff, for example, may navigate political affiliations or community dynamics that are invisible in the report’s institutional language. By not

¹⁰ <https://www.msf.org/msf-shocked-death-5-staff-afghanistan>

incorporating these perspectives, the representation limits the analytical scope and reduces the problem to a legal violation rather than a political act.

8.2.6 The sixth question: How/where has this representation been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

This representation has been produced within MSF's internal systems and publicly disseminated as part of its advocacy strategy. It is defended through appeals to legal norms, operational transparency, and moral authority. The report functions as both a documentation of events and a political statement against impunity and the militarization of humanitarian space.

However, this representation can and should be questioned. It can be disrupted by introducing analyses that center the political dynamics of warfare, including how aid organizations are strategically targeted or delegitimized. Replacing the dominant legalistic framing with a more politically attuned narrative would allow for a deeper understanding of the risks faced by humanitarian aid personnel, not just as accidental victims of war, but as actors operating within a politically influenced field.

8.3. Politicization of Humanitarian Aid: Why humanitarian aid is attacked?

This section explores how the politicization of humanitarian aid, compounded by the rise of anti-aid rhetoric, has eroded the foundational principles of neutrality and impartiality in conflict zones. Drawing on theoretical perspectives and empirical evidence from Afghanistan, it argues that humanitarian organizations such as MSF are increasingly operating in environments where they are perceived as supported actors (Visser, 2019). This perception, in turn, contributes to the deliberate targeting of humanitarian aid personnel, as exemplified by the 2015 Kunduz hospital airstrike.

8.3.1. Evolution and Politicization of Humanitarian Aid

Humanitarian aid has undergone significant shifts since the late 1980s, both in its operational scope and underlying purpose. According to Barnett (2005), humanitarianism has moved away from its classical roots, focused on neutrality and limited engagement, toward deeper entanglement with political agendas and institutional frameworks. Two core

transformations characterize this evolution: the politicization of aims and the institutionalization of humanitarian agencies.

Historically, humanitarianism was designed to operate independently of political engagement. Practitioners acknowledged the political ramifications of their work but aimed to uphold a principled distinction between humanitarian action and political agendas. Neutrality, impartiality, and independence were foundational principles that created a humanitarian space insulated from state interests and ideological conflicts (Barnett, 2005).

The process of institutionalization further complicated humanitarianism's evolution. Previously decentralized and volunteer-based, the sector became professionalized and bureaucratically structured, enhancing coordination but also shifting priorities toward organizational survival and operational continuity (Barnett, 2005). Governments became more willing to fund aid aligned with strategic interests, particularly during crises involving fragile or failing states. The post-Cold War period saw humanitarianism become embedded in global governance structures. Sovereignty was redefined, and interventions were increasingly authorized on humanitarian grounds.

Following the events of 9/11, this alignment deepened. In countries like the United States, humanitarian organizations were referred to as “force multipliers” in counterterrorism efforts (Barnett, 2005). Humanitarian aid was no longer merely a moral imperative—it became an instrument of foreign policy. While humanitarianism has always intersected with politics, its self-understanding has transformed: neutrality and independence are increasingly seen as impractical in a world where aid is deeply embedded in power relations (Zürn, 2012).

Core humanitarian principles such as humanity and impartiality underpin the universal obligation to assist people in need without discrimination. Neutrality and independence further seek to protect humanitarian actors from being co-opted by political interests (Barnett, 2005). Neutrality involves refraining from taking sides or advancing the interests of any party to a conflict, which is not just an ethical stance but a practical strategy for securing access to vulnerable populations. Independence, in turn, requires aid to be free from political or military

influence. Together, these principles sought to construct a “humanitarian space” where assistance could be delivered without interference (Barnett, 2005).

However, this model began to erode in the 1990s, as humanitarian actors increasingly embraced the idea that they should not only respond to crises but also help prevent them. Agencies began to align themselves with broader political goals, aiming to transform the conditions that produced vulnerability in the first place (Barnett, 2005). Collaboration with states intensified, as governments became more involved in humanitarian initiatives, providing funding, political support, and even military assistance in the name of humanitarian objectives. The concept of humanitarian intervention gained traction, and the protection of civilians became a central concern for international actors. While this opened new avenues for humanitarian work, it also raised concerns within aid organizations about compromising core principles. As some argue (Barnett, 2005; Tyssen, 2023; Zürn, 2012), there are no purely humanitarian solutions to fundamentally political problems.

The process of institutionalization added another layer of complexity. Prior to the 1990s, humanitarian action was a relatively decentralized field, with a limited number of actors operating largely autonomously. As the number of agencies grew, so did the need for coordination, standards, and accountability. This professionalization brought benefits, greater efficiency, better coordination, and improved care delivery, but it also fostered a shift toward bureaucratic interests. Humanitarian organizations began to prioritize their own survival and operational continuity, sometimes at the expense of their foundational values (Gonzales & Gan, 2024).

Several global trends contributed to this transformation. States became more willing to fund and legitimize humanitarian efforts, particularly when such actions aligned with their strategic interests. A wave of crises in the early 1990s, often framed in terms of failed states or internal conflict, coincided with a post-Cold War shift in global governance. As traditional notions of sovereignty weakened, international actors found new space to intervene under the banner of humanitarianism.

The end of the Cold War significantly altered the geopolitical landscape (Groupe URD, 2023). With the collapse of the Soviet Union, many Western powers began to reinterpret internal

conflicts and civilian suffering as global security issues. Humanitarian emergencies, once considered internal matters, were now framed as threats to regional and international peace. The UN Security Council began authorizing interventions on these grounds, and in 1992, the UN General Assembly passed a resolution affirming its role as a coordinator of humanitarian responses. This marked a turning point, signaling a new era in which humanitarianism was embedded within the architecture of global governance.

Some scholars (Barnett, 2005; Weiss, 2006; Gök, 2020) view this transformation as reflective of a broader decline in state authority and the rise of transnational governance. Yet, states continued to play a decisive role, not only as donors but also as strategic actors. Post-9/11 dynamics especially blurred the lines between humanitarianism and security policy. In the United States, for instance, humanitarian organizations were described as extensions of foreign policy, "force multipliers" in the so-called *War on Terror*. (Barnett, 2005)

While humanitarianism has always carried political consequences, its self-understanding has shifted. What was once a principled effort to remain outside politics has become a domain deeply embedded in political logic. Neutrality and independence, once non-negotiable, are now seen by some as impractical or even irrelevant. The conceptual boundary between politics and humanitarianism has eroded, with aid increasingly understood not just as a moral imperative, but as a mechanism for political transformation.

This tension became evident in contexts such as Afghanistan. MSF, known for its strict adherence to humanitarian principles, suspended operations in Afghanistan in 2004 after five of its staff were murdered and the Taliban claimed responsibility¹¹. MSF accused all parties—government forces, the Taliban, and the international coalition—of deliberately undermining humanitarian neutrality by co-opting aid into military and political strategies. The situation deteriorated further in 2015, when a U.S. airstrike destroyed MSF's trauma hospital in Kunduz, killing 42 people, including patients and medical staff. The hospital had been clearly marked and its coordinates shared with all parties, yet it was caused by US airstrikes during an active fighting between Afghan and Taliban forces. MSF labeled the incident a "violation of IHL and called it a war crime" (2015). The attack not only led to the temporary withdrawal of MSF from Kunduz

¹¹ <https://www.msf.org/real-reasons-msf-left-afghanistan>

but also symbolized the collapse of humanitarian space in conflict zones where neutrality was no longer respected.

Modern conflicts are increasingly intrastate rather than interstate, involving a growing number of non-state armed groups, transnational actors, and global power interests (Visser, 2019). In such settings, humanitarian organizations are not only caught between warring factions but also entangled in the geopolitical agendas of donor states. Meininghaus (2016) underscores that whether aid agencies have an actual political agenda or are merely perceived as taking sides, the consequences are the same; they lose their image of neutrality, face operational constraints, and, in some cases, become targets of violence. As humanitarian actors rely on negotiations with state and non-state groups for access, security guarantees, and operational continuity, the increasing perception of aid as a political instrument poses a fundamental challenge to the humanitarian sector.

In many ways, contemporary humanitarianism mirrors the dynamics of globalization and Western dominance. This has led to critiques from actors in the Global South who view humanitarian agencies as complicit in neocolonial agendas, referring to them as the “mendicant orders of Empire” (Barnett, 2005). Far from standing apart from global power structures, humanitarianism now operates within them—shaped by, and shaping, the very political terrain it once sought to avoid.

Humanitarian aid has long been framed as a neutral and impartial endeavor, aiming to alleviate suffering regardless of political or military consideration, *but what explains the occurrence of deliberate attacks on it?* Despite the humanitarian sector’s foundation on principles such as neutrality and independence, the delivery of aid is often shaped by political dynamics. Governments in recipient countries can influence or restrict who receives assistance and where it is distributed, using aid as a political tool (Atmar, 2001; CSIS, 2021). In certain situations, the UN passes resolutions to permit humanitarian operations without the consent of the host government. However, such efforts can be blocked by vetoes from any of the five permanent members of the Security Council¹². As a result, the politicization of aid extends to

¹² <https://www.securitycouncilreport.org/un-security-council-working-methods/the-veto.php/>

humanitarian personnel, who may be perceived as political actors due to their organizational affiliations.

By the early 2000s, humanitarian aid in Afghanistan was no longer perceived as purely neutral (Baitenmann, 1990). The U.S. invasion of Afghanistan and the subsequent war on terror led to an increasingly blurred line between military operations and humanitarian activities. Humanitarian organizations, including MSF, were increasingly associated with the political and military interests of Western states. This shift was part of a broader trend of militarization of aid, where humanitarian assistance was increasingly provided alongside military intervention, thus becoming part of broader geopolitical strategies.

MSF's response to these challenges was to reinforce its principles of neutrality and independence, particularly as it faced increasing hostility from both the Afghan government and insurgent groups. However, the organization's efforts to maintain a clear distinction between aid and military objectives were not always successful, as demonstrated by the rise of anti-aid rhetoric (Sellers, 2024).

8.3.2. The Impact of Anti-Aid Rhetoric on MSF's Operations

The connection between anti-aid rhetoric and deliberate attacks is deeply intertwined with the politicization of humanitarian assistance. As Sellers (2024) states, in conflict-affected settings, aid organizations are frequently interpreted not as neutral actors, but as participants in a broader political landscape, with their efforts seen as implicitly favoring one side. This framing is often exploited by both government forces and non-state armed groups, who present aid workers as tools of foreign or opposing interests. Such narratives not only delegitimize humanitarian actors but also create justification for targeting them, framing violence as a form of resistance or protection.

Although aid is inherently linked to political considerations, the degree of its politicization varies based on the actions of the recipient government. However, the rise of anti-aid rhetoric, particularly after the turn of the 21st century, challenged this perception, casting humanitarian organizations such as MSF in a new light. Accusations of complicity with military or political agendas, especially in conflict zones, transformed the landscape of humanitarian action. Sellers (2024) argues that in times of conflict, strong anti-aid rhetoric significantly

contributes to the heightened risks faced by humanitarian workers by creating an environment in which targeted attacks become more likely. This risk is especially evident in contexts where aid organizations are viewed as being aligned with particular political or ideological actors, as Talibans had declared back in 2004, “organizations like MSF work for American interests, are therefore targets and would be at risk of further attacks.”¹³

MSF, known for its staunch principles of neutrality, independence, and impartiality, found itself increasingly caught in the crossfire of global politics. The rise of anti-aid rhetoric—which framed humanitarian aid as an extension of foreign political or military strategies—was particularly evident in Afghanistan, where MSF had operated since 1980, during a volatile period of both external and internal conflict.

At the core of anti-aid rhetoric are the negative emotions that shape inter-group relations, including anger, fear, and resentment (Koschut, 2018). These emotions fuel the language used by opposing groups, reinforcing narratives that portray aid actors as supporting the “other” side to the detriment of their own community. Such perceptions of partiality in aid distribution can intensify hostility toward humanitarian aid personnel, increasing the likelihood of intentional attacks.

The Kunduz airstrike, along with increasing hostility from various political and military actors, reflected the growing impact of anti-aid rhetoric in Afghanistan. Insurgent groups, viewing MSF as aligned with the West, increasingly targeted the organization’s operations. The rhetoric of “Westernization” (Barnett, 2005) attached to MSF’s activities in Afghanistan exacerbated the risks faced by aid workers, as their actions were increasingly viewed as supporting foreign military interventions. MSF, while steadfast in its neutrality, found itself labeled as a tool of the U.S. and NATO forces by both local insurgents and political factions within the Afghan government.

This was compounded by the militarization of humanitarian aid, where U.S. military operations often went hand-in-hand with relief missions, further contributing to the perception that humanitarian action was aligned with military goals. As Terry (2002) notes, “humanitarian

¹³ <https://msf-crash.org/en/agir-tout-prix-negociations-humanitaires-lexperience-de-msf/i-stories>

organizations are increasingly seen as serving the interests of the powers that deploy them, thus losing their standing as neutral actors” (Terry, 2002, p. 76). This was certainly true in the case of MSF in Afghanistan, as its independent status was undermined by the political and military landscape in which it operated.

In response to the increasing politicization and the tragic events in Kunduz, MSF reevaluated its role in Afghanistan and in similar conflict zones. The organization’s long-standing commitment to providing impartial medical care was increasingly challenged by the militarization of humanitarian work and the political climate of war zones. Dr. Liu, reflecting on the consequences of the Kunduz airstrike, argued, “The real question is not whether MSF can continue to provide neutral care, but whether humanitarianism itself is still possible in a world where everything is militarized and politicized” (MSF, 2015).

The Kunduz airstrike highlighted the inherent risks associated with providing humanitarian aid in a context where political and military interests are closely intertwined with the delivery of medical services. MSF’s experience underscores the challenges faced by humanitarian organizations in today’s globalized and politicized environment. As the lines between military intervention and humanitarian aid continue to blur, organizations like MSF are increasingly forced to navigate complex political landscapes while striving to uphold their fundamental principles of neutrality and impartiality.

8.3.2.1. Anti-Aid Rhetoric and Its Consequences

Anti-aid rhetoric plays a critical role in delegitimizing humanitarian actors and making them vulnerable to attack. Rooted in fear, resentment, and nationalist sentiment, such rhetoric portrays aid organizations as biased, foreign-controlled, or aligned with military interests (Koschut, 2018; Lyall, 2019). The Taliban’s framing on MSF was exacerbated by the militarization of aid under U.S. and NATO operations. Humanitarian assistance was frequently deployed alongside military units, particularly through Provincial Reconstruction Teams (PRTs) and Quick Impact Projects designed to “win hearts and minds” (Sellers, 2024). As MSF emphasized in its 2014 report *Between Rhetoric and Reality*, such entanglement blurred distinctions between aid and war, rendering humanitarian actors susceptible to strategic targeting.

In 2014, the Afghan government's decision to use health facilities as voter registration stations further eroded medical neutrality. This practice effectively turned hospitals into potential targets. MSF condemned the move, arguing that "transforming hospitals into electoral spaces compromises their safety and reinforces perceptions that health infrastructure is an extension of the state" (MSF, 2014).

The attack on MSF's Kunduz Hospital can be viewed as a tragic outcome influenced by the broader context of politicized humanitarian aid in Afghanistan. The erosion of humanitarian space, where aid becomes increasingly intertwined with political and military objectives, may have contributed to an environment where the protected status of medical facilities was not consistently upheld by all actors involved in the conflict. The "war on terror" framework (Barnett, 2005), which often blurred the lines between humanitarian action and military intervention, could have also influenced the perception of MSF's hospital, particularly given their commitment to treating all wounded individuals, including Taliban fighters. In a highly politicized environment, the perception of neutrality can be fragile and easily questioned (Visser, 2019). The increasing trend of using aid as a tool to achieve political goals, sometimes referred to as "new humanitarianism" (Gonzales & Gan, 2024) further complicates the landscape.

Not only the differing explanations for the attack offered by MSF and the US military but also the inclusion of the Member States in the pass of the Resolution 2286 illustrates how politicized the interpretation of such events are: the US military attributed the airstrike to human error and technical malfunctions, emphasizing a lack of intent to target a protected medical facility. In contrast, MSF strongly rejected this explanation, raising concerns about potential recklessness or even deliberate targeting, particularly given the sustained and precise nature of the airstrikes. Alternative explanations, such as the possibility of Afghan forces providing misleading intelligence or the influence of mistrust towards MSF for treating Taliban fighters, further highlight the complex and potentially politicized dynamics at play. The debate over the intent behind the attack underscores how the recognition of such incidents can be deeply influenced by the political interests and perspectives of the various actors involved. The politicization of aid can lead to a situation where humanitarian organizations are viewed with suspicion, and their neutrality is questioned, increasing their vulnerability in conflict zones.

The recognition and interpretation of the Kunduz hospital attack were highly politicized, with different actors presenting divergent narratives and approaches to accountability. MSF consistently framed the attack as a potential war crime and vehemently demanded an independent investigation by the International Humanitarian Fact-Finding Commission (IHFFC), expressing a lack of confidence in the impartiality of the US military's internal inquiry. This persistent call for an independent investigation underscores MSF's belief that the US military's account might be biased, and that true accountability requires an impartial body to examine the facts.

In contrast, the US military's narrative centered on the characterization of the attack as a "tragic, but avoidable accident"¹⁴ resulting from human error and technical failures. While administrative actions were taken against some personnel involved, the US military maintained that the attack did not constitute a war crime due to the absence of intentional targeting of a protected medical facility. This framing and the decision to pursue administrative rather than criminal measures can be interpreted as a politically motivated attempt to manage the legal and diplomatic ramifications of the incident.

Initial reports from the Afghan government aligned with the US narrative, suggesting the presence of Taliban fighters within the hospital compound. This stance could be attributed to the Afghan government's reliance on US military support and a potential desire to legitimize the airstrike in the context of their ongoing fight against the Taliban. The absence of publicly released findings from the Afghan government's own investigation further complicates the picture.

The debate surrounding whether the attack constituted a war crime highlights the political dimensions of applying international law to conflict situations. The differing interpretations of the principles of intentionality and recklessness in international criminal law demonstrate how legal frameworks can be subject to political considerations and the perspectives of different actors involved in the conflict. The limitations of international criminal law in holding states and

¹⁴ <https://www.defense.gov/News/News-Stories/Article/Article/631304/campbell-kunduz-hospital-attack-tragic-avoidable-accident/>

individuals accountable for such incidents further underscore the challenges in achieving justice in these complex scenarios.

Rejecting the findings of the U.S. military's internal inquiry, which attributed the attack to "human error", MSF argued (2015) that such investigations were inherently compromised and lacked accountability. Dr. Liu publicly declared (2015): "The airstrike was a violation of the laws of war. It was a war crime. We cannot accept a situation in which military forces mark their own homework". MSF's advocacy highlighted a central paradox: even as international humanitarian law formally protects humanitarian missions, enforcement mechanisms are politically constrained, especially when violations involve powerful states.

In collaboration with other humanitarian actors, MSF pushed for renewed international commitments to the protection of medical care¹⁵. Yet its experience in Afghanistan revealed how far practice had diverged from principle. Humanitarianism, as MSF presented it, had reached an existential threshold—caught between its founding values and the geopolitical structures that increasingly define conflict.

In addition to the direct politicization of humanitarian aid by state and non-state actors, the rise of anti-aid rhetoric further complicates the operational environment for humanitarian organizations. As Sellers (2024) states, anti-aid rhetoric can manifest in various forms. It may involve claims that aid is ineffective in addressing the root causes of poverty and conflict, leading to dependency rather than sustainable development. In conflict zones, anti-aid narratives can be exploited by warring parties to justify attacks on humanitarian actors, portraying them as biased or as serving the interests of external powers. This can create a dangerous environment where aid workers are seen as legitimate targets, further shrinking the humanitarian space. The Taliban's own statements about aid not being politicized can be seen within this context, highlighting the complex and often self-serving ways in which anti-aid rhetoric is deployed by various actors¹⁶. It contributes to a climate where the neutrality and impartiality of aid

¹⁵ <https://www.doctorswithoutborders.ca/speech-msf-highlights-three-urgent-humanitarian-crises-amid-global-inaction-in-house-of-commons-meeting/>

¹⁶ <https://msf-crash.org/en/agir-tout-prix-negociations-humanitaires-lexperience-de-msf/i-stories>

organizations are questioned, potentially increasing their vulnerability and hindering their ability to reach populations in need, as tragically illustrated by the attack on MSF's Kunduz hospital.

8.4. The Breakdown of Neutrality

The 2015 Kunduz airstrike represents a critical turning point in the politicization of humanitarian aid, where the erosion of neutrality and impartiality resulted in the targeted destruction of a fully operational hospital. This incident underscores the limits of humanitarian principles, especially neutrality and impartiality, in contexts where military objectives override legal and ethical norms.

Humanitarian aid personnel in Afghanistan have faced escalating dangers over the past two decades, particularly as the principle of neutrality, has become increasingly contested and, in some cases, strategically discredited by both state and non-state actors. By 2013, Afghanistan was ranked among the most dangerous environments for aid personnel, with escalating incidents of targeted killings, kidnappings, and attacks on medical facilities (Sellers, 2024; Humanitarian Outcomes, 2023). These trends reflect a broader erosion of trust in humanitarian organizations, which are increasingly perceived not as neutral providers of care, but as political actors aligned with Western military or ideological interests. In this context, the very notion of neutrality has come under fire—not only in practice but in theory.

Historically, neutrality emerged as a legal principle of interstate conduct, codified in the Hague Conventions of 1899 and 1907, where it referred to a state's abstention from participating in armed conflict and its obligation to treat all belligerents without favor (Best, 1994). Humanitarian actors, particularly the ICRC, later adopted this concept as a core ethical foundation—arguing that neutrality was essential to ensure safe and sustained access to all sides in a conflict (ICRC, 2020). However, neutrality, in humanitarian contexts, is distinct from political neutrality: it is a principle of operational conduct, not of silence or inaction. MSF adopts this interpretation while also emphasizing its commitment to *impartiality*, which it defines as “acting solely on the basis of need, without discrimination and giving priority to the most urgent cases of distress” (MSF Charter, 2020). Neutrality, in MSF’s terms, means that the organization does “*not take sides in armed conflicts or engage in controversies of a political, racial, religious*

or ideological nature.” These definitions form the ethical and practical basis of MSF’s work, aiming to build trust among communities and warring parties to enable access to those in need.

However, MSF has long maintained a critical distance from the ICRC’s more restrained interpretation of neutrality. Unlike the ICRC, which adheres to a doctrine of silent diplomacy, MSF’s foundational ethic includes *témoignage*—the act of speaking out publicly against injustice, violence, or neglect witnessed in the field (Brauman, 2004; Redfield, 2013). This means that while MSF seeks to maintain neutrality in terms of its operational presence, it does not refrain from exposing abuses or criticizing governments and armed actors when doing so is deemed necessary to protect patients or humanitarian principles. As such, MSF’s neutrality is not absolute but strategic and situational. “We are not there to be neutral,” said MSF’s Jeagan in an interview. “We are there to provide care where needs are greatest, and that sometimes requires taking a stand” (The Love Post, 2023). This approach complicates conventional understandings of neutrality, as MSF uses the principle instrumentally—to gain access and protect staff—while openly acknowledging its political consequences.

The tensions between MSF’s public advocacy and its field-based operations have created internal and external challenges. Internally, MSF has had to navigate disagreements over the balance between humanitarian engagement and political criticism, as seen in the 1979 schism among its founders (Redfield, 2013). Externally, its refusal to align with military or state agendas has not always been enough to shield it from suspicion. In politically charged environments such as Afghanistan, humanitarian space has been systematically eroded by the merging of aid and military agendas under doctrines like the U.S.-led Provincial Reconstruction Teams (PRTs), which have blurred the lines between civilian and military actors (Terry, 2002). This has contributed to the growing perception among both state and non-state actors that no humanitarian actor can be truly neutral.

The U.S strike in 2015 raised urgent questions about the status of humanitarian infrastructure in conflict zones and the value of neutrality as a protective principle. In response, MSF declared the attack a grave violation of international humanitarian law and demanded an independent investigation, underscoring the organization's commitment to both operational impartiality and public accountability (MSF, 2015). As MSF’s then-president Dr. Joanne Liu

stated, “*The real question is not whether MSF can continue to provide neutral care, but whether humanitarianism itself is still possible in a world where everything is militarized and politicized*” (2015).

Liu’s statement reflects what Fassin (2012) terms the paradox of *humanitarian reason*: the idea that humanitarianism operates at the intersection of moral imperative and political tension. In today’s complex emergencies, neutrality is not simply a shield but a contested and performative claim—one that must be constantly negotiated in relation to power, perception, and access. As Weissman (2011) and Slim (2015) argue, neutrality in practice is increasingly vulnerable to instrumentalization, delegitimizing, and misinterpretation.

According to the analysis previously provided of the Resolution 2286, what Bacchi (2009) calls the “problem representation”, the resolution actually obscures the root causes, and it constructs attacks on aid as apolitical aberrations rather than as outcomes of the systemic politicization of humanitarian action. Thus, with the erosion of neutrality and impartiality, the resolution fails to address the structural conditions that undermine these humanitarian principles, offering a normative reaffirmation of principles without engaging the political processes that continue to render them ineffective.

MSF’s experience in Afghanistan illustrates that while neutrality and impartiality (might) remain central to humanitarian identity, they are insufficient on their own to guarantee safety in highly politicized contexts. Instead, they must be critically re-evaluated not as fixed principles, but as dynamic strategies shaped and often compromised, by political landscapes in which humanitarian actors operate.

8.4.1. Deconfliction failure

Deconfliction mechanisms are essential for ensuring the safety of humanitarian operations in conflict zones. These mechanisms rely on clear communication and coordination between humanitarian actors and warring parties to prevent accidental or deliberate targeting of humanitarian personnel, convoys, and facilities (Egeland, Harmer & Stoddard, 2011). The fundamental assumption behind deconfliction efforts is that all parties to a conflict recognize and respect the neutral and impartial nature of humanitarian action. However, when humanitarian

actors are viewed through a political lens, these mechanisms can fail or even be manipulated to serve military or strategic interests (Fast, 2014).

In theory, deconfliction agreements involve sharing operational details with conflict parties, including the location of hospitals, aid convoys, and humanitarian offices, to prevent attacks on them. Yet, in highly politicized conflict environments, these mechanisms can be ineffective or even counterproductive. If one or more warring factions perceive humanitarian organizations as aligned with their adversaries, they are less likely to respect these agreements—or may deliberately target humanitarian personnel and infrastructure to further their own objectives (Weissman, 2017). For example, in the Syrian conflict, the deliberate targeting of hospitals and medical facilities by the Syrian and Russian governments, despite their inclusion in UN-led deconfliction mechanisms, demonstrated the weaponization of humanitarian access information rather than its protection (Barakat & Milton, 2020).

As Duffield (2007) argues, the perceived loss of neutrality leads to a loss of "humanitarian space" and immunity. This is particularly critical in modern conflicts, where state and non-state actors no longer view humanitarian actors as separate from political and military dynamics. The erosion of trust in humanitarian neutrality not only increases attacks on aid workers but also leads to self-imposed access restrictions, where humanitarian organizations themselves pull back from high-risk areas, leaving vulnerable populations without assistance (Donini, 2012).

The challenge is further compounded by the changing nature of warfare. Traditional state-centered conflicts with clear frontlines have been largely replaced by asymmetric, intrastate wars involving a multiplicity of actors, including militias, paramilitary groups, and terrorist organizations. In such settings, gaining trust from all parties becomes even more complex. Non-state actors, in particular, may not recognize IHL or established humanitarian norms, further undermining deconfliction efforts (Terry, 2011). As a result, organizations like MSF, which rely heavily on negotiated access, have found themselves repeatedly targeted despite their strict adherence to humanitarian principles (Brauman, 2018).

Building and maintaining trust in a highly politicized environment is one of the greatest operational challenges facing humanitarian organizations today. As Fast (2014) argues, even

well-intentioned efforts to secure access can be perceived through a political prism, making deconfliction efforts fragile and unreliable. The breakdown of these mechanisms not only endangers aid workers and medical personnel but also sets a dangerous precedent where the targeting of humanitarian actors becomes normalized. This, in turn, contributes to a broader climate of impunity for attacks on humanitarian space, further limiting the ability of aid agencies to operate effectively in conflict zones (Slim, 2019).

Ultimately, as deconfliction mechanisms continue to erode in politically contested humanitarian settings, organizations must rethink how to assert and defend their neutrality in an era of increasing politicization and delegitimizing of humanitarian action.

8.5. More than just International Humanitarian Law: The Depoliticization of humanitarian aid

Depoliticization is a critical concept for understanding not only the attacks on humanitarian aid but also how these are being recognized (or strategically obscured) by stated actors and non-state actors.

Drawing on the ideas of Buller and Flinders (2006), “political depoliticization creates a sort of buffer zone between politicians and some policy fields” (p. 297). More broadly, depoliticization encompasses “the range of tools, mechanisms and institutions through which politicians can attempt to move to an indirect governing relationship and/or seek to persuade the demos that they can no longer be reasonably held responsible for a particular issue, policy field or specific decision” (Flinders & Buller, 2006, pp. 295–296). A social issue becomes politicized when it is subjected to collective mobilization, contestation, and public debate. In contrast, UNSC Resolution 2286 offers a paradigmatic case of depoliticization. According to Hay (2007), depoliticization is not merely the absence of politics but a specific mode of political rule, wherein deeply political issues are reframed as technical or legal matters. The resolution, while explicitly condemning attacks on medical facilities and humanitarian personnel, frames the problem largely as a failure of compliance with IHL, obscuring the political and strategic logics that often underpin such attacks.

According to Bagshaw and Scott (2023), the resolution operates on three levels: a reiteration of legal obligations, an expression of concern over non-compliance, and a set of vague

calls for action. In its opening paragraphs, the resolution reminds parties of existing IHL commitments, emphasizing the protection of medical and humanitarian personnel and facilities. It acknowledges increasing violations and expresses concern over the obstruction of medical aid. However, as Bagshaw and Scott (2023) note, when it comes to operationalizing these concerns, the language shifts to generalities. The resolution “demands” compliance but stops short of detailing enforcement mechanisms or mandatory monitoring, effectively delegating responsibility to states without ensuring follow-through.

This rhetorical structure supports Hay’s notion of rule-based depoliticization, where legal norms are presented as apolitical solutions, and violations are framed as isolated breaches rather than symptomatic of broader political dynamics. Resolution 2286 constructs the issue as one of legal failure, “an aberration to be corrected through reaffirmation of norms”, rather than as a reflection of power asymmetries, military strategy, or the erosion of humanitarian principles in politicized conflict environments. As Bagshaw and Scott (2023) emphasize, despite its strong rhetoric, the resolution lacks a formal mechanism for monitoring, accountability, or enforcement. The Security Council failed to utilize tools already at its disposal, such as precedent-setting mechanisms used in other contexts. The absence of clear enforcement structures fosters a culture of impunity, especially among powerful states, which weakens the resolution’s authority and impact (Jaff, et.al., 2016).

This depoliticizing framing has concrete consequences. It reduces humanitarian personnel as passive recipients of protection, reinforcing a legalistic narrative where their safety depends on adherence to law by belligerents, rather than on political will or structural reform. Moreover, it silences alternative framings that interpret attacks as part of broader counterinsurgency strategies or ideological efforts to delegitimize humanitarian actors. Hay (2007) warns that such discursive depoliticization “conceals or denies the political character” of decisions, shielding dominant actors from scrutiny and responsibility.

The case of the Kunduz hospital attack illustrates this disjuncture. Despite MSF’s adherence to IHL, providing GPS coordinates, maintaining neutrality, and operating within the bounds of humanitarian principles, the hospital was targeted. The U.S. government framed the incident as a technical or human error, which further depoliticized the event by diverting

attention from command-level responsibility and the broader political context. In contrast, MSF's call for an independent investigation can be interpreted as a (re)politicizing gesture (Hay, 2007), an insistence on accountability that challenges the narrative of inevitability and reintroduces questions of power and responsibility.

As Bagshaw and Scott (2023) underline, while the resolution calls for “independent and impartial investigations,” there is scant evidence of such mechanisms being implemented in practice. Their analysis of the Secretary-General's reports reveals that state responses have largely centered on debate and advocacy rather than the development of new preventive measures. This reflects what Bagshaw and Scott call a “general avoidance of responsibility,” especially by Security Council members themselves, who have failed to implement or demand concrete action.

In this context, depoliticization is not a passive condition but an active mode of governance, shaping how problems are defined, which responses are considered legitimate, and whose interests are protected. Nardis (2007) captures this dynamic succinctly, describing depoliticization as “a set of changes in the ways power is exercised” (p. 1). By presenting the protection of medical missions as a technical or humanitarian imperative, rather than a matter of political accountability, Resolution 2286 constructs an illusion of consensus while avoiding the contentious political questions that drive violence against aid workers. In sum, Resolution 2286, while symbolically significant, exemplifies a form of depoliticized humanitarian governance. It reaffirms legal norms without confronting the political contradictions of war or holding violators accountable. Through the lens of Hay's framework (2007), the resolution can be read not just as a missed opportunity but as a political act that masks conflict under the guise of neutrality, preserving while undermining the safety and legitimacy of humanitarian actors.

9. Discussion

This section reflects on how the findings in the previous analysis engage with a broader debate on the consequences of the (de)politicization of humanitarian aid. In 2014, MSF published a report named “*Between Rhetoric and Reality: the ongoing struggle to access*

healthcare in Afghanistan”¹⁷. As it was previously exemplified by the data collected from the same report, the political circumstances in the conflicted area of Afghanistan has not only brought difficulties for the MSF operational work, but also the people who is not able to access to aid resources.

The politicization of humanitarian aid has demonstrated how various policies, and the actions of Member States and warring parties have further complicated conflict situations, such as in Afghanistan. This not only results in tragedies like hospital bombings that kill more than 40 people but also increases the risk of exacerbating barriers to accessing essential resources during wartime.

Moving beyond institutional and discursive analyses, it is crucial to understand the tangible consequences of these dynamics on those most affected: the patients themselves. From their perspective, the entanglement of aid with political agendas and the direct targeting of healthcare services have created significant, often life-threatening, barriers to accessing essential medical care.

Therefore, this section will aim to further explain from the perspective of patients themselves, how the (de)politicization of humanitarian aid puts in danger their lives.

9.1. The other face of the (de)politicization of humanitarian aid

The previous sections discussed the politicization of humanitarian aid and attacks on medical personnel, such as the 2015 Kunduz hospital airstrike, highlighting the erosion of humanitarian space and principles.

As Gonzales and Gan (2024) explain, “humanitarian aid faces challenges of different nature and today’s crises are more dynamic, and the conditions under which they occur are changing rapidly” (p. 6). This evolving context imposes numerous obstacles on aid strategies, most notably access restrictions that directly affect vulnerable populations. Humanitarian access, defined as the capacity for aid to reach those most in need and for affected individuals to access assistance, is becoming increasingly restricted (Gonzales & Gan, 2024). In recent years, this has

¹⁷ <https://www.msf.org/report-between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan>

been exacerbated by a deliberate obstruction of humanitarian corridors and services, driven by a growing perception of aid organizations as active players in conflict rather than neutral actors.

Denial of humanitarian access manifests in varied forms depending on the conflict setting. In Afghanistan, for instance, the Taliban has banned organizations like the World Health Organization from operating in key areas (Gonzales & Gan, 2024). In other instances, aid is blocked through direct attacks on infrastructure or movement restrictions. These restrictions violate international humanitarian law, which affirms the right of civilians to receive assistance and the obligation of parties to conflict to facilitate humanitarian access.

A second major challenge concerns the safety and security of humanitarian personnel. According to Gonzales and Gan (2004), the increasing risks to aid workers underscore the shrinking humanitarian space. In 2022 alone, attacks on aid workers resulted in 141 fatalities—the highest number since 2013, along with 203 injuries and 117 kidnappings. Alarming, 90% of these attacks targeted local aid personnel. In 2023, these numbers continued to rise, with 62 aid workers killed in the first half of the year, marking a 40% increase from the same period the previous year (Gonzales & Gan, 2004).

These access restrictions and security threats translate directly into a crisis of care from the perspective of patients in conflict-affected settings. MSF's 2014 report *Between Rhetoric and Reality*, captures this vividly through firsthand testimonies. One interviewee reflects on the structural failures caused by the politicization of aid: "The ramifications of how aid was politicized continue to impact the population's access to assistance today, including healthcare" (MSF, 2014, p. 17). Aid provision shifted from a needs-based approach to a threat-based one, with disproportionate attention paid to areas with insurgency presence and international military operations, regardless of whether those areas held the greatest humanitarian need.

The material consequences of this politicization are severe. As one school principal from Baghlan province recounts:

"In our area the canals are half-finished; the school buildings are half-finished; the clinics are half-finished... We don't have proper healthcare in our area. A lot of the doctors also escaped

the place because of the fighting and insecurity. No one wants to come to work in our area.”
—Male, 25 years, Baghlan province (MSF, 2014)

Widespread violence and insecurity directly block access to healthcare facilities. Active fighting, indiscriminate attacks, and widespread fear delay care-seeking behavior, with potentially fatal outcomes (MSF, 2014). As MSF express in their report, roads are blocked by improvised explosive devices (IEDs) or closed due to active conflict, and checkpoints can delay or prevent passage. Night travel, often necessary for emergencies, becomes impossible due to fear of violence. These barriers are particularly catastrophic for vulnerable populations such as women and children. At Boost hospital, for instance, MSF reported that nearly half of the children who died within 24 hours of admission had arrived too late due to such delays.

Individual narratives highlight this suffering. One pregnant woman died from hemorrhaging because active fighting prevented her from reaching the hospital in time. In other cases, patients who managed to travel through roadblocks and checkpoints still faced questioning and harassment, further delaying critical care.

The destruction of health infrastructure only deepens the crisis. Attacks such as the Kunduz airstrike force hospitals to suspend operations or close entirely, cutting off access to trauma care and basic medical services for large populations. From the patient's perspective, these attacks mean longer travel times, overwhelmed facilities, and an erosion of faith in the system's ability to provide timely, effective care (MSF, 2014).

As highlighted in Gonzales and Gan article (2024), ethical challenges for aid organizations often result in compromised access for patients (p. 7) When humanitarian staff face security threats or are perceived as political actors, they are unable to deliver services safely. Consequently, patients are left without essential care in moments of crisis. This erosion of neutrality and impartiality in humanitarian work is not merely a theoretical problem, it has life-and-death consequences.

The politicization of humanitarian aid and the frequent attacks on medical services have had devastating consequences for patient access to care in conflict-affected contexts such as Afghanistan. The MSF report provides a critical window into the lived experiences of people

navigating a fractured and hostile healthcare landscape, one shaped not only by war but by policies and practices that have undermined humanitarian principles.

These testimonies highlight how communities are caught between warring parties, their suffering compounded by the collapse of neutral and impartial humanitarian provision. As one man from Dasht-e-Archi district notes:

“There is nothing the community can do. We are caught between both sides. And so we pick sides. Half of us support the government, half of us support the Taliban. The middle people will not survive. You have to pick a side, or you will be the first to suffer and you will not have anyone to help you.”

—Male, 48 years, cook and farmer (MSF, 2014)

People living in peripheral areas are particularly vulnerable, often trapped between insurgency and military operations with little or no access to medical care (MSF, 2014). Another interviewee from Baghlan province laments:

“In the last years, violence has blocked us coming to health centers and hospitals more than a hundred times... We never know how much fighting each week will bring. Even if you are able to move with your wounded you still have to get through roadblocks, checkpoints, questioning and harassment before you can reach the hospital.”

—Male, 25 years, Baghlan province (MSF, 2014)

These accounts, far from isolated, reflect a broader trend across provinces like Helmand and Kunduz, where a significant number of people report severe challenges in accessing MSF-supported health services due to insecurity (MSF, 2014).

Understanding the patient's perspective underscores the urgency of restoring humanitarian space and reasserting the principles of neutrality and impartiality in humanitarian operations. Without addressing these structural and political constraints, civilians will continue to receive the impact of a neglected healthcare crisis, one defined not just by conflict but by the very failure of humanitarian mechanisms meant to protect them from its worst effects.

10. Conclusion

This thesis has explored the politicization of humanitarian aid through a case study of MSF and the 2015 airstrike on its hospital in Kunduz, Afghanistan. Drawing on a range of critical scholarship and policy analysis, the study traced how humanitarianism, originally grounded in principles of neutrality, impartiality, and independence, is increasingly involved in political, military, and strategic considerations. The central research aim was to examine how the (de)politicization of aid contributes to attacks on humanitarian actors, and to analyze the role of institutional responses, such as United Nations Security Council Resolution 2286, through Bacchi's WPR framework.

By foregrounding the concept of politicization, this thesis revealed the multifaceted pressures that distort humanitarian action. Politicization in this context refers to the entanglement of aid delivery with state agendas and broader geopolitical strategies. This study emphasized that far from being peripheral or isolated, attacks on medical facilities, such as the Kunduz bombing, represent a systematic erosion of the humanitarian space, shaped by the shifting dynamics of conflict and governance. MSF's historical presence in Afghanistan, including its 2004 withdrawal following the murder of its staff, already exemplified the dangers of operating within contexts where humanitarian neutrality is increasingly disregarded or strategically manipulated.

Using Bacchi's WPR approach to analyze Resolution 2286 and associated discourses, this thesis tries to uncover how the problem of attacks on healthcare is often framed in depoliticized, technical terms—emphasizing compliance, training, and reporting mechanisms—while sidestepping deeper power asymmetries and geopolitical responsibilities. Such representations, while seemingly neutral, risk obscuring the structural and strategic logic behind these attacks. The resolution's call for accountability lacks enforceable mechanisms and fails to address the complicity or direct involvement of powerful actors in violating international humanitarian law. This is particularly salient given the Security Council's composition, where veto powers hold both the authority to shield themselves from scrutiny and the capacity to perpetuate militarized interventions under the guise of peace and security.

The theoretical framework combining the politicization of humanitarian aid, depoliticization processes, and critiques of neutrality has proven crucial in unpacking the dynamics behind the Kunduz case. It illustrated that neutrality itself can become a contested and unstable position—co-opted by militaries or rendered ineffective by states who exploit the façade of humanitarian language to justify their agendas. Meanwhile, depoliticizing narratives serve to deflect responsibility and reframe humanitarian crises as technical failures rather than political outcomes.

This thesis also argued that attacks on healthcare are not simply violations of law but ‘symptoms’ of a broader normalization of violence against humanitarian actors. Humanitarian organizations, particularly those maintaining independence from state or military structures, thus find themselves both physically targeted and ideologically delegitimized. The language of "collateral damage" and "tragic mistakes," such as used in the U.S. response to the Kunduz airstrike, obfuscates intentionality and dilutes accountability.

The implications of these findings are profound. They demand a reevaluation of international mechanisms purportedly designed to protect humanitarian actors, a recognition of the limits of resolutions like UNSC 2286, and a more robust interrogation of how power operates in humanitarian governance. They also point to the importance of supporting genuinely independent humanitarian actors, like MSF, who maintain fidelity to medical ethics even when it means confronting powerful interests. The politicization of humanitarian aid is not merely a discursive phenomenon; it has material consequences, including the loss of lives, the destruction of health systems, and the erosion of humanitarian norms.

This thesis contributes to a growing body of critical scholarship questioning the sustainability of humanitarian action in its current form. As conflicts become increasingly protracted and governed by hybrid coalitions of state and non-state actors, the risks to medical neutrality intensify. Moving forward, there is a pressing need for humanitarian organizations, scholars, and policymakers to engage in sustained reflection on how to reclaim and protect humanitarian space—not through performative resolutions or reactive legalism, but by confronting the political structures and logics that render such attacks thinkable and, too often, permissible.

To sum up, the case of MSF in Kunduz stands as both a tragic reminder and as a call to action to Member States. It reminds us of the precarity of humanitarian action in contemporary warfare, and it calls upon the international community to move beyond rhetorical condemnation toward meaningful structural change. Without addressing the root causes of politicization, future Kunduz-like tragedies may not only recur they may become the norm.

11. Bibliography

- Abu Sa'Da, C., Duroch, F., & Taithe, B. (2013). Attacks on medical missions: Overview of a polymorphous reality: The case of Médecins Sans Frontières. *International Review of the Red Cross*, 95(890), 309–330. <https://doi.org/10.1017/S1816383114000186>
- Arcos González, P., & Gan, R. K. (2024). The Evolution of Humanitarian Aid in Disasters: Ethical Implications and Future Challenges. *Philosophies*, 9(3), 62. <https://doi.org/10.3390/philosophies9030062>
- Atmar, M. H. (2002). Politicisation of humanitarian aid and its consequences for Afghans. *Disasters*, 25(4), 321–330. <https://doi.org/10.1111/1467-7717.00181>
- Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Pearson Education.
- Bagshaw, S. & Scott, E.K.M. Talk Is Cheap: Security Council Resolution 2286 & the Protection of Health Care in Armed Conflict. *Daedalus* 2023; 152 (2): 142–156. doi:https://doi.org/10.1162/daed_a_01997
- Baitenmann, H. (1990). NGOs and the Afghan War: The Politicisation of Humanitarian Aid. *Third World Quarterly*, 12(1), 62–85. <http://www.jstor.org/stable/3992448>
- Barakat, S., & Milton, S. (2020). "Localisation Across the Humanitarian-Development-Peace Nexus." *Journal of Peacebuilding & Development*, 15(2), 147–163.
- Barnett, M. (2005). Humanitarianism transformed. *Perspectives on Politics*, 3(4), 723–740. <https://www.jstor.org/stable/3688176>
- Barnett, M. (2011). *Empire of Humanity: A History of Humanitarianism*. Cornell University Press. <http://www.jstor.org/stable/10.7591/j.ctt7z8ns>
- Benson, M. S. (2002). Insecure environments: The missing piece? *Disasters*, 25(4), 321–330. <http://www.fmreview.org/humanitarianreform.htm>
- Best, G. (1994). *War and Law Since 1945*. Oxford University Press.
- Bhattarai, H. K., Acharya, K., & Land, A. (2018). Humanitarian assistance: is it politically instrumentalized? *Health Prospect*, 17(1), 1–4. <https://doi.org/10.3126/hprospect.v17i1.20563>
- Bradley, M. (2023). *The politics and everyday practice of international humanitarianism*. Oxford University Press.

- Brennan, R. J., & Sondorp, E. (2006). Humanitarian aid: Some political realities. *BMJ*, 333(7573), 817–818. <https://doi.org/10.1136/bmj.39002.408808.80>
- Brun, C. (2016). There is no future in humanitarianism: Emergency, temporality and protracted displacement. *History and Anthropology*, 27(4), 393–410. <https://doi.org/10.1080/02757206.2016.1207637>
- Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.
- Center for Strategic and International Studies (CSIS). (2021). *The future of humanitarian operations: Aid and politics in Syria*. <https://www.csis.org/analysis/future-humanitarian-operations-aid-and-politics-syria>
- Curtis, D. (2001). *Politics and humanitarian aid: Debates, dilemmas and dissension*. Report of a conference organised by ODI, POLIS at the University of Leeds and CAFOD, London.
- Danish Red Cross. (n.d.). *Humanitarian law*. <https://en.rodekors.dk/international/human-law>
- De Nardis, F. (2017). The concept of de-politicization and its consequences. *Partecipazione e Conflitto*, 10(2), 340–356. <https://doi.org/10.1285/i20356609v10i2p340>
- de Waal, A. (2015). The future of humanitarianism: Between utopia and dystopia. *Disasters*, 39(S2), S215–S227. <https://doi.org/10.1111/disa.12117>
- Denscombe, M. (2010). *The good research guide: For small-scale social research projects* (4th ed.). Open University Press.
- Devi, S. (2020). Access to health care under threat in Afghanistan. *The Lancet*, 396(10249), 658. [https://doi.org/10.1016/S0140-6736\(20\)31447-1](https://doi.org/10.1016/S0140-6736(20)31447-1)
- Donini, A. (2009). Afghanistan: Humanitarianism under threat. Feinstein International Center, Tufts University.
- Donini, A. (2011). Between a rock and a hard place: Integration or independence of humanitarian action? *International Review of the Red Cross*, 93(881), 141–157.
- Donini, A. (2012). *The Golden Fleece: Manipulation and Independence in Humanitarian Action*. Published by Kumarian Press.
- Duffield, M. (2001). *Global governance and the new wars: The merging of development and security*. Zed Books.

- Egeland, J., Harmer, A., & Stoddard, A. (2011). *To stay and deliver: Good practice for humanitarian in complex security environments*. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). <https://reliefweb.int/report/world/stay-and-deliver-good-practice-humanitarians-complex-security-environments>
- Ekzayez, A., & Percival, V. (2020). Decentralising the response to the Syrian conflict: Implications for legitimacy, service delivery and state-building. *Conflict, Security & Development*, 20(1), 69–91. <https://doi.org/10.1080/14678802.2020.1720014>
- European Civil Protection and Humanitarian Aid Operations. (n.d.). *Humanitarian principles*. https://civil-protection-humanitarian-aid.ec.europa.eu/who/humanitarian_principles_en
- Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. Longman.
- Fassin, D. (2007). Humanitarianism as a politics of life. *Public Culture*, 19(3), 499–520. <https://doi.org/10.1215/08992363-2007-007>
- Fast, L. (2014). *Aid in danger: The perils and promise of humanitarianism*. University of Pennsylvania Press.
- Foucault, M. (1972). *The archaeology of knowledge* (A. M. Sheridan Smith, Trans.). Pantheon Books.
- Fox, F. (2001). New humanitarianism: Does it provide a moral banner for the 21st century? *Disasters*, 25(4), 275–289. <https://doi.org/10.1111/1467-7717.00178>
- Freedman, R., & Houghton, R. (2017). Two steps forward, one step back: Politicisation of the Human Rights Council. *Human Rights Law Review*, 17(4), 753–769. <https://doi.org/10.1093/hrlr/ngx027>
- Flick, U. (2018). *An introduction to qualitative research* (6th ed.). SAGE Publications.
- Flinders M., Buller J. (2006), “Depoliticization: Principles, Tactics and Tools”, *British Politics*, 1, 3, pp. 293-318
- Flinders, M., & Wood, M. (2014). Depoliticisation, governance and the state. *Policy & Politics*, 42(2), 135-149. Retrieved May 26, 2025, from <https://doi.org/10.1332/030557312X655873>

- Flinders, M., & Wood, M. (2017). Discursive depoliticisation and political disengagement. In R. Wodak & B. Forchtner (Eds.), *The Routledge handbook of language and politics* (pp. 601-615). Routledge.
- Garamone, J. (2015). *Campbell: Kunduz hospital attack tragic, avoidable accident*. U.S. Department of Defense. <https://www.defense.gov/News/NewsStories/Article/Article/631304/campbell-kunduz-hospital-attack-tragic-avoidable-accident/>
- Gill, R. (2018). Depoliticisation, conflict and the post-political: Unpacking the anti-politics machine. *Progress in Human Geography*, 44(2), 363-384. <https://doi.org/10.1177/0309132518803424>
- Gopalan, N. (2015). Medical neutrality in humanitarian operations. *Cornell International Law Journal*, 48(2), 313-336.
- Gök, G. O. (2020). "Humanitarianism" transformed? Analyzing the role of transnational humanitarian NGOs in Turkish foreign policy toward the Middle East in the 2000s. In H. Papuçular & D. Kuru (Eds.), *A transnational account of Turkish foreign policy* (pp. 221-257). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-42897-6_10
- Hakki, L., Stover, E., & Haar, R. J. (2021). Breaking the silence: Advocacy and accountability for attacks on hospitals in armed conflict. *Health and Human Rights*, 23(2), 223-236. <https://www.hhrjournal.org/2021/11/breaking-the-silence-advocacy-and-accountability-for-attacks-on-hospitals-in-armed-conflict/>
- Haar, R.J. & Rubenstein, L.S. Health in fragile and post-conflict states: a review of current understanding and challenges ahead. *Med Confl Surviv*. 2012 Oct-Dec;28(4):289-316. doi:10.1080/13623699.2012.743311.
- Hockly, N., & Dudeney, G. (2007). *How to teach English with technology*. Pearson Longman.
- Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14(3), 575-599. <https://www.jstor.org/stable/3178066>
- Harmer, A., & Cotterrell, L. (2005). Diversity in donorship: The changing landscape of official humanitarian aid. *Humanitarian Policy Group Research Report* <https://cdn.odi.org/media/documents/229.pdf>
- Hay, C. (2007). *Why we hate politics*. Polity Press.

- Hoelscher, K., Miklian, J., & Nygård, H. M. (2017). Conflict, Peacekeeping, and Humanitarian Security: Understanding Violent Attacks Against Aid Workers. *International Peacekeeping*, 24(4), 538–565. <https://doi.org/10.1080/13533312.2017.1321958>
- Hoffman, P. J. (2018). *Humanitarianism, war, and politics: Solferino to Syria and beyond*. Rowman & Littlefield.
- Hoffman, P. J., & Weiss, T. G. (2006). *Sword and salve: Confronting new wars and humanitarian crises*. Rowman & Littlefield.
- International Federation of Red Cross and Red Crescent Societies. (n.d.). *Code of conduct for the International Red Cross and Red Crescent Movement and NGOs in disaster relief*. <https://www.ifrc.org/document/code-conduct-international-red-cross-and-red-crescent-movement-and-ngos-disaster-relief>
- Jaff, D., Singh, K., & Margolis, L. (2016). Targeting health care in armed conflicts and emergencies. *Medicine, Conflict and Survival*, 32(1), 21–29. <https://www.jstor.org/stable/10.2307/27017925>
- Jackson, A. (2012). *Talking to the other side: Humanitarian engagement with the Taliban in Afghanistan*. Humanitarian Policy Group.
- Kalshoven, F. (1989). Impartiality and Neutrality in Humanitarian Law and Practice. *International Review of the Red Cross*, 29(273), 516–535. doi:10.1017/S0020860400074866
- Khan, T., & Shaikh, H. (2013). Politics of humanitarian and development assistance in Pakistan: Effectiveness, accountability and sustainability. *Sustainable Development Policy Institute*. <https://www.jstor.org/stable/resrep00610>
- Kouassi, J.-B. K. (2015). Beyond the rhetoric of the international community: Humanitarian action and the United Nations peacekeeping mission in Côte d'Ivoire (UNOCI). *African Journal of Political Science and International Relations*, 9(1), 9–17. <https://doi.org/10.5897/AJPSIR2014.0713>
- Koschut, S. (2018). Appropriately upset? A methodological framework for tracing the emotion norms of the transatlantic security community. *Politics and Governance*, 6(4), [125–134]. <https://doi.org/10.17645/pag.v6i4.1501>
- Krishnan, V. (2015). *Crises in humanitarian space: Afghan experience*. Cambridge Scholars.

- Magone, C., Neuman, M., & Weissman, F. (Eds.). (2011). *Humanitarian negotiations revealed: The MSF experience*. Médecins Sans Frontières. <https://www.msf.org/en/publications/humanitarian-negotiations-revealed-msf-experience>
- MSF-Crash. (n.d.). *Stories of humanitarian negotiations: The experience of MSF*. <https://msfcrash.org/en/agir-tout-prix-negociations-humanitaires-lexperience-de-msf/i-stories>
- Médecins Sans Frontières. (2004). *MSF pulls out of Afghanistan*. <https://www.msf.org/msf-pulls-out-afghanistan>
- Médecins Sans Frontières. (2004, August 3). *The real reasons MSF left Afghanistan*. <https://www.msf.org/real-reasons-msf-left-afghanistan>
- Médecins Sans Frontières. (2014). *Between rhetoric and reality: The ongoing struggle to access healthcare in Afghanistan*. <https://www.msf.org/report-between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan>
- Médecins Sans Frontières. (2014). *MSF shocked by death of 5 staff in Afghanistan*. <https://www.msf.org/msf-shocked-death-5-staff-afghanistan>
- Médecins Sans Frontières. (2015, November 5). *Initial MSF internal review: Attack on Kunduz Trauma Centre, Afghanistan*. https://www.msf.org/sites/default/files/inline-images/msf_kunduz_review_041115_for_public_release.pdf
- Médecins Sans Frontières. (2015). *Kunduz hospital attack in depth*. <https://www.msf.org/kunduz-hospital-attack-depth>
- Médecins Sans Frontières. (2015). *Afghanistan: MSF releases internal review of Kunduz hospital attack*. <https://www.msf.org/afghanistan-msf-releases-internal-review-kunduz-hospital-attack>
- Médecins Sans Frontières. (2016). *The continued struggle to access medical care in Afghanistan: One year after Uruzgan*. <https://www.msf.org/continued-struggle-access-care-afghanistan>
- Médecins Sans Frontières. (2020). *Reality check: Afghanistan's neglected healthcare crisis*. <https://www.msf.org/report-reality-check-afghanistans-neglected-healthcare-crisis>
- Médecins Sans Frontières. (2023). *Speech: MSF highlights three urgent humanitarian crises amid global inaction in House of Commons*

- meeting. <https://www.doctorswithoutborders.ca/speech-msf-highlights-three-urgent-humanitarian-crises-amid-global-inaction-in-house-of-commons-meeting/>
- Médecins Sans Frontières. (2023). *Report: Between rhetoric and reality – The ongoing struggle to access healthcare in Afghanistan*. <https://www.msf.org/report-between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan>
- Meininghaus, E. (2016). Humanitarianism in intra-state conflict: Aid inequality and local governance in government- and opposition-controlled areas in the Syrian war. *Third World Quarterly*, 37(8), 1454–1482. <https://doi.org/10.1080/01436597.2016.1159509>
- McGoldrick, C. (2011). The future of humanitarian action: An ICRC perspective. *International Review of the Red Cross*, 93(884), 965–991. <https://doi.org/10.1017/S1816383112000416>
- Minear, L. (2002). The theory and practice of neutrality: Some thoughts on the tensions. *International Review of the Red Cross*, 84(847), 505–515. <https://doi.org/10.1017/S156077550009566X>
- Müller, K. M. (2021). The politics of naming: Constructing and contesting legitimacy in UN peacekeeping. *Global Governance: A Review of Multilateralism and International Organizations*, 27(1), 86–105. <https://doi.org/10.1163/19426720-02701006>
- Munslow B. Humanitarianism under attack. *Int Health*. 2019 Sep 2;11(5):358-360. doi: 10.1093/inthealth/ihz065. PMID: 31529116.
- Overseas Development Institute. (2019). *Humanitarian Policy Group annual report 2018 2019*. <https://media.odi.org/documents/287.pdf>
- Petiteville, F. (2018). International organizations beyond depoliticized governance. *Globalizations*, 15(3), 301–313. <https://doi.org/10.1080/14747731.2017.1370850>
- Pozo, A., Richards, H., & Sax, N. (2024, October). *Medical care under fire; the new normal? The MSF's experience in Gaza, Sudan & Ukraine*. Centre for Applied Reflection on Humanitarian Practice (ARHP), Médecins Sans Frontières. <https://arhp.msf.es/resource/medical-care-under-fire-the-new-normal-the-msfs-experience-in-gaza-sudan-ukraine/>
- Punch, K. F. (2016). *Introduction to social research: Quantitative and qualitative approaches* (3rd ed.). SAGE Publications.

- Pradi, M. (2017). *What about peacekeepers? Deterring attacks against humanitarian workers* (Master's thesis). Uppsala University, Department of Peace and Conflict Research. Retrieved from <https://docslib.org/doc/439375/what-about-peacekeepers-deterring-attacks-against-humanitarian-workers>
- Redfield, P. (2013). *Doctors Without Borders: Humanitarian Quests, Impossible Dreams*. University of California Press.
- Riemann, M. (2023). Studying problematizations: The value of Carol Bacchi's 'What's the Problem Represented to be?' (WPR) methodology for IR. *Alternatives: Global, Local, Political*, 48(2), 151–169. <https://doi.org/10.1177/03043754231155763>
- Rubenstein, L. S. (2017). *Perilous medicine: The struggle to protect health care from the violence of war*. Columbia University Press.
- Salmons, D. (2019). The end of humanitarianism? Violent humanitarian crises and the future of aid. *Journal of Humanitarian Affairs*, 1(2), 45–57. <https://doi.org/10.7227/JHA.011>
- Sassòli, M., & Shany, Y. (2011). Debate: Should the obligations of states and armed groups under international humanitarian law really be equal? *International Review of the Red Cross*, 93(882), 425–436. <https://doi.org/10.1017/S1816383111000403>
- Security Council Report. (n.d.). *The veto*. <https://www.securitycouncilreport.org/un-security-council-working-methods/the-veto.php/>
- Sellers, H. (2024). Harming those doing good? The role of anti-aid rhetoric in explaining aid worker attacks. *Journal of Human Rights*, 23(5), 530–547. <https://doi.org/10.1080/14754835.2024.2380702>
- Slim, H. (2015). *Humanitarian ethics: A guide to the morality of aid in war and disaster*. Oxford University Press.
- Slim, H. (2022). Humanitarian ethics and the assault on aid. *Humanitarian Practice Network*. <https://odihpn.org/blog/humanitarian-ethics-and-the-assault-on-aid/>
- Terry, F. (2013). Violence against health care: Insights from Afghanistan, Somalia, and the Democratic Republic of the Congo. *International Review of the Red Cross*, 95(889), 23–39. <https://doi.org/10.1017/S1816383113000581>
- Tranfield, D., Denyer, D., & Smart, P. (2003). Towards a methodology for developing evidence informed management knowledge by means of systematic review. *British Journal of Management*, 14(3), 207–222. <https://doi.org/10.1111/1467-8551.00375>

- Tyssen, H. (2024). *Humanitarian aid as political weapon: An analysis of DG ECHO's policy in Afghanistan* [Ghent University]. Ghent Institute for International and European Studies. https://www.ugent.be/ps/politiekewetenschappen/gies/en/research/publications/onours_paper/academic-year-2023-2024/humanitarian-aid-as-political-weapon
- United Nations Security Council. (2016). *Resolution 2286* (2016). <https://www.un.org/press/en/2016/sc12347.doc.htm>
- United Nations Security Council. (n.d.). *What is the Security Council?* <https://main.un.org/securitycouncil/en/content/what-security-council>
- van Dijk, T. A. (2001). *Multidisciplinary CDA: A plea for diversity*. In R. Wodak & M. Meyer (Eds.), *Methods of Critical Discourse Analysis* (pp. 95–120). SAGE Publications.
- Visser, S. (2019). *The politicisation of humanitarian aid and its effects on (in)security: A case study of the experiences of international aid workers of MSF in providing emergency relief within the Syrian conflict* (Master's thesis). Radboud University, Nijmegen School of Management. Retrieved from <https://theses.ubn.ru.nl/bitstreams/b6cc9402-b9b2-435d95e3-3a043ee3e2ff/content>
- Weissman, F. M. (2017). "Humanitarian Neutrality and Protection of Aid Workers." In: *International Review of the Red Cross*, Volume 99, Issue 905–906.
- Weiss, T. G. (1999). Principles, Politics, and Humanitarian Action. *Ethics & International Affairs*, 13, 1–22. doi:10.1111/j.1747-7093.1999.tb00322.x
- Wood, R. M., & Sullivan, C. (2015). Doing harm by doing good? The negative externalities of humanitarian aid provision during civil conflict. *Journal of Politics*, 77(3), 736–748. <https://doi.org/10.1086/681239>
- Yalcin, K. (2019). *The politicisation and problem representation of search and rescue efforts on the Central Mediterranean Sea*. Malmö University.
- Zürn, M. (2014). The politicization of world politics and its effects: Eight propositions. *European Political Science Review*, 6(1), 47–71. <https://doi.org/10.1017/S1755773912000276>