



MSF, South Sudan

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The *BMJ* appeal 2025-26: Hospitals should be sanctuaries, not military targets

Last year, MSF healthcare workers and facilities in South Sudan experienced multiple attacks. **David Charo Kahindi**, MSF's medical coordinator, was in Old Fangak in May the day the hospital there was bombed

David Charo Kahindi *medical coordinator*

At 4 50 am on Saturday 3 May 2025, I was woken by the sound of bombs dropping nearby, helicopters overhead, and people screaming all around me. With every explosion, I feared for my life and the lives of everyone in the area. The bombing continued for about an hour. I felt completely powerless and overwhelmed by a mix of terror, sadness, and anger—terror for my life, sadness for the innocent people around me, and anger that a place meant for healing had become a target of destruction.

As soon as it was quiet, I jumped in the boat to get to MSF's hospital where I found our pharmacy on fire. Bullets and pieces of exploded weaponry were everywhere. All of the MSF team and local people were trying to extinguish the blaze with buckets of water. Our fuel tanks were located just a few metres away and we were desperate to prevent another devastating explosion. It took us five hours to put out the fire.

When I walked into the wards, they were empty. Bullet holes and blood covered the floor. I didn't know where the patients had gone. Then I reached the emergency room where the team was busy stabilising and treating 20 patients who had just arrived from the town, some in a critical condition with gunshot wounds to the head, chest, or abdomen. We did everything we could, but there were no supplies other than what had been on the ward before the attack. It was not enough.

I would later learn that two helicopter gunships had deliberately targeted MSF's project, dropping a bomb on the pharmacy, burning it to the ground, before going on to fire on the town of Old Fangak for around 30 minutes. At about 7 am, a drone bombed the Old Fangak market. In total, seven people were killed and 32 injured, including four members of MSF staff who were working in the hospital.

As thousands of people fled the town, we raced to evacuate the wounded by boat. I remember vividly two young men with open abdominal injuries, a woman whose leg had been shattered by gunship fire, a child with an open leg fracture, and another woman with a shattered hand and a head injury. We worked against time dressing wounds, stabilising them as best we could, before lying them side by side in the boat and pushing off toward what we hoped was safety in a nearby village. We improvised a makeshift facility in the middle of nowhere to care for those who were injured, which was mostly women and children.

By morning, more than 10 000 people had fled to the same location and despite receiving an urgent airlift of 350 kg of medical supplies, it was clear we were going to struggle to supply adequate medical care. Consequently, a decision was made to refer all cases to the nearest functioning facility, which was accessible only by air.

The hospital in Old Fangak was the only one in the county and had been there for more than 10 years. It was a 35 bed hospital that had an outpatient department, inpatient wards, and maternity unit. Now, there is nothing left. The 110 000 people it served have lost a critical lifeline.

In the early hours of 3 December, another MSF project in Pieri, Jonglei State, was attacked. After the healthcare centre was hit and the gunship left, MSF teams found bullets had hit the buildings and infrastructure within the facility. Later, they witnessed further airstrikes in Lankien, where MSF runs healthcare facilities, but this time there was no direct damage.¹ Fortunately, there were no reported casualties at either site. MSF is the only healthcare provider supporting women and children in Pieri, while our hospital in Lankien is the only facility in the region for secondary and lifesaving care.

MSF experienced eight targeted attacks in 2025 on its facilities and staff in the states of Central Equatoria, Jonglei, and Upper Nile, forcing the closure of two hospitals in Ulang and Old Fangak.

I am completely heartbroken by these attacks. Witnessing a place dedicated to saving lives turned into a target of violence was devastating. Hospitals should be sanctuaries, yet in that moment, they became symbols of vulnerability. I felt an overwhelming sense of helplessness, knowing that patients who trusted us for care were now in grave danger, and that our ability to provide even the most basic treatment had been shattered. The fear was palpable, but so were the anger and sorrow. These attacks not only endanger lives immediately; they erode the very foundation of humanitarian healthcare. No one should ever have to choose between seeking healthcare or avoiding hospitals for fear they're unsafe.

With international funding cuts to humanitarian and development programmes, and the precarious state of the national healthcare system, our presence in many areas of South Sudan is critical. In every location where we work, we witness huge gaps in

health services where facilities are either non-functional or severely under-resourced. The whole health system is at breaking point. Without urgent action from the government and the international community, the consequences for the people of South Sudan will be catastrophic.

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AI use: Author used AI to assist with phrasing some sentences.

- 1 South Sudan MSF. MSF healthcare centre hit during airstrike. 2025. https://msf.org.uk/article/south-sudan-msf-healthcare-centre-hit-during-airstrike?search_term=lankien