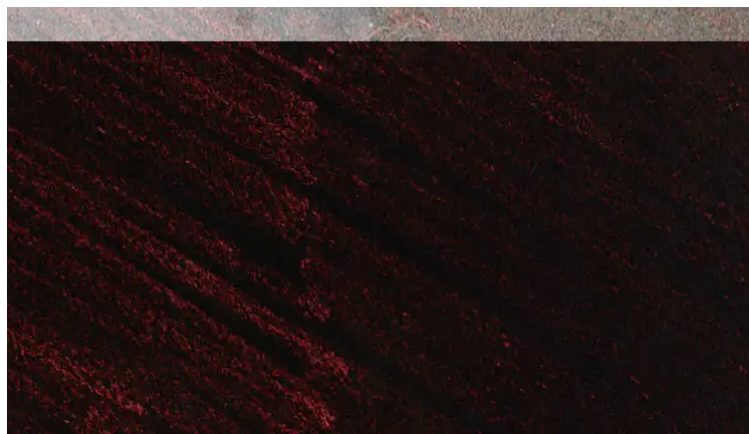


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OPINION
GUEST ESSAY

65 Doctors, Nurses and Paramedics: What We Saw in Gaza



Daniel Benneworth-Gray

By Feroze Sidhwa

Dr. Sidhwa is a trauma and general surgeon who worked at the European Hospital in Khan Younis, Gaza, for two weeks in March and April.

Oct. 9, 2024

I worked as a trauma surgeon in Gaza from March 25 to April 8. I've volunteered in Ukraine and Haiti, and I grew up in Flint, Mich. I've seen violence and worked in conflict zones. But of the many things that stood out about working in a hospital in Gaza, one got to me: Nearly every day I was there, I saw a new young child who had been shot in the head or the chest, virtually all of whom went on to die. Thirteen in total.

At the time, I assumed this had to be the work of a particularly sadistic soldier located nearby. But after returning home, I met an emergency medicine physician who had worked in a different hospital in Gaza two months before me. "I couldn't believe the number of kids I saw shot in the head," I told him. To my surprise, he responded: "Yeah, me, too. Every single day."



These photographs of X-rays were provided by Dr. Mimi Syed, who worked in Khan Younis from Aug. 8 to Sept. 5. She said: “I had multiple pediatric patients, mostly under the age of 12, who were shot in the head or the left side of the chest. Usually, these were single shots. The patients came in either dead or critical, and died shortly after arriving.” Dr. Mimi Syed

An enormous amount of information about the extent of the devastation in Gaza has been gleaned from satellite data, humanitarian organizations and Gaza’s Ministry of Health. However, Israel does not allow journalists or human rights investigators into Gaza outside of a very small number of embedded reporting trips with the Israeli military, and stories from Palestinian journalists in Gaza have not been read widely enough, despite the incredible risks they take in reporting there.

But there is a group of independent observers who have seen this war from the ground, day after day: volunteer health care workers.

Through personal contacts in the medical community and a good deal of searching online, I was able to get in touch with American health care workers who have served in Gaza since Oct. 7, 2023. Many have familial or religious ties to the Middle East. Others, like me, do not, but felt compelled to volunteer in Gaza for a variety of reasons.

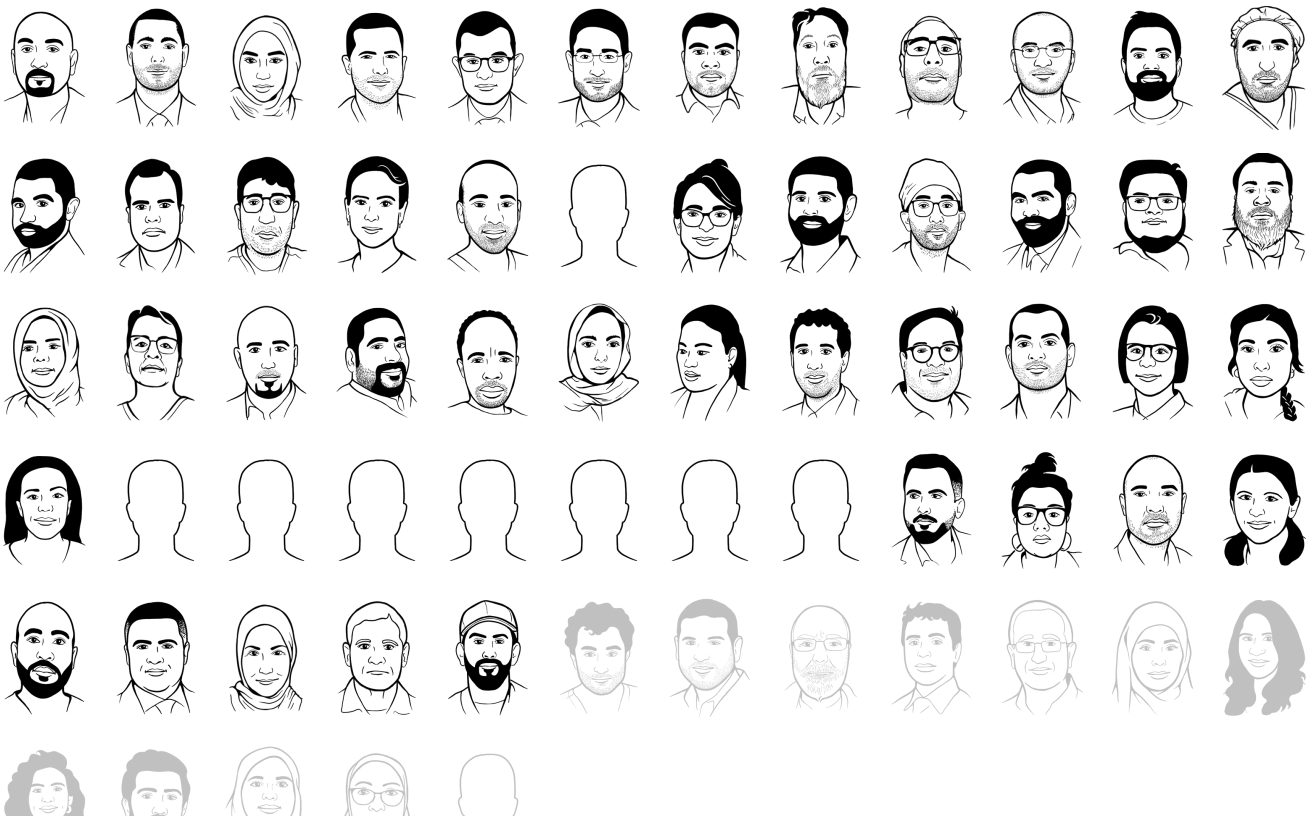
Using questions based on my own observations and my conversations with fellow doctors and nurses, I worked with Times Opinion to poll 65 health care workers about what they had seen in Gaza. Fifty-seven, including myself, were willing to share their experiences on the record. The other eight participated anonymously, either because they have family in Gaza or the West Bank, or because they fear workplace retaliation.

This is what we saw.

44 doctors, nurses and paramedics saw multiple cases of preteen children who had been shot in the head or chest in Gaza.

9 did not

12 did not regularly treat children in an emergency context





Dr. Mohamad Rassoul Abu-Nuwar

General, bariatric and foregut surgeon, 36 years old, Pittsburgh, Pa.

“One night in the emergency department, over the course of four hours, I saw six children between the ages of 5 and 12, all with single gunshot wounds to the skull.”



Nina Ng

Emergency nurse, 37 years old, New York City, N.Y.

“Pediatric gunshot-wound patients were treated on the floor, often bleeding out on the floor of the hospital due to lack of space, equipment, staff and support. Many died unnecessarily.”



Dr. Mark Perlmutter

Orthopedic and hand surgeon, 69 years old, Rocky Mount, N.C.

“I saw several children shot with high velocity bullet wounds, in both the head and chest.”



Dr. Irfan Galaria

Plastic and reconstructive surgeon, 48 years old, Chantilly, Va.

“Our team cared for about four or five children, ages 5 to 8 years old, that were all shot with single shots to the head. They all presented to the emergency room at the same time. They all died.”

Rania Afaneh

Paramedic, 23 years old, Savannah, Ga.



“I saw a child who had been shot in the jaw. No other part of his body was affected. He was fully awake and aware of what was going on. He stared at me while he choked on his own blood as I tried to suction the blood out with a broken suction unit.”

Dr. Khawaja Ikram

Orthopedic surgeon, 53 years old, Dallas, Texas



“One day, while in the E.R., I saw a 3-year-old and 5-year-old, each with a single bullet hole to their head. When asked what happened, their father and brother said they had been told that Israel was backing out of Khan Younis. So they returned to see if anything was left of their house. There was, they said, a sniper waiting who shot both children.”

Dr. Ahlia Kattan

Anesthesiologist and critical care doctor, 37 years old, Costa Mesa, Calif.



“I saw an 18-month-old little girl with a gunshot wound to the head.”

Dr. Ndal Farah

Anesthesiologist, 42 years old, Toledo, Ohio



“I saw many children. In my experience the gunshot wound was often to the head. Many had non-curable, permanent brain damage. It was almost a daily occurrence to have children arrive at the hospital with gunshot wounds to the head.”

Times Opinion sent questions about the experiences of these American health care workers to the Israel Defense Forces. A spokesperson for the I.D.F. responded with a statement that did not directly answer whether or not the military had investigated reports of shootings of preteen children, or if any disciplinary action had been taken against soldiers for firing at children. The statement began, “The I.D.F. is committed to mitigating civilian harm during operational activity. In that spirit, the I.D.F. makes great efforts to estimate and consider potential civilian collateral damage in its strikes. The I.D.F. is fully committed to respecting all applicable international legal obligations, including the Law of Armed Conflict.”

63 doctors, nurses and paramedics observed severe malnutrition in patients, Palestinian medical workers and the general population.

2 did not





Merril Tydings

Flight, emergency and critical care nurse, 44 years old, Santa Fe, N.M.



“These people were starving. I learned very quickly to not drink my water or eat the food I had brought in front of the health care workers because they had gone so many days without.”

Dr. Ndal Farah

Anesthesiologist, 42 years old, Toledo, Ohio



“Malnutrition was widespread. It was common to see patients reminiscent of Nazi concentration camps with skeletal features.”

Abeerah Muhammad

Emergency and critical care nurse, 33 years old, Dallas, Texas



“Everyone we met showed us pictures of themselves before October. They had all lost 20 to 60 pounds of weight. Most patients and staff looked emaciated and dehydrated.”

Asma Taha

Pediatric nurse practitioner, 57 years old, Portland, Ore.



“The head of the NICU, in particular, was almost unrecognizable — he had lost nearly half of his body weight compared to his prewar appearance. These changes were not just physical; they reflected the emotional and psychological toll the conflict had taken on those dedicated to caring for others, even as they struggled with their own personal losses and challenges.”

Dr. Nahreen Ahmed

Pulmonary and critical care doctor, 40 years old, Philadelphia, Pa.



“Every patient I treated had evidence of malnutrition. For example, poor wound healing and rapidly developing infections.”

Dr. Aman Odeh

Pediatrician, 40 years old, Austin, Texas



“Mothers on the maternity ward delivered prematurely because of malnutrition, stress and infection. Milk production was poor due to lack of hydration and adequate food supply.”

Dr. Mike Mallah

Trauma, critical care and general surgeon, 40 years old, Charleston, S.C.



“All of my patients were suffering from malnutrition, 100 percent.”

Dr. Deborah Weidner

General, child and adolescent psychiatrist, 58 years old, Hartford, Conn.

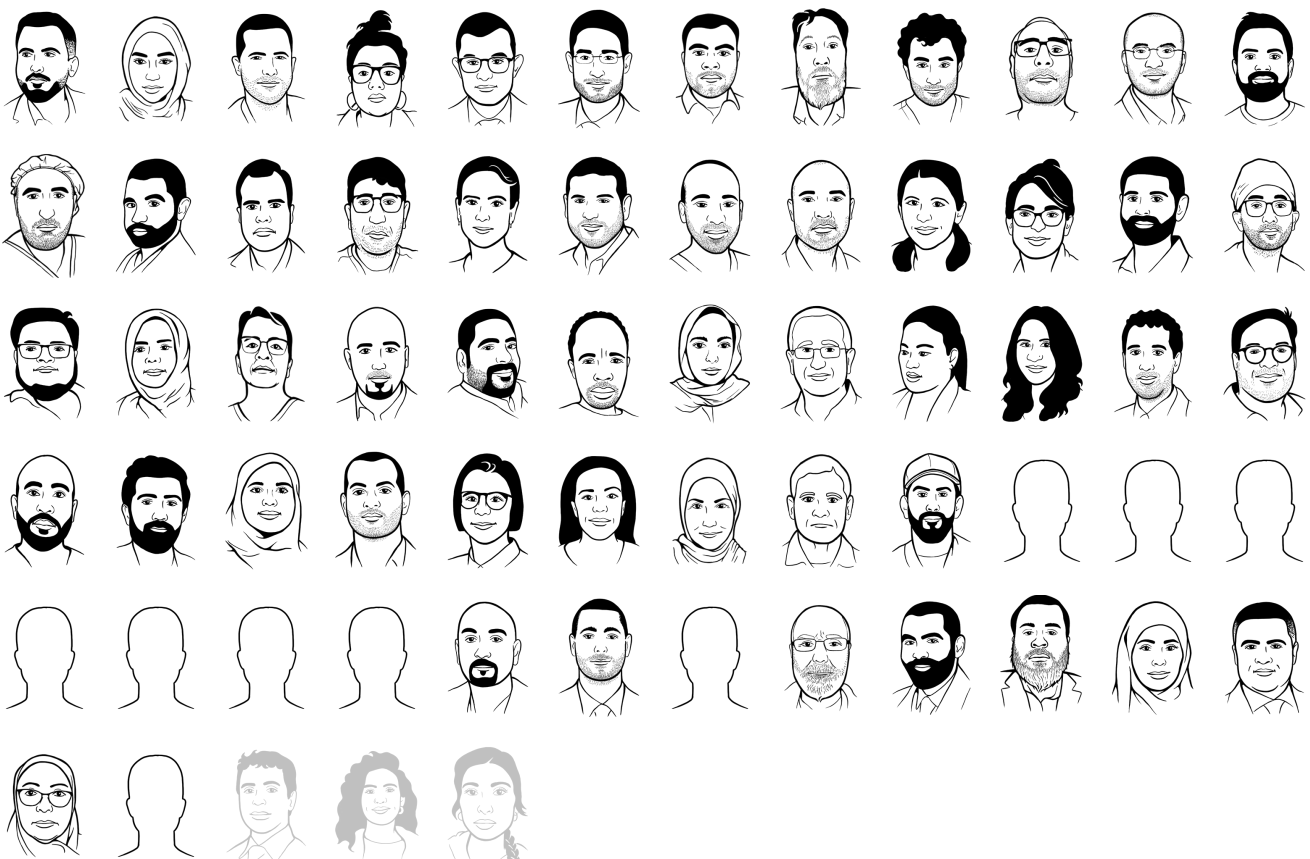


“The patients were very thin. I could see that their pants were too big, and their belts had been tightened.”

52 doctors, nurses and paramedics observed nearly universal psychiatric distress in young children and saw some who were suicidal or said they wished they had died.

10 did not

3 did not regularly work with children



Dr. Mimi Syed

Emergency medicine doctor, 44 years old, Olympia, Wash.



“One 4-year-old girl with major burns to her body was completely dissociated. She was staring out into space, humming a lullaby to herself. Not crying, but shaking and in utter shock.”

Dr. Ahlia Kattan

Anesthesiologist and critical care doctor, 37 years old, Costa Mesa, Calif.



“Every child I spent time with looked to me as a mother, for safety. They were lacking emotional security and physical security and it was very obvious to us from the way they clung to us and asked us to take them home in our suitcases.”

Dr. Tanya Haj-Hassan

Pediatric critical care doctor, 39 years old



“One child who had lost all his family wished he had been killed, too, saying: ‘Everyone I love is in heaven. I don’t want to be here anymore.’”

Laura Swoboda

Wound nurse practitioner, 37 years old, Mequon, Wis.



“At one point while doing rounds on wound patients in the pediatric ward, the head nurse grabbed my arm and begged us to bring psychiatric help for them the next time we came.”

Dr. Feroze Sidhwa

Trauma, critical care and general surgeon, 42 years old, Lathrop, Calif.



“Most children certainly enjoyed moments of happiness, but in general the children were frightened, on edge, desperate, hungry, thirsty and disoriented. One severely injured child, a young boy with a right leg amputation and broken right arm and left leg, repeatedly asked his mother why he couldn’t have died with his other family members.”

Abeerah Muhammad

Emergency and critical care nurse, 33 years old, Dallas, Texas



“I treated multiple children with explosive and shrapnel injuries. Many children exhibited stoicism and did not cry even when in pain; this is an unusual psychological response in a child. We were forced to suture many lacerations without anesthetic, and children would be listless while we did this instead of resisting. I saw children who had witnessed many family members be killed in front of them. They all expressed the wish to be dead and join their families. I saw preteen and teenage children who had evidence of self-harm such as cutting on their forearms.”

Dr. Mohammed Al-Jaghbeer

Pulmonary and critical care doctor, 41 years old, Ohio



“Many children would not speak for days, even with their family at bedside. One child would not accept a gift I brought of a little plastic car, because she did not want to touch or talk to anyone but her father.”

Dr. Adam Hamawy

Plastic and reconstructive surgeon, 55 years old, South Brunswick, N.J.



“Children who lost limbs and could not run or play specifically said they wished they had died, and some wanted to kill themselves.”

Dr. Mark Perlmutter

Orthopedic and hand surgeon, 69 years old, Rocky Mount, N.C.



“Many said that they wished the next bomb would just hit them to put an end to their torture.”

Rania Afaneh

Paramedic, 23 years old, Savannah, Ga.



“A child was brought in with her father after their home was bombed. Her father lay naked, covered by a thin plastic sheet in the bed next to her, unable to move while he listened to her screams. She was injured, but she wasn't screaming in pain. She was screaming for her mother and father, and was afraid until I put her in my lap and comforted her until she fell asleep.”

Dr. Talal Ali Khan

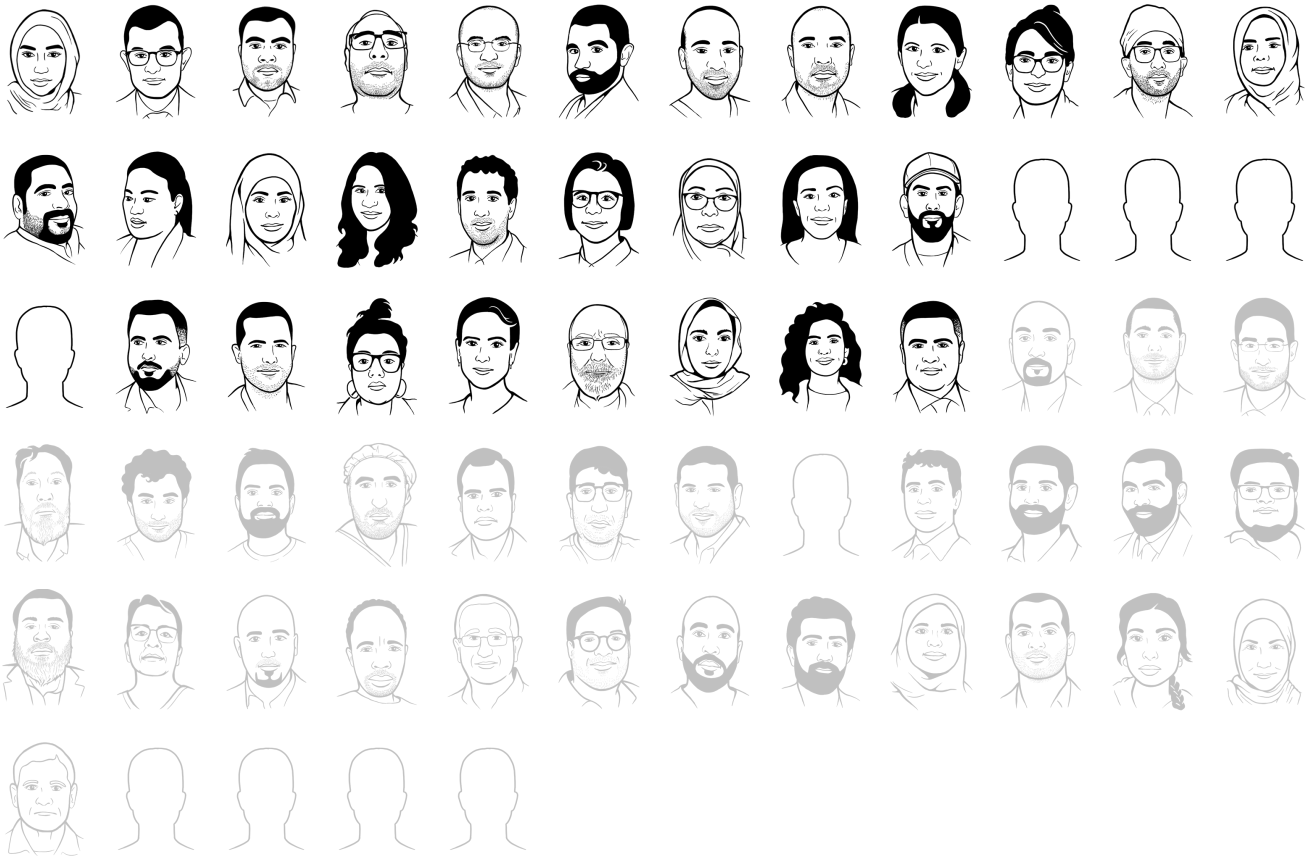
Nephrologist and internist, 40 years old, Oklahoma City, Okla.



“Many children in Gaza are not like normal kids. It seems like their childhood is wiped away. No smiles, no eye contact. They even don't play like regular kids. I saw them just sitting and staring at their hands or their water bottles, not willing to interact with anybody.”

25 doctors, nurses and paramedics saw babies who had been born healthy return to hospitals and die from dehydration, starvation or infections caused by their malnourished mothers' inability to breastfeed and a lack of infant formula and clean water.

8 did not 32 did not work with newborns



Laura Swoboda

Wound nurse practitioner, 37 years old, Mequon, Wis.



“Infants that would normally survive in resource-rich settings died in Gaza. An infant that our pediatric cardiologist tended to overnight passed away, and later that day I saw the family carry out the small body wrapped in a medical surgical drape.”

Dr. Arham Ali

Pediatric critical care doctor, 38 years old, Loma Linda, Calif.



“Starved mothers would report to the I.C.U. begging for formula to feed their newborn children. Newborn babies only a few hours or days old would present to the hospital severely dehydrated, infected and hypothermic. Many babies died from these conditions which were 100 percent preventable deaths.”

Merril Tydings

Flight, emergency and critical care nurse, 44 years old, Santa Fe, N.M.



“It is very simple. A baby born to a malnourished mother is going to have difficulty thriving and growing with a continued lack of nutrients.”

Abeerah Muhammad

Emergency and critical care nurse, 33 years old, Dallas, Texas



“There were hundreds of displaced families living in and around the hospital. The babies showed signs of acute dehydration including lethargy, sunken fontanel and eyes, no tears when crying and not producing urine.”

Monica Johnston

Burn and wound critical care nurse, 45 years old, Portland, Ore.



“One mother was discharged two hours after she gave birth. I saw her on my walk to the hospital a few days later and she was begging me for infant formula because she couldn’t produce enough milk.”

Asma Taha

Pediatric nurse practitioner, 57 years old, Portland, Ore.



“Every day, desperate families stopped by pleading for just a single can of formula to feed their starving newborns. Sadly, with supplies severely limited, we were often unable to meet their urgent needs.”

Dr. Aman Odeh

Pediatrician, 40 years old, Austin, Texas

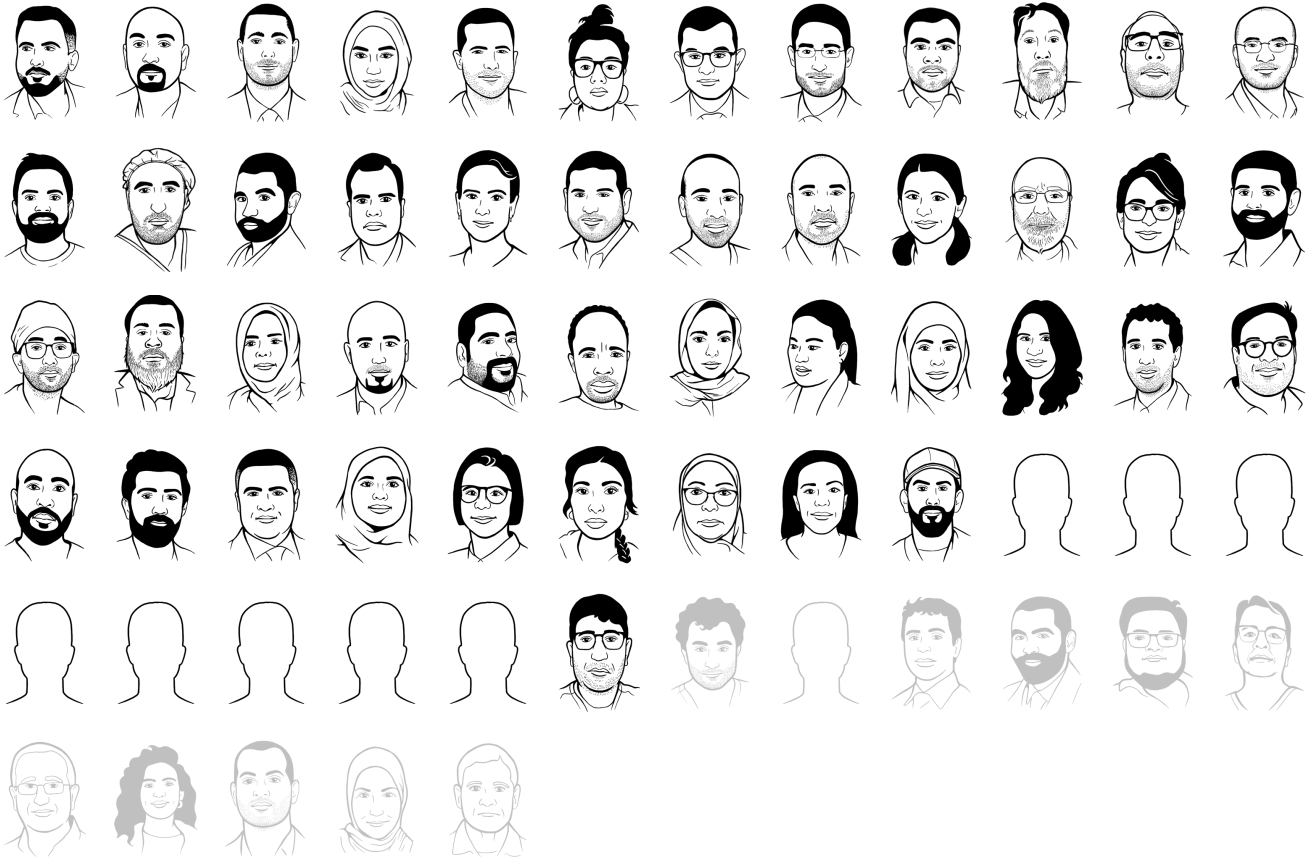


“I worked in a neonatal I.C.U. Several infants died every day due to lack of medical supplies and appropriate nutrition. We had to make tough decisions about which very sick baby would be on the ventilator due to lack of equipment. I saw a family bringing in their dead 3-day-old infant who had been living in a tent.”

53 doctors, nurses and paramedics saw many children suffering from easily preventable infections, some of whom died from them.

1 did not

11 did not regularly work with children with infections



Dr. Mark Perlmutter

Orthopedic and hand surgeon, 69 years old, Rocky Mount, N.C.



“Children with relatively minor injuries, including fractures and burns, succumbed to their injuries when even in developing countries they could have easily been saved.”

Abeerah Muhammad

Emergency and critical care nurse, 33 years old, Dallas, Texas



“Women and girls were using tent scraps and pieces of diapers, towels and cloth as menstrual pads and acquiring toxic shock syndrome.”

Dr. Irfan Galaria

Plastic and reconstructive surgeon, 48 years old, Chantilly, Va.



“One hundred percent of my surgical patients developed infections. The wounds were dirty given the nature of the injury — rubble, debris.”

Dr. Ahlia Kattan

Anesthesiologist and critical care doctor, 37 years old, Costa Mesa, Calif.



“Multiple young patients had amputations that became infected. Poor wound healing from lack of sanitation and nutrition led to further amputations.”

Monica Johnston

Burn and wound critical care nurse, 45 years old, Portland, Ore.



“Nearly all new children admitted during my time died. Almost all of these deaths would not have happened if we had proper nutrition, infection control abilities (as simple as soap and hand sanitizer) and adequate supplies.”

Dr. Adam Hamawy

Plastic and reconstructive surgeon, 55 years old, South Brunswick, N.J.



“Nearly all the children that I cared for suffered from severe malnutrition. This resulted in difficulty healing from surgery and high infection rates. The mortality rate for injured children that I cared for was nearly 80 percent.”

Wilhelmi Massay

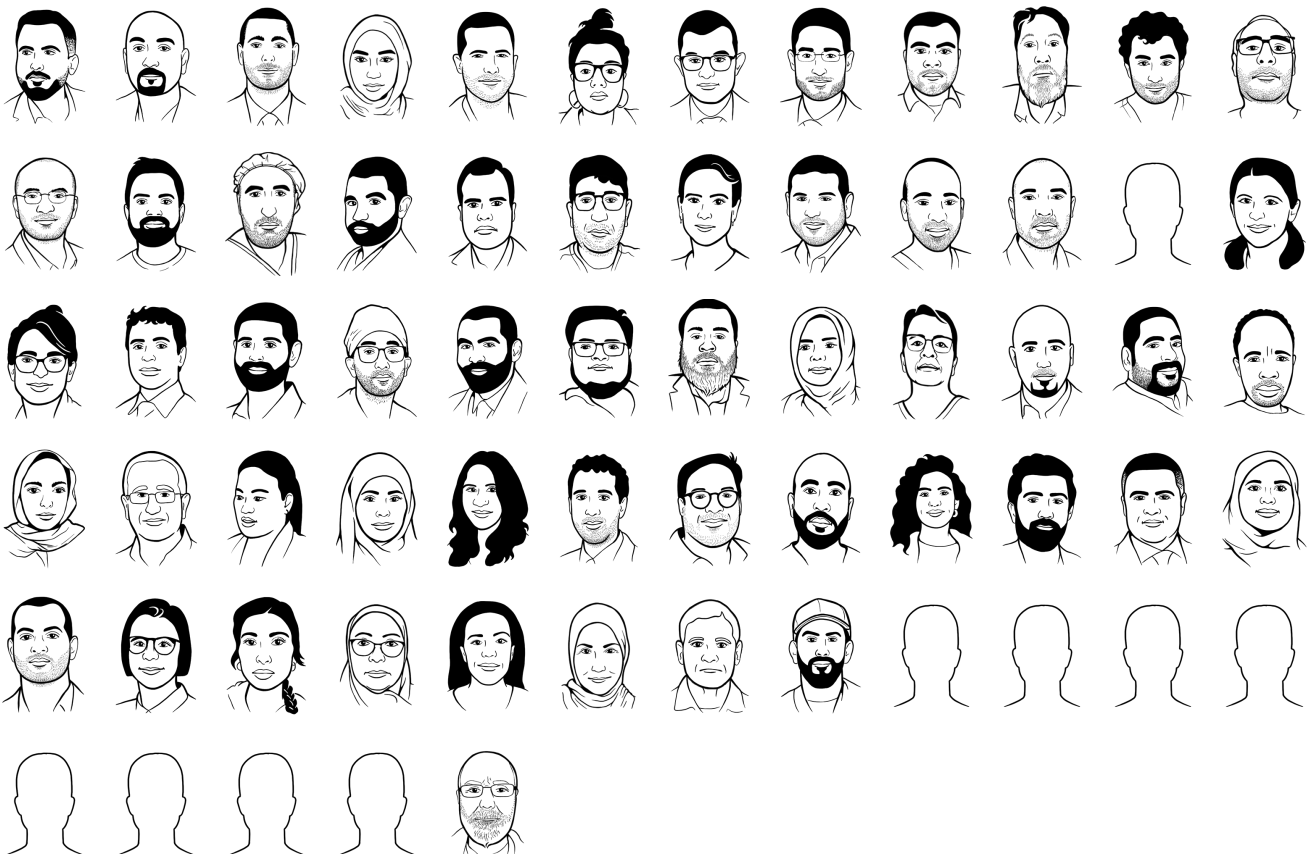
Critical care and trauma nurse, 50 years old



“The total lack of medical equipment and supplies made patients die from preventable infections.”

64 doctors, nurses and paramedics observed that even the most basic medical necessities, like soap and gloves, were usually unavailable in Gaza.

1 did not



Dr. Ndal Farah

Anesthesiologist, 42 years old, Toledo, Ohio



“We did surgery without drapes or surgical gowns. We reused equipment that should be disposable. I have been in other war zones, but this was exponentially worse than anything I’ve ever seen.”

Brenda Maldonado

Emergency nurse, 58 years old, Vancouver, Wash.



“Babies and children would come in with gunpowder burns from explosives — which are very painful — and we had zero of the proper pain medications or burn ointment to put on their wounds.”

Monica Johnston

Burn and wound critical care nurse, 45 years old, Portland, Ore.



“No I.V. caps for central lines, which left the port open and exposed to germs. No soap or hand sanitizer. No supplies to clean patients up, in bed, after they soiled themselves. I cleaned stool with a wad of cotton balls, which was a horrible, horrible mess.”

Dr. Ayman Abdul-Ghani

Cardiothoracic surgeon, 57 years old, Honolulu, Hawaii



“Sterilization was awful in the operating room. There were flies all over the place. There was sewage water on the hospital grounds where people were sheltering.”

Dr. Mohammed Al-Jaghbeer

Pulmonary and critical care doctor, 41 years old, Ohio



“Many wounds were infected due to lack of proper hygienic supplies. For the first time in my career, I saw fly maggots coming out of wounds.”

Dr. Ammar Ghanem

Pulmonary and critical care doctor, 54 years old, Detroit, Mich.



“We did not have P.P.E., including gloves, alcohol, gowns and soap. Flies were everywhere, transferring resistant bacteria and infections among patients. Patients who survived trauma died from infection.”

Dr. Irfan Galaria

Plastic and reconstructive surgeon, 48 years old, Chantilly, Va.



“I performed surgery with primitive sets of instruments. There was no pain medication for dressing changes or post-surgical patients left on the floor.”

Nina Ng

Emergency nurse, 37 years old, New York City, N.Y.



“We frequently took care of patients without gloves or proper hand hygiene — I had these resources in poor countries like Haiti.”

Dr. Mark Perlmutter

Orthopedic and hand surgeon, 69 years old, Rocky Mount, N.C.



“If it wasn’t for the medical supplies that we brought in with us, there would have been none to use. Both the excessive morbidity and mortality attributed to just the lack of soap and proper sterilization was immeasurable.”

Dr. Mohamad Abdelfattah

Pulmonary and critical care doctor, 37 years old, Tustin, Calif.



“Infections spread throughout the I.C.U., and all of the ventilators were colonized with very resistant bacteria. Most people on ventilators developed severe pneumonias.”

Dr. Mimi Syed

Emergency medicine doctor, 44 years old, Olympia, Wash.



“We reused nearly every piece of medical equipment — even those that are not meant to be reused — which led to infections. There were no antibiotics. Many times we ran out of running water, and power would go out in the hospital. We could not wash our hands.”

Laura Swoboda

Wound nurse practitioner, 37 years old, Mequon, Wis.



“Nearly every wound I saw was infected. I saw more maggots in one day than I had in my entire career as a wound specialist.”

What American physicians and nurses saw firsthand in Gaza should inform the United States' Gaza policy. The lethal combination of what Human Rights Watch describes as indiscriminate military violence, what Oxfam calls the deliberate restriction of food and humanitarian aid, near-universal displacement of the population, and destruction of the health care system is having the calamitous effect that many Holocaust and genocide scholars warned of nearly a year ago.

American law and policy have long forbidden the transfer of weapons to nations and military units engaged in gross violations of human rights, especially — as a 2023 update to the United States Conventional Arms Transfer Policy makes clear — when those violations are directed at children. It is difficult to conceive of more severe violations of this standard than young children regularly being shot in the head, newborns and their mothers starving because of blocked food aid and demolished water infrastructure, and a health care system that has been destroyed.

For the past 12 months, it has been well within our government's power to stop the flow of U.S. military aid to Israel. Instead, we fueled the fire at almost every opportunity, shipping over 50,000 tons of military equipment, ammunition and weaponry since the start of the war, according to a late-August update from the Israeli Defense Ministry. This amounts to an average of more than 10 transport planes and two cargo ships of arms per week.

Now, after more than a year of devastation, estimates of Palestinian deaths range from the tens of thousands to the hundreds of thousands. The International Rescue Committee describes Gaza as “the most dangerous place in the world to be an aid worker, as well as the most dangerous place to be a civilian.”

UNICEF rates Gaza as “the most dangerous place in the world to be a child.” Oxfam reports that in Al-Mawasi, the area Israel has designated as the humanitarian safe zone in Gaza, there is one toilet for every 4,130 people. At least 1,470 Israelis have been killed in the Oct. 7 attack and the following war. Half of the hostages who remain in Gaza are reportedly dead. And, while American officials blame Hamas for prolonging the war and hindering negotiations, Israeli news outlets consistently report that Prime Minister Benjamin Netanyahu has sabotaged cease-fire talks with both Hamas and Hezbollah while recklessly escalating the conflict instead of reaching an agreement that could achieve many of Israel’s stated war aims, including the release of Israeli hostages.

Was this ghastly outcome for the Palestinians and Israel worth corrupting the rule of law in our own society? Certainly, the Biden-Harris administration can’t say they didn't know what they were doing. Eight sitting U.S. senators, 88 members of the House of Representatives, 185 lawyers (including dozens working in the administration), and 12 civil servants (who resigned in protest of our Gaza policy) have told the administration that continuing to arm Israel is illegal under U.S. law. In September, ProPublica reported the lengths to which the Biden-Harris administration went to avoid complying with the laws that define clear consequences for countries, like Israel, that are blocking humanitarian aid. In these pages, the journalist and commentator Peter Beinart recently suggested that Vice President Kamala Harris can “signal a clear break” with the current administration’s disastrous Gaza policy during her run for president. How? “Ms. Harris should simply say that she’ll enforce the law.”

Together, Israel and the United States are turning Gaza into a howling wilderness. But it's never too late to change course: We could stop Israel's use of our weapons, ammunition, jet fuel, intelligence and logistical support by withholding them, and we could stanch the flow of weapons to all sides by announcing an international arms embargo on Israel and all Palestinian and Lebanese armed groups. Enforcing American laws that require halting military aid to Israel would be a move with widespread support: humanitarian organizations, dozens of members of Congress, a majority of Americans and an overwhelming majority of U.N. member states all agree.

The horror must end. The United States must stop arming Israel. And afterward, we Americans need to take a long, hard look at ourselves.

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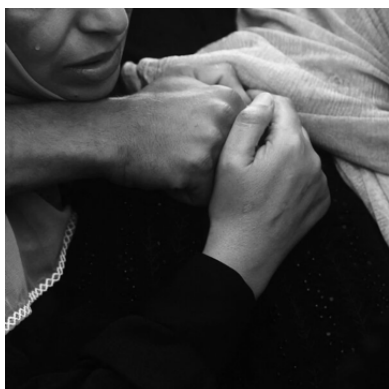
Read more about health care in Gaza



Two Weeks Inside Gaza's Ruined Hospitals

Dr. Samer Attar, an American surgeon, shows the unfathomable brutality of the war in Gaza.

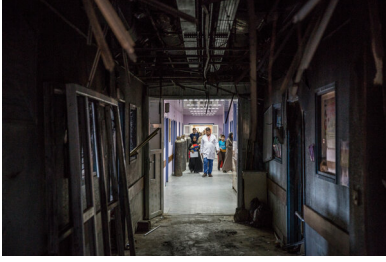
By Samer Attar, Alexander Stockton and Amanda Su
May 21, 2024



I'm a Pediatrician in Gaza. Please Save Us From This Horror.

There is still hope we can avoid the worst outcomes.

By Hussam Abu Safyia
Oct. 29, 2023



I Was a Doctor in Iraq. I Am Seeing a Nightmare Play Out Again.

The destruction of Gaza's health care infrastructure and the justifications used to defend it feel hauntingly familiar.

By Omar Dewachi
Dec. 16, 2023

Dr. Feroze Sidhwa is a trauma and general surgeon who worked at the European Hospital in Khan Younis, Gaza for two weeks in March and April. In July, with Dr. Mark Perlmutter, he wrote about his experiences in Gaza for Politico.

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Note: Quotes have been edited for length and clarity.

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Correction: Oct. 10, 2024

Because of an editing error, an earlier version of this article misstated Dr. Jawad Khan's medical specialty. He is an orthopedic and hand surgeon, not a cardiac anesthesiologist.