



PHYSICIANS FOR **أطباء**
لإنصاف **لحقوق الإنسان**

Powerless to Help: Physicians and Healthcare Professionals Talk about the Inconceivable Conditions in Gaza Hospitals Position Paper, May 2018

Written by Hadas Ziv & Mor Efrat | Research by Salah Haj Yahya, Hussam Liftawi & Intisar Kharub | Hebrew Editor: Reut Katz | Translation from Arabic: Intisar Kharub & Ehud Horowitz | Translation from Hebrew: Ami Asher

On Monday, May 14, 2018, 57 people died and 1,114 were injured from live bullets, at least seventy of them severely or critically, in demonstrations along the fence with Gaza Strip. This brought the total number of casualties since the start of the current confrontations on March 30 to 86 dead and about 3,670 wounded – all injured by live fire.¹

This paper brings testimonies by physicians and nurses who treated those injured demonstrators on that Monday. We believe these provide the most accurate and poignant account of the conditions under which the people of Gaza live and die.

The testimonies brought here were provided by seven physicians and nurses from the European Hospital, Al-Nasser Hospital and Dar al-Salam Hospital in Khan Younis, and Al-Shifa' Hospital in Gaza City. They paint a harsh picture. The interviewees reported shortage of essential medicines such as antibiotics and morphine, and lack of basic medical supplies such as surgical sutures, anesthetics and disinfectants, and external fixators for leg fractures.

Al Mezan Center for Human Rights. Out of a total of 2,000 people injured on Monday, May ¹ 14, 1,114 were injured by live bullets, including 304 children, 77 women, 10 journalists and three paramedics.

For years, the Gaza health system has suffered from severe and chronic shortage of equipment, medicines and medical expertise.² On that Monday, however, it seemed that the situation had sunk to an unprecedented and inconceivable low. The injured were not treated appropriately, and some paid for it with their lives. Demonstrators shot in the leg did not always receive timely treatment, and had to undergo amputation as a result. Forced to scavenge for remains of medical equipment and medicines – whatever they could lay their hands on – the doctors felt like homeless persons begging for alms.

To end the chronic socioeconomic and health crisis that has been ravaging Gaza for over a decade now, and to meet the right of Gaza inhabitants to health, a broad array of health determinants must be considered, including nutrition, water quality, poverty, and freedom from violence. This paper focuses on where people arrive after their health has already been affected – the last place where attempts are made to help people, to save their lives, after all other defenses have crumbled.

The present document does not dwell on the circumstances of patients' injury. Whatever these may be, once injured, Israel cannot shirk its responsibility for their wellbeing, given its control over the ability to transfer them to treatment outside the Gaza Strip, and particularly due to Gaza's ongoing dependence on Israel – a situation that changed little after Israel's disengagement from the Gaza Strip in 2006. Israel itself has recognized as much:

In the prevailing circumstances, the main obligations of the State of Israel relating to the residents of the Gaza Strip derive from the state of armed conflict that exists between it and the Hamas organization that controls the Gaza Strip; these obligations also derive from the degree of control exercised by the State of Israel over the border crossings between it and the Gaza Strip, as well as from the relationship that was created between Israel and the territory of the Gaza Strip after the years of Israeli military rule in the territory, as a result of which the Gaza Strip is currently almost completely dependent upon the supply of electricity from Israel. (High Justice Court ruling in *Al-Bassiouni v. Prime Minister & Minister of Defense*, [9132/07](#), 2008)

The shortage of expert physicians, medical devices, medicines and perishable supplies is the result of several factors that have operated for years to deepen the

See [PHRI's report](#) from January of this year. ²

dependency of Gaza residents on external health services – in East Jerusalem, the West Bank, and in Israel. The responsibility for resolving this crisis lies with all political leaderships in the region – the Hamas government, the Fatah government in the West Bank, and the Israeli government. Each, however, shirks its responsibility and lays the blame on others, and as with other crises worldwide, the hope for salvation by the international community is shattered time and again.

The siege and restrictions on freedom of movement imposed by Israel on the Strip for over a decade; Gaza's dependence on budgets from the Palestinian Authority, which uses its health system and the people of Gaza in general as hostages to pressure Hamas; and the dereliction of the Hamas leadership of its duties to those people, including giving priority to their socioeconomic and health needs – all ultimately funnel into those decisive moments when the injured are admitted to the hospitals, minutes that determine whether they survive, and how.

**Dr. Youssef Aqad, Director of the European Hospital, Khan Younis,
May 15**

One-hundred and eighty injured arrived at the hospital. Seventy were discharged or referred to other hospitals, and 110 were admitted for further treatment and surgeries. We performed 42 operations throughout the night; some took long hours to complete. We have nine operating rooms, and since all were taken we performed two operations simultaneously in the same OR. At this time, the hospital cannot admit any more injured. Some of the patients are severely wounded, with a few almost clinically dead.

Twenty-nine of the injured require orthopedic surgery, but we lack the equipment required. One, aged 20, was injured by a shot in his back, in his spine. To operate on him, we need certain screws, which we don't have at the moment. We're waiting for a donor or for someone to bring the supplies from abroad.

The shortage forces us to beg for everything. We need anesthetics, or anticoagulants such as Clexane, which is essential after operations. We also lack morphine. We have no gauzes. The emergency medicine storage that is supposed to be used in wartime is empty. We ask for donations from everyone – individuals, NGOs, anyone.

There were some cases of vascular injuries, and time passed between the moment of injury and the patient's arrival at the hospital. In addition, patients have to wait for treatment even after arriving at the hospital. This causes damage to the blood vessels and the leg begins to decay, forcing us to amputate.

We physicians give hope to the patients. We are powerless, so hope is the only thing we have to give. Hope is the cure.

Nurse Hakim Abd-al-Rahman, Director of OR Nurses and Medical Supplies Manager, Al-Nasser Hospital, Khan Younis, May 16

We admitted 35 orthopedic patients. The main injuries are in the lower limbs. There were urgent cases where we needed screws but did not have any, and the patients were not treated appropriately – they didn't get what they needed. We keep improvising, reusing the same equipment, disinfecting and using disposable products repeatedly. There is shortage in antiseptics, anesthetics, disinfectants. We have used expired medicines.

Every seven years, the hospital is supposed to replace the OR beds. We took beds we had meant to throw away from the storage rooms and used them in the ORs. I liken medical supplies to a solid foundation of a high riser. If the foundation is lacking, the building will collapse. If we don't have medical supplies, people will die.

Dr. Salim Saker, Surgeon at Al-Nasser Hospital, Khan Younis, May 16

In our hospital, we coordinated the admission of the injured with the Red Crescent, according to our capabilities. We don't have vascular and pulmonary surgery. The coordination worked 90% of the time and we only admitted surgical patients we were able to treat. The Red Crescent sent an intern to the hospital who, despite being inexperienced and with little knowledge, helped us a lot. The hospital is located some seven miles from the border. Despite the coordination, we received orthopedic patients with bone fractures and ruptured blood vessels, and we had to wait for a vascular expert or send them to Al-Shifa'. Despite having no vascular and pulmonary surgery

capabilities, we had to perform four such operations, because the only surgeon in Gaza able to do this works in Al-Shifa' and could not come to our hospital due to the situation.

What Gaza had gone through, our experience from past wars, taught us about emergencies – but never on this scale. We added several beds or other furniture – desks, cabinets – to ORs that should serve only one patient at a time. We improvised tables so as to be able to operate on two patients in each OR simultaneously. I also operated on two patients at the same time: someone opened the wound, while I was treating the other, and when the first patient was ready, I operated on him, and then returned to the second patient. We had no other choice. It is dangerous in terms of infections, but I had no choice.

My sister's husband was injured in the protests – he suffered injuries in his bones and blood vessels. He was brought here and then we transferred him to Al-Shifa', where he waited for four hours. My sister called me from there and said they were waiting for four hours and the doctors could still not get to him. So I told her to get him back here and I operated on him. Otherwise, they would have amputated his leg.

I remember that [during the war] in 2014, we received an Egyptian surgeon to help us. At that time, due to the large number of injured we had to operate on, the OR turned into a kind of marketplace. We started shouting at one another, “get me the scissors”, “bring me the suture” – the OR turned into a marketplace where everyone was shouting. The Egyptian doctor couldn't handle the pressure and left the hospital. Now, On Monday, the situation was ten times more difficult. The “marketplace” was extremely noisy, and we had no additional doctors to help us.

The shortage in supplies was felt most keenly when we needed to seal perforated intestines. Without the right equipment, this takes 45 minutes, instead of just two when you have the supplies you need. But we don't. The main shortage is in surgical sutures, anesthetics, supplies and medicines for treating liver damage, antiseptics and antibiotics.

I am deeply depressed. We feel abandoned. The world around us has no conscience. We want to live with dignity. I am 54 and I have a 17-year-old son. I feel he has no future. Young guys in their twenties who are getting injured –

they are like sons to me, they have no future. We are powerless to help them medically. We have no way to deal with the severe injuries.

I belong to the highest socioeconomic level in Gaza. I am Director of Surgery at a hospital, and we have no money. We're hungry. I'm getting a third of my salary. My monthly salary is 6,000 NIS, and now I'm getting only 1,800 [\$500]. In the past, I used to have a high standard of living, but today we lack even the most basic things. I'm an educated man and I know that is going on and I see the shape of things to come.

**Dr. Saed Sha'er, Medical Manager, Dar al-Salam Hospital, Khan
Younis, May 15**

Dar al-Salam is a private hospital, which does not usually receive many injured patients, but because of the large number of injured, the government hospitals began referring them to private hospitals as well. Thirty-one injured demonstrators arrived to our hospital. Twenty-two had been transferred from government hospitals and nine arrived independently. In addition, we sent out two ambulances to the field, which evacuated 95 injured to the various hospitals, and established a makeshift field hospital to treat some 45 patients on the spot.

We lack many medicines: saline solutions, analgesics and antibiotics, such as flucloxacillin. There are 24 patient beds at the hospital, but because of the overload, we have added another ten – we also use the beds of the examination and x-ray rooms, as well as delivery rooms.

We are dealing with difficult situations: a patient bleeding in the hospital, while a doctor who could have helped him is treating another, and all ORs are taken – this patient would die before the ORs and doctors become available. Another problem we had yesterday was shortage of blood – this can also cause death.

Surgeon from Gaza City, May 16

During six hours straight, 600 injured arrived at the hospital, out of whom 231 with gunshot wounds were admitted to the hospital, and the rest were

referred to other hospitals or treated on the spot and discharged. All fifteen ORs were used: 79 operations were performed on orthopedic, vascular and general surgical patients. Fifty-nine patients have to wait one more day for their operation. Outside the hospital building, we erected a tent for triage – determining treatment priorities.

In the hospital there are 400 beds, including the gynecological and pediatric wards. We had to discharge the women to admit the injured. We have nine emergency room beds that we used for the patients admitted, and on that day we added 13 more beds in the [emergency] room. The main injuries are surgical, cardiac, pulmonary and orthopedic.

The medical team worked for over 24 hours straight. It is on the verge of collapse. The shortage of medical equipment and staff causes the condition of many of the injured to deteriorate – some pay for it with their lives.

We have transferred patients to hospitals outside the Strip – Egypt, Turkey, Jordan – and we will transfer others to any country willing to receive them. We are forced to do so since we are powerless – we lack the ability and supplies required for vascular surgeries and to prevent amputations in many of the cases. We cannot handle the huge number of injured. In the attacks on Gaza and during the Intifada, we never had to deal with such numbers of injured at such a severe level of injuries as in the past 24 hours. We desperately need medicines and medical supplies to treat the injured as they arrive, during the operations and afterwards. We need medicines and the supplies required to continue with our medical follow-up – even the cheapest supplies such as antiseptics, disinfectants and gauzes are unavailable.

The situation is very difficult, depressing and sad. We in Gaza are one big family. We know most of the patients and work with them, and we want and must help them. But the situation is very dire. I and the medical team and everyone who comes in to lend a hand are at the end of our tether. We need the greatest help possible. I believe in God, and all I have left is prayers.

Surgeon, Al-Shifa', Gaza City, May 16

On Monday, May 14, the situation was normal and under control until 10 am. Then the pressure began to mount, and it peaked between three and five in

the afternoon. At this point, the situation got out of hand. We admitted an injured demonstrator every 10 seconds. The entire hospital, all its equipment and resources, were overwhelmed by hundreds of new patients.

The martyrs died from fatal injuries. Most were in the lower limbs. These are highly complex injuries, since they involve the fragmentation of the bones and damage to blood vessels, tissues and muscles, and require the involvement of several expert surgeons. Moreover, they require more time and effort than abdominal injuries, for example. The operation requires many medical supplies and multiple treatment stages, and even then the injured remained with severe motor dysfunctions.

All we do now is collect boxes of sutures and medicines wherever we can find them – private clinics, the Red Crescent and Red Cross – but these are all momentary improvisations.

We need bone fixators, antibiotics, spare parts and many types of supplies. We enlisted the help of all private hospitals, civil society organizations, vacant buildings, tents. Everyone who didn't need an operation was discharged or moved elsewhere. We had to take people with open wounds outside the hospital in order to save the lives of others. In some cases, we sent patients to Médecins Sans Frontières (Doctors Without Borders) and the Red Cross, simply because they had the means to clean their wounds. There were many cases where, given appropriate treatment, amputation could have been avoided – but the need to wait without blood flow to the leg forced us to amputate.

In previous wars, we were able to transfer the injured into Israel, to the West Bank, to Egypt or Turkey. This time, from Monday, May 14, to Tuesday, May 15 in the morning, we performed more than one hundred operations in only 16 ORs. At the same time, other patients waited the completion of various treatments. There are very severe cases of injuries to the neck, the head and spine, that require transfer to larger and more advanced medical centers able to provide complex treatments under conditions of stability and quiet. These are not critical cases, but they definitely require transfer.

I feel a sense of pride in the martyrs and the national conscience. I am amazed at the number of injured. I feel frustrated by cases of death or amputation due to lack of appropriate treatment.

Vascular surgeon, European Hospital, Khan Younis, May 16

There is great shortage in basic equipment at the European Hospital. Medical trays for vascular operations – at this point we have only four. Due to the terrible pressure, one tray was used for two operations at a time. Due to the shortage, we have to wait half an hour for the tray to be disinfected. The patient waited on the bed for the disinfection to end. Any additional trays will also require additional disinfection supplies.

Yesterday, the hospital ran out of the towels used in operations, as well as gloves. After a search through pharmacies, they finally found rolls of cloth at Dar al-Salam Hospital, disinfected them and cut out the required size. Medical delegations that arrived lacked professional knowledge, as well as experience in treating wartime injuries.

Due to the shortage of medical supplies and personnel, some patients were sent to other hospitals that were less overloaded. One surgeon was sent from the European Hospital to supervise the doctors in the hospital to which those patients had been sent. Nevertheless, due to the low skills of the surgeons there, one of the injured died, and others are waiting for amputation. These teams did everything they could, but were powerless to stop the bleeding soon enough to prevent amputation.

In many cases, an injured demonstrator arrives in a critical condition, on the verge of death, because he did not receive the required treatment fast enough in the field. For example, a demonstrator shot near the fence continues to lose blood because the ambulance cannot reach him safely, and is then evacuated to the hospital in a very difficult condition, and even if they manage to save his life, he needs a highly experienced surgeon.

The number of wounded demonstrators that arrived at the hospital is daunting. On Monday, May 14, 2018, between two and six in the afternoon, a huge number of patients was waiting in line to enter the ORs. We admitted 200 patients, 80 of whom needed surgery. We have only eight ORs. The treatment of the patients who required surgery involved ten stages, so it continued until 16:00 the next day.

The injured were divided into two groups. The first had to get into the OR ASAP. The second was treated by teams especially trained for this eventuality: they fixed temporary arteries for the injured, to allow the blood to continue flowing in their limbs until their turn would come and they could undergo surgery.

Paramedics can also use pneumatic pressure to stop the bleeding even without operating on the patient. We have only three pneumatic pressure kits. Various stages in the treatment are postponed to the following days. Thus, the patient is discharged from the hospital and he returns a day or two afterwards to clean the wound. Today, for example, we are waiting for thirteen patients who underwent surgery yesterday.

Had Egypt opened its hospitals in El-Arish [half an hour's drive from Gaza] during the protests, they would have admitted 10-12 injured demonstrators who had no room in the European Hospital, and these patients would not have had to wait another day for their operation, and the shortage of medical supplies would not have been so severe. Had there been room in Al-Shifa' hospital, these patients would have been transferred there to begin with, and they would have received the same treatment available at the European Hospital. Instead, these patients were transferred to hospitals whose teams lack the necessary skills. Consequently, one of them died, and others will undergo amputation.

As for transfer to Egypt proper, the experience from the 2014 war tells us that the injured are neglected over there, and are often required to obtain their own medicines in pharmacies. What is important for the European Hospital now is to evacuate the beds. All patients whose transfer to Egyptian hospitals has been approved had received preliminary treatment at the European Hospital and they need to complete their treatments.

Given the resources of the European Hospital, it treated twenty patients whose condition was the most severe since they had been injured by explosive bullets. Lighter cases were transferred to other hospitals, and their treatment was inadequate.

Because of the pressure, I covered the entire area of the southern Gaza Strip in the area of vascular surgery. Now I'm responsible only for the cases that arrive at the European Hospital. The brother of one of my colleagues was

injured in the aorta during the protests. My friend never stopped calling me that day, but because of the workload, I couldn't even answer the phone. He was trying to call me so I would come and save his brother. Yesterday I found out his brother had died of his wounds... I cried. His brother died and I couldn't save him.



Physicians for Human Rights Israel (PHRI) continue to send doctors to perform complex operations and provide medical training in the Gaza Strip. It also does all it can to deliver medicines and medical supplies to the Strip. Since the beginning of 2018, five PHRI delegations entered Gaza, which included specialists, medicines and medical supplies. Moreover, during that time PHRI have interceded on behalf of 120 Gaza residents – including casualties of the April-May demonstrations – in order to help them obtain a permit to leave Gaza for medical treatment, after their applications had been ignored or rejected by the Israeli authorities.