



GAZA: LIFE IN A DEATH TRAP



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EXECUTIVE SUMMARY

Israel's war on Gaza has so far killed more than 44,000 Palestinians, wounded more than 105,000 and displaced approximately 1.9 million people or 90 per cent of the population, according to the Gaza Ministry of Health (MoH). In response to the horrific attacks carried out by Hamas and other armed groups on 7 October 2023, in which 1,200 people were killed and 251 taken hostage¹, Israeli forces are crushing an entire population under bombs and rubble.

Médecins Sans Frontières/Doctors Without Borders (MSF) has witnessed 14 months of repeated attacks on civilians, the dismantling of essential civilian infrastructure including healthcare facilities, and a systematic denial of humanitarian assistance, seemingly underpinning Israel's campaign to unravel the very fabric of society in Gaza. Over the first 12 months of hostilities, MSF staff themselves have endured 41 attacks and violent incidents, including airstrikes, shelling and violent incursions in health facilities, direct fire on its shelters and convoys and arbitrary detention by Israeli forces. Eight MSF colleagues and many of their family members have been killed, many more have been injured. Medical personnel and patients alike have been forced to urgently evacuate health facilities on 17 separate occasions, often literally running for their lives. MSF has only been able to restart activities in three facilities.

Throughout the offensive, Israeli forces have blocked essential items such as food, water and medical supplies from entering the Strip. They have either denied, delayed or instrumentalised humanitarian assistance, allowing insignificant quantities of aid into Gaza with a complete disregard for the actual needs and the level of suffering of the population. Gaza's last remaining oncological hospital had to shut down as it ran out of fuel on 1 November 2023. MSF teams had to carry out surgery without sufficient anaesthesia. The consequences of these impediments are made even more harmful due to the uniqueness of a war being waged on a besieged area from which nobody can escape.

The violence unleashed by Israeli forces has caused physical and mental damage on a scale that would overwhelm any functioning health system, let alone one already decimated by a crushing offensive and a 17-year-long blockade. As of mid-October, only 17 of Gaza's 36 hospitals are partially functioning², though the unabated fighting often puts them out of reach for those who need them. The other 19 hospitals are out of service. Seeking care out of the Strip is made extremely difficult by the Israeli authorities. Between the closure of the Rafah crossing in early May 2024 and September 2024, only 229 patients were authorized to be evacuated - this amounts to 1.6 per cent of those who needed it at the time.

Forcible displacement has pushed people into unbearable living conditions: they are crammed in makeshift tents made from scraps, suffering from water and food deprivation. The main morbidities observed by MSF teams supporting primary healthcare, such as skin diseases, upper respiratory tract infections and diarrhoea, are indicative of the appalling hygiene conditions. Vaccination schemes have been disrupted and the risk of outbreaks is real. The situation has only worsened as the winter months set in.

Even if the offensive ended today, its long-term impact would be unprecedented, given the scale of the destruction and the unique challenges of organising healthcare in Gaza. A whole society needs rebuilding, while coping with a staggering number of war-wounded who may require years of rehabilitation, and risk infections, amputations and permanent disability. The mental trauma caused by the violence, the loss of family members and homes, the strenuous living conditions and the repeated displacement, represent a massive and urgent need, which will span generations.

1 Source from Reuters – [Available here](#)

2 WHO, oPt Emergency Situation Update Issue 48 – [Available here](#)

The environmental impact of the war will further aggravate the long-term health risks. The number of excess deaths due to the war including those due to the collapse of healthcare, malnutrition and disease outbreaks, may be conservatively estimated at 186,000 (including 148,000 indirect deaths), according to The Lancet³. Struggling to survive, trapped in a war zone with no safe space and no exit in sight, people in Gaza are living in a death trap.

In the north of the Strip in particular, the recent military offensive is a clear illustration of the brutal war the Israeli forces are waging on Gaza, and we are witnessing clear signs of ethnic cleansing as Palestinian life is being wiped off the area. Our firsthand observations of the medical and humanitarian catastrophe inflicted on Gaza are consistent with the descriptions provided by an increasing number of legal experts and organisations concluding that genocide is taking place in Gaza. While we don't have legal authority to establish intentionality, the signs of ethnic cleansing and the ongoing devastation—including mass killings, severe physical and mental health injuries, forced displacement, and impossible conditions of life for Palestinians under siege and bombardment—are undeniable.

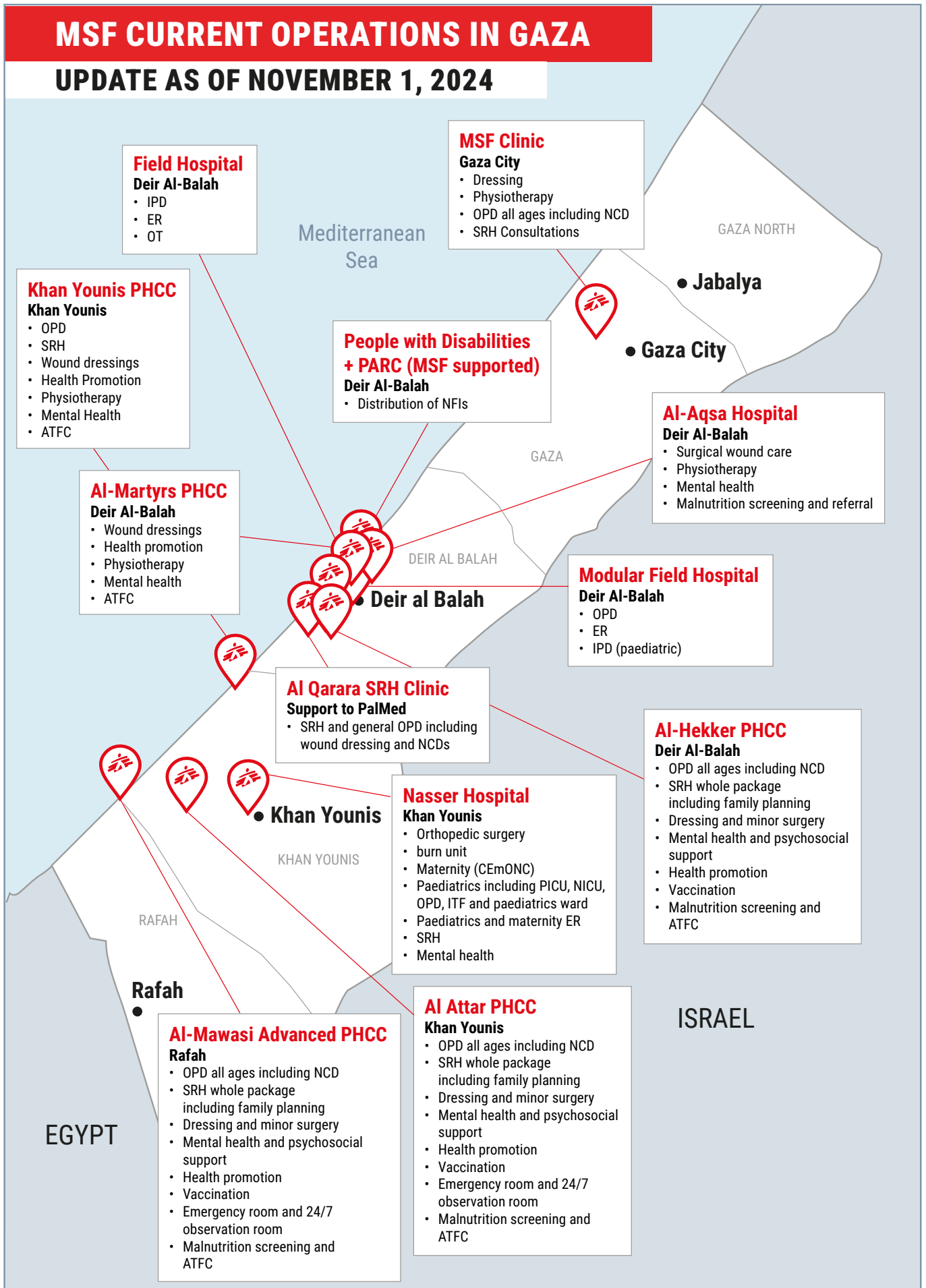
Attacks on civilians, the dismantling of the healthcare system, the deprivation of food, water and supplies are a form of collective punishment inflicted by the Israeli authorities on the people of Gaza. This must stop now.

- An immediate and sustained ceasefire must be implemented. The complete destruction of Palestinian life in Gaza and all things that make up the very fabric of society must stop.
- The shameful and extreme rationing of humanitarian aid in the Gaza Strip must stop. Israel must end its siege on Gaza and open critical land borders, including the Rafah crossing, to ensure the scale delivery of humanitarian and medical aid on a massive scale. Israel must take all necessary steps to ensure that urgently needed aid reaches those in need, including by putting a stop to actions that disrupt law enforcement capacities within the Gaza Strip.
- Israel must revoke its recent law banning UNRWA and ensure that the agency can continue its vital role in supporting the population. The remaining local capacities in Gaza must be rebuilt and scaled up.
- Forced displacement must end. People in Gaza must be allowed to move freely, including returning to their places of origin, and restore their livelihood capacities. Israeli authorities must facilitate the evacuation of those who need specialised care or those who seek refuge outside of Gaza to leave, while ensuring their right to a safe, voluntary, and dignified return.
- In January 2024, the International Court of Justice (ICJ) ordered Israel to implement provisional measures to prevent genocidal acts in Gaza. Despite this, no action has been taken to address these measures. MSF's firsthand observations align with those of an increasing number of legal experts and organizations, concluding that ethnic cleansing and genocide are taking place in Gaza. MSF calls on States, particularly Israel's closest allies, to end their unconditional support for Israel and fulfill their obligation to prevent genocide in Gaza. States must leverage their influence to alleviate the suffering of the population and enable a massive scale-up of humanitarian assistance in the Gaza Strip.
- MSF renews its call for an independent investigation to determine the facts and responsibilities behind the repeated attacks on MSF teams and facilities, which killed eight MSF colleagues and many of their family members. This call also extends to investigating other attacks on humanitarian workers and medical staff.

³ Computation based on numbers dating from 19 June 2024. Counting the Dead in Gaza: Difficult but Essential | The Lancet - Khatib, Rasha, Martin McKee, and Salim Yusuf - July 2024 - [Available here](#)

MSF CURRENT OPERATIONS IN GAZA

UPDATE AS OF NOVEMBER 1, 2024



Field Hospital
Deir Al-Balah

- IPD
- ER
- OT

MSF Clinic
Gaza City

- Dressing
- Physiotherapy
- OPD all ages including NCD
- SRH Consultations

Khan Younis PHCC
Khan Younis

- OPD
- SRH
- Wound dressings
- Health Promotion
- Physiotherapy
- Mental Health
- ATFC

People with Disabilities + PARC (MSF supported)
Deir Al-Balah

- Distribution of NFIs

Al-Aqsa Hospital
Deir Al-Balah

- Surgical wound care
- Physiotherapy
- Mental health
- Malnutrition screening and referral

Al-Martys PHCC
Deir Al-Balah

- Wound dressings
- Health promotion
- Physiotherapy
- Mental health
- ATFC

Modular Field Hospital
Deir Al-Balah

- OPD
- ER
- IPD (paediatric)

Al Qarara SRH Clinic
Support to PalMed

- SRH and general OPD including wound dressing and NCDs

Al-Hekker PHCC
Deir Al-Balah

- OPD all ages including NCD
- SRH whole package including family planning
- Dressing and minor surgery
- Mental health and psychosocial support
- Health promotion
- Vaccination
- Malnutrition screening and ATFC

Nasser Hospital
Khan Younis

- Orthopedic surgery
- burn unit
- Maternity (CEmONC)
- Paediatrics including PICU, NICU, OPD, ITF and paediatrics ward
- Paediatrics and maternity ER
- SRH
- Mental health

Al Attar PHCC
Khan Younis

- OPD all ages including NCD
- SRH whole package including family planning
- Dressing and minor surgery
- Mental health and psychosocial support
- Health promotion
- Vaccination
- Emergency room and 24/7 observation room
- Malnutrition screening and ATFC

Al-Mawasi Advanced PHCC
Rafah

- OPD all ages including NCD
- SRH whole package including family planning
- Dressing and minor surgery
- Mental health and psychosocial support
- Health promotion
- Vaccination
- Emergency room and 24/7 observation room
- Malnutrition screening and ATFC

INTRODUCTION

The level of destruction caused by Israel's response to Hamas and other Palestinian armed groups' attacks has provoked the collapse of Gaza's already vulnerable healthcare system. Prior to October 2023, 16 years of Israeli blockade had caused chronic shortages of medical supplies and equipment. Essential treatments, such as oncological care and surgery, were often delayed or cancelled. People struggled to access life-saving care in the West Bank including East Jerusalem: from 2008 to 2022, permits were denied or delayed for more than 70,000 patients. This led to higher mortality, particularly for those in critical condition: cancer patients who faced permit delays for chemotherapy or radiotherapy were 1.5 times less likely to survive⁴.

MSF has worked in the Gaza Strip for over 20 years, providing orthopaedic surgery, trauma and burn care and mental health support. Prior to this war, MSF was still treating 87 patients severely injured during the 2018 Great March of Return. Since 7 October 2023, humanitarian needs have been skyrocketing, while MSF's capacity to respond has been disrupted: staff have been repeatedly forced to evacuate facilities due to Israeli airstrikes or fighting, facilities have been damaged or destroyed, and some of our MSF colleagues have been killed. Despite the immense challenges, MSF has strived to scale up its activities in Gaza.

This report is based on quantitative and qualitative data collected between October 2023 and early October 2024, including MSF medical and logistical data⁵ as well as interviews from MSF medical and non-medical staff and patients.⁶ It relies on direct observation to call for decisive and urgent action to (1) stop the destruction of Gaza, with a specific focus on its healthcare system, and (2) tackle a catastrophic humanitarian crisis.

4 Comparative survival of cancer patients requiring Israeli permits to exit the Gaza Strip for health care: A retrospective cohort study from 2008 to 2017 | Bouquet et al. June 2021 – [Available here](#)

5 Due to the multiple evacuations of facilities and changes of activities, the data cannot be considered as entirely accurate and exhaustive.

6 Certain names of staff and patients have been modified or anonymised to preserve their anonymity.

I. A HEALTH CARE SYSTEM TARGETED AND DESTROYED



According to the World Health Organization (WHO)⁷, from 7 October 2023 to 18 September 2024, 512 attacks on healthcare were reported, 409 facilities were impacted and 115 ambulances affected in the Gaza strip. To date, 19 hospitals, 126 medical points and 75 primary health care centres are out of service. By the end of June 2024, 500 healthcare workers had been killed according to the Office of the United Nations High Commissioner for Human Rights (OHCHR)⁸. Our teams witnessed a pattern of attacks against hospitals: hospitals were besieged, targeted by airstrikes or shelling and stormed by ground troops, ambulances were hit, patients and staff were killed. Twenty-six attacks occurred in or close to MSF-supported facilities, ten of which were directly struck or impacted. MSF witnessed this destructive pattern against three main hospitals: Al-Shifa, which was left in total ruin, Al-Awda and Nasser, which suffered major damages; all three were forced to temporarily close.

⁷ The occupied Palestinian Territories Health Cluster Dashboard – [Available here](#)

⁸ Statement on the killing and arbitrary detention of health workers in Gaza | OHCHR - [Available here](#)

MSF-supported facilities have carried out at least 27,500 consultations for violence and 7,500 surgical interventions. MSF personnel themselves have endured 41 critical incidents since October 2023, including airstrikes and ground offensives targeting hospitals, tanks firing on deconflicted shelters housing MSF staff and their families, premises and attacks on humanitarian convoys. Eight MSF colleagues have been killed and several others injured, as have many of their family members; others have been arrested by Israeli forces.

Where the responsibility for these attacks could be attributed, we did so. However, in many cases, it was not possible to determine the perpetrator. The locations of MSF or MSF-supported facilities and transportation movements that were hit or attacked were communicated to the main warring parties prior to the incidents. Despite this, they were neither respected nor protected, resulting in the death or injury of aid workers, patients and other civilians.

CRITICAL INCIDENTS ENDURED BY MSF SUPPORTED STRUCTURES, MSF STAFF AND THEIR FAMILIES FROM 7 OCTOBER 2023 TO 7 OCTOBER 2024

Date	Event description	Date	Event description
07/10/23	Airstrike on Indonesian hospital: 1 death nurse (non-MSF)	17/12/23	Israeli troops took control of Al-Awda hospital & staff (including MSF staff) interrogated/stripped
07/10/23	Airstrike on one ambulance in front of hospital Nasser: 1 death & multiple casualties	06/01/24	Sniper bullet fired through ICU wall. Displacement orders around hospital Al-Aqsa, including MSF pharmacy MSF decision to evacuate
10/10/23	Airstrike resulting in damages on MSF Gaza clinic	08/01/24	Shelling MSF shelter housing 100 staff and families. 1 family member killed and 3 injured
11/10/23	Airstrike close to hospital Al-Awda - some material damages	16/01/24	IL bombing close to Nasser. Patients and displaced civilians flee in a panic
17/10/23	Airstrike on the parking area of Al Ahli hospital: 100 dead	22/01/24	Nasser hospital surrounded by fighting, bombing and evacuation orders Airstrikes killed people 150m from hospital entrance according to MSF staff
30/10/23	Projectile hit the Turkish-Palestinian Friendship hospital causing damages	09/02/24	Shooting inside Nasser, 2 dead, 5 injured (1 nurse). Access to hospital impossible due to combats around and Israeli forces operating in immediate vicinity. People trapped inside.
03/11/23	Airstrike outside the gate of hospital Al-Shifa: one ambulance hit. Several dozens of people killed.	15/02/24	Shelling on orthopaedic department of Nasser hospital: 1 dead & several injured.
10/11/23	Shelling on Al-Shifa hospital. Many dead and injured. Patients/staff trapped inside	15/02/24	1 MSF staff arrested by Israeli forces
14/11/23	Shots fired at MSF shelter	20/02/24	Shelling MSF shelter: 2 family members dead & 7 injured
15/11/23	Ground troops inside Al-Shifa	02/03/24	Shelling next to the entrance Emirati hospital: 2 dead & several injured (1 ambulance worker)
18/11/23	MSF staff evacuation convoy targeted: 2 deaths	25/03/24	Impossible access to Al-Shifa according to staff. Heavy Israeli airstrikes and fighting around.
20/11/23	Damages & fire affected MSF Gaza clinic. Israeli tank seen in the street	27/03/24	Airstrike close to clinic Al-Shaboura. Several killed.
20/11/23	5 MSF cars destroyed	31/03/24	Airstrike in the Al- Aqsa yard, outside ER where people were sheltering. Many killed and injured.
21/11/23	Airstrike on Al-Awda hospital. 3 deaths (2 MSF staff)	01/04/24	Al-Shifa hospital in ruins after 14-day long IL operation. Hundreds killed, including medical staff and mass arrests of medical staff and other people in and around the hospital
22/11/23	MSF convoy cars targeted by Israeli vehicles	20/05/24	Hospital Al-Awda encircled by tanks. Staff and patients forced to take cover under tables and beds as bullets and shelling smashed windows
24/11/23	MSF cars + 1 rental bus destroyed	23/05/24	Al-Awda forced to close following a 4-day siege
01/12/23	Blast damages hospital Al-Awda	22/07/24	Airstrike on Al-Aqsa hospital
05/12/23	Total siege of Al-Awda hospital since 05/12. In the following days, 2 members of the medical staff shot and killed by snipers	04/08/24	Shelling tents inside Al- Aqsa hospital compound. 3 dead and 18 injured.
12/12/23	1 MSF surgeon staff injured inside Al-Awda hospital by snipers located outside	25/08/24	Explosion 250m from Al-Aqsa & evacuation order in the vicinity of Al- Aqsa hospital triggered a panic and the departure of around 550 patients.
17/12/23	Maternity ward in Nasser hospital impacted by Israel tracer bullets. 1 patient killed (13 years old) and other wounded.	05/09/24	Airstrike within the compound of Al- Aqsa hospital. 4 dead & 16 injured.
		07/10/24	Airstrike within the compound of Al- Aqsa hospital. 8 injured.

A. Systematic attacks on hospitals and humanitarian assistance

The pattern of attacks outlined above coupled with its foreseeable consequences and the denial of access to medical care and humanitarian assistance (see sections below) effectively demonstrate Israeli forces waging a “war on the health of Gazans” that has left the healthcare system in shreds. Today, 19 hospitals are totally out of service and only 17 are partially functional, according to WHO⁹. As of 8 October 2024, 14 hospitals are accessible, as Israeli forces ordered the evacuation of three facilities in northern Gaza, leaving virtually zero hospital capacity in that part of the Strip. Reaching the remaining health structures is often at the risk of one’s life, as no safe areas or corridors exist, and fighting is relentless.

The repeated attacks that forced several hospitals out of service left the few remaining ones severely damaged, operating with limited resources and supplies. As a result, their capacity is desperately insufficient: only 2,158 beds are available (1,501 beds in partially functional hospitals and 657 in field hospitals⁹), compared to around 3,412 prior to the war¹⁰. Needs have increased exponentially due to the massive number of injured people and the spread of diseases caused by the dire living conditions and collapse of the primary health care system. Only 58 out of the 132 primary health centres are functional and they suffer from the same limitations in supplies.

In early December 2024, the number of war-related casualties reported by Gaza’s MoH amounts to more than 44,000 fatalities and 105,000 injuries¹¹. The UN Human Rights Office published a detailed analysis of the personal details of those killed in Gaza covering the six-month period from November 2023 to April 2024 and concluded that close to 70 per cent to be children and women¹². According to a recent report published by Oxfam, “More women and children have been killed in Gaza by the Israeli military over the past year than the equivalent period of any other conflict over the past two decades”¹³. Furthermore, the UN

estimated in May 2024¹⁴ that more than 10,000 bodies remained buried under the rubble.

Israeli airstrikes on densely populated areas and shelters often lead to mass-casualty events. These attacks flood the few remaining hospitals with waves of patients in critical condition – dozens or even hundreds of people injured by explosions, crushed under rubble or wounded by gunfire, all needing emergency care simultaneously. Overwhelmed medical staff have no choice but to treat patients on the floor, trying to save lives in the middle of absolute chaos, dead bodies lined up few metres away. Often, they must do so with insufficient equipment, facing a lack of critical supplies such as pain management drugs, and a serious risk of the hospital shutting down due to a lack of fuel to maintain the electricity. These events also force health facilities to discharge patients earlier than they should to free up space, affecting their ability to recover properly, if at all.

Guillemette Thomas, MSF medical coordinator for Palestine - 17 October 2023

“Treatment capacity is already collapsing. Hospital staff are no longer able to treat the injured properly, or even admit new patients, and everything is being done in extremely poor conditions, with too few staff and without the necessary medical equipment. There is a constant flow of patients and seriously injured people, with complex traumas, burns, fractures and crushed limbs.”

Dr. Javid Abdelmoneim, MSF medical team leader
21 August 2024

“Every day in July has been one shock after another. [On July 24] I walked in behind a curtain, and there was a little girl alone, dying by herself. And that’s the outcome of a collapsed health system: a little 8-year-old girl, dying alone on a trolley in the emergency room. In a functioning health system, she would have been saved.”

Many patients require two surgical interventions or more: this is sometimes due to the complexity of injuries, but also to “quick-and-dirty” interventions during mass-casualty events, when a surgeon cannot afford the luxury of taking the time to address all the problems in one intervention, because of complications from previous operations.

9 WHO, oPt Emergency Situation Update Issue 46 – [Available here](#)
10 State of the health-care system in Gaza during the Israel– Hamas war | The Lancet correspondence – December 2023 – [Available here](#)
11 The occupied Palestinian Territories Health Cluster Dashboard – [Available here](#)
12 UN Human Rights Office’s report: Six-month update report on the human rights situation in Gaza: 1 November 2023 to 30 April 2024 – [Available here](#)
13 More women and children killed in Gaza by Israeli military than

any other recent conflict in a single year | OFAM Press release 24 September 2024 | [Available here](#)
14 10,000 people feared buried under the rubble in Gaza | UN story 2 May 2024 – [Available here](#)

Karin Huster, medical referent for MSF in Gaza
5 & 11 June 2024

"There are wounded lying everywhere... Bodies are being carried out in plastic bags, the smell of blood is unbearable. Hundreds of people are in the hospital waiting for news of their loved ones injured in the bombardments. Bodies in white shrouds



were lying on their sides and in the morgue. In the emergency room, it was the apocalypse. The situation was desperate (...) Children grey or white from shock, burnt, calling out for their parents, others unable to scream because they are in shock... Nothing justifies what I saw today. These children, the three-month-old baby, the seven-year-old, the twelve-year-old who died, the 25-year-old man, the 78-year-old woman, all with horrific injuries: why did they deserve this?"

Female patient, 19 - 28 September 2024

"I was injured on 21 August when the house I was in was bombed. A missile entered the room and fell into the basement beneath us. My leg had to be amputated. After the missile hit the basement, everyone down there was killed about 30 to 40 people. I woke up under the rubble, screaming. They carried me onto a tuk-tuk and took me to the hospital. The tuk-tuk kept shaking because the roads are uneven. Honestly, if my leg wasn't already broken, it would have broken from all the shaking as we drove. When we arrived at Nasser Hospital, they just threw me on the ground because there were so many injuries, and dead bodies."

MSF staff member, living in Nuseirat camp in the Middle Area - 12 June 2024

"For what seemed like an interminable hour, I didn't know where my eldest son was. He had gone to the market earlier and in a few minutes, everything changed. There are sounds of missiles and explosions everywhere. We don't know what's happening. Everyone is shouting and running in all

directions, you hear ambulance sirens, it feels like the end of the world.

I check if my son is back and realise he left his phone at home. I go out, shout his name in the street. My family tries to get me back inside. I scream so much I lose my voice. An hour later, my son comes home. You can see fear and terror on his face, he can barely speak. He says: 'Dad, people have been blown up!' I hug him and cry. For the first time, I feel weak.

I then went to the Al-Awda clinic, which is only a few metres from home in Deir Al-Balah. I saw dozens of people lying on the ground. Some were dead, others injured. An ambulance arrived, carrying three dead and four injured. A colleague called me, his brother had been hit in the back by shrapnel and was vomiting blood. He asked me what he should do, but I didn't know how to help him. There were no ambulances. I told him to apply pressure on the wound and pray that he stayed alive. Dozens of people had been killed. We hadn't time to bury them. They were my neighbours, my friends and members of my family. Men, women and children.

Javid Abdelmoneim, head of the MSF medical team in Gaza - 20 July 2024

"The hospital quickly became chaotic. A three-year-old child was injured, her parents were worried because she was looking straight at me. I thought she was fine because she was breathing but when I removed her dressing, you could see the bone in her left thigh. Seconds later, the doors opened with a bang. Four or five injured people came in, some of them first-aiders. Among the injured was a boy who wasn't breathing. We tried to resuscitate him, when the nurse looked at us and asked why we were looking after him when we could be saving other lives. No one had the courage to declare him dead and move on to the next person. He was someone's child. But we had to move on to the next one, then another, and this went on for four and a half hours.

In the emergency room blood was all over the floor and I had to kneel down to see the patients on the floor. They were spread out all over the place, there were no beds left. I could feel my knees getting wet with blood. At the same time, more and more patients were arriving.

I've worked in similar situations with mass influxes of injured people all over the world and the smell of blood is the same wherever you are. But here, in Gaza, the horror really hit home. In the middle of our work, we saw our colleague, an MSF anaesthetist, in the emergency room. I asked him what he was doing there and why he wasn't in the operating theatre. 'I've just heard that my house has been destroyed and that my daughter and nephew are here somewhere',

he replied. Later, we learned that his nephew had been killed.”

One MSF team reported a high percentage of infections among new wounded patients (13.3 per cent¹⁵), denouncing issues such as poor hygiene conditions (either where they live or where they received care) and the difficulty to reach health care structures for proper wound management.

Kamil, MSF emergency nurse - 10 July 2024

“The patients I have seen during this war are different from previous wars. Most have deep burns, with shrapnel. Many have lost limbs or have infected wounds. I will never forget the smell of infection – it smells like bad oil.”

Ten field hospitals have been opened by humanitarian organisations and/or through bilateral collaboration with some countries in the region, only five of which are fully functional as of 2 October 2024,¹⁶ though they cannot begin to bridge the gap in healthcare, nor can they aim to replace the existing facilities that have been damaged or destroyed.

The latter remain unequivocally the most relevant structures to support in terms of sustainability. Following the destruction of Gaza’s health system due to the Israeli offensive and disproportionate use of force, MSF opened two field hospitals as a last resort to address the skyrocketing medical needs. The collapse of healthcare facilities, multiple evacuation orders, widespread insecurity, and the daily influx of injured patients left no other option. However, field hospitals cannot replace a functioning health system. MSF set up its first field hospital at the end of August 2024, when most of Al-Aqsa Hospital’s 650 patients had to flee as the facility came under attack by Israeli forces.¹⁷

Dr Sohaib Safi, MSF Deputy Medical Coordinator - August 2024

“No amount of field hospitals will replace what was a functional healthcare system in Gaza. This is the last resort to provide urgently needed medical care.”

15 Data from January to September 2024

16 WHO, oPt Emergency Situation Update Issue 47 – [Available here](#)

17 With Al-Aqsa hospital under threat, MSF opens field hospital in central Gaza | MSF - Press Release - 28 August 2024 – [Available here](#)

HOW TO DISMANTLE A HOSPITAL: THE SIEGE OF NASSER HOSPITAL, KHAN YOUNIS¹⁸

- ▶ **Early December 2023:** Thousands seek refuge at Nasser Hospital in Khan Younis to escape the fighting. The hospital, already overwhelmed by repeated mass influxes of wounded patients, becomes a shelter for the displaced. With two-thirds of Gaza's hospitals out of order, Nasser Hospital is one of the few remaining places providing both medical care and refuge
- ▶ **17/12/2023:** the maternity ward is hit. A 13-year-old girl is killed and many others are wounded.
- ▶ **15/1/2024:** Field report by Aurélie Godard, MSF medical team leader, and Léo Cans, MSF head of mission, following a visit to Nasser hospital.

"On 15 January at around 3 pm an airstrike hit trucks that were unloading food at 150 meters east of the hospital. The noise was so loud that it was painful for the ears. After a few minutes, many wounded arrived at the hospital, some carried by people on foot, some by ambulances and some in private cars. Total of eight killed, including two boys four/five years old, and 80 injured, including 20 who had to undergo surgery."

- ▶ **21/1/24:** the hospital is besieged with heavy bombing and fighting all around.
- ▶ **23/1/24:** Israeli forces issue new evacuation orders for Khan Younis and Nasser Hospital; 850 patients and thousands of refugees are trapped inside. Evacuation is impossible, fighting rages around and ambulances are blocked. At that time, Nasser was one of only two hospitals in southern Gaza able to treat critically injured patients.

MSF staff member trapped in Nasser hospital

"There was no staff left in the emergency room. There were no beds, just a few chairs and a few nurses. We managed with what we had, tried to stop the bleeding and sort the patients there. It was horrible and really affected me psychologically. (...) I went to pick up a patient in the operating theatre and asked the few remaining staff if they could supply an abdominal gauze. They said that they didn't have any to spare and that the ones they had were already being used on several patients. They use it once, then squeeze out the blood, wash it, sterilize it and reuse it with another patient. This is the situation in Nasser's operating theatre, can you imagine?"



- ▶ **8/2/24:** MSF staff inside the hospital report that snipers appear to be targeting both the hospital and people trying to flee, resulting in deaths and injuries.

¹⁸ The sources used include first-hand accounts from MSF staff members, exchanges of information between MSF coordination team in Jerusalem and MSF teams in Gaza, recorded in an internal logbook, media and humanitarian organisation publications. All these sources corroborate this timeline – [Available here](#)

- ▶ **13/2/24:** Israeli forces issue an evacuation order for displaced people sheltering inside the facility but said medical staff, their families, patients and one caretaker per patient were allowed to remain inside the hospital. Three people are killed and ten injured by Israeli fire while inside the premises.
- ▶ **14-15/2/24:** the hospital is shelled in the early hours of the morning killing one person and wounding eight others, despite Israeli forces assurances to medical staff and patients that they could remain in the facility. Israeli forces storm the hospital at dawn, destroy the equipment and ambulances and screen people as they leave the hospital. An MSF staff member is arrested (he has since been released).

Lisa Macheiner, MSF project coordinator in Gaza - 14 February 2024

“People have been forced into an impossible situation: stay at Nasser hospital against the Israeli military’s orders and become a potential target or exit the compound into an apocalyptic landscape. People ask us ‘Where is it safe? Where should we go?’, but there is no answer to that, and it really leads to a feeling of despair.”

- ▶ **15/2/24:** patients are evacuated in small groups to nearby field hospitals. WHO is denied access twice. On 16/2, five patients die due to the lack of electricity affecting their care. On 17/2, the hospital runs out of food and water.

Patient, recalling the events - September 2024

“They had had surgery to insert a metal plate in my body due to shrapnel injuries in my back and abdomen. By the end of February, the [Israeli] tanks reached Nasser Hospital. After two days of warnings to evacuate, they raided the hospital. I was captured, tortured, and interrogated. There were inspections and interrogations, with beatings of course. They targeted young men with beards. They would mark people with an ‘X’: an ‘X’ on the forehead meant field interrogation plus interrogation in a place where they would take us; an ‘X’ on the knee meant field interrogation only.”

One of their torture methods was to pull out any metal plates one had in their body. I can never forget the sight of them ripping the metal plate out of someone’s body—it’s seared into my memory.”

- ▶ **22/2/24:** Israeli forces leave the hospital severely damaged and out of service. Water, food and electricity are still not available.
- ▶ **27/2/24:** 120 patients are still inside Nasser hospital.

Israeli forces carried out similar attacks against Al-Nasr Paediatric hospital, Al-Quds hospital and Al-Shifa in Gaza City, as witnessed by our teams¹⁹⁻²⁰.

The attacks on Nasser hospital by Israeli forces were deliberate, methodical and extremely violent. According to MSF staff, they killed patients directly or indirectly presumably due to lack of care and staff, forcibly displaced thousands of people who had already been displaced multiple times and dismantled a critical health facility, increasing the pressure on the remaining ones and reducing access to care for a population in desperate need.

19 Gaza hospital staff: “I can’t leave if you’re shooting at me” | MSF News & Articles, December 1, 2023 – [Available here](#)

20 Israeli forces leave Al-Shifa Hospital in ruins | MSF News & Articles, April 1, 2024 – [Available here](#)

AL-AQSA, DEIR AL-BALAH: A HOSPITAL ATTACKED MULTIPLE TIMES

This key hospital in the Middle Area was attacked by Israeli forces at least seven times in 2024. In January, with heavy fighting, drones and snipers around it, MSF teams were forced to evacuate and suspend their activities. Five separate Israeli airstrikes hit the hospital compound on 31 March, 22 July, 4 August, 5 September and 7 October 2024, killing and injuring many of the people who were sheltering there. On 25 August, a new Israeli evacuation order and a big explosion pushed many people to leave the hospital: only 100 out of 650 stayed according to the Ministry of Health. For weeks, Al-Aqsa had strived to absorb the load of hospitals dismantled by Israeli forces in the centre-north.

Testimony published on 28 August 2024

Today, Al-Aqsa hospital is almost unrecognizable. "Before the evacuation order and explosions, the hospital was so crowded that patients sometimes had to be treated on the floor. Patients were everywhere, often queuing in front of the hospital, desperately seeking care. The hospital looks really empty," says Dr Sohaib Safi, Deputy Medical Coordinator for MSF in Gaza. "The atmosphere is one of anxiety due to the imminent threat [of attack], we encountered several patients with burns, complicated wounds and people in need of amputations, who are currently receiving care at the hospital. These cases are likely the tip of the iceberg – we know there are many more people in need of urgent care who can't reach the hospital."

1. Humanitarian workers under attack

Since 7 October 2023, humanitarian workers have been fully exposed to Israel's all-out war on Gaza. Many of these humanitarians were killed or injured while providing aid or sheltering with their families. They have also been killed or maimed when humanitarian vehicles, buildings and shelters were hit or targeted by Israeli forces.



On 18 November 2023, an MSF convoy of five cars composed of MSF staff and their families, including children, all clearly marked, left MSF's premises in Gaza City to head south. The movement was authorized by the warring parties and followed the route indicated by Israeli forces. MSF received several acknowledgments of receipt/authorizations from the Israeli authorities for its request to coordinate the evacuation movement both by phone and email. MSF vehicles' pictures and plates were also shared. At the checkpoint, MSF teams were told that, contrary to what was stated by Israeli authorities, they were not allowed to move south with

their vehicles. MSF teams waited for over three hours as huge crowds face the bottleneck of the Israeli forces' screening process. The situation was chaotic, shots were heard. Fearing for their safety, the team headed back to the MSF premises: Israeli forces were once again informed. Back in Gaza City, the convoy's members noticed tanks in a distance and armed men on buildings. The tanks opened fire. One person died on the spot while another one, injured, later dies in the absence of the possibility of evacuating him for further medical treatment. After collecting the testimonies of MSF staff present that day in the convoy, MSF considers that all elements point to the responsibility of the Israeli army for this attack.²¹ Following these events, MSF notified again the presence of its employees and family members, including children, sent again the GPS coordinates and a new request to coordinate an evacuation.

Two days after the attack (20/11), an Israeli bulldozer escorted by tanks methodically destroyed the five MSF cars parked in front of the MSF clinic/guest house, witnessed by MSF staff. A wall of the MSF clinic was torn down, part of the building was engulfed by fire. As those vehicles were the only means for MSF staff and their relatives to reach the south, new vehicles were sent from the south to Gaza City on a movement coordinated with the UN and the Israeli authorities: they were shot at by snipers while approaching the MSF premises and destroyed in the early hours of 24 November.²¹

To date, Israeli forces benefit from total impunity for these attacks on MSF. MSF requested an explanation from COGAT²² - our main interlocutor in Israel for the Occupied Palestinian Territory - and other Israeli authorities on several occasions, but at the time of the writing of this report MSF had not receive any official response. MSF renews its call for an independent investigation to establish the facts and responsibilities.

MSF staff member recalling the events of 18 November 2023

"When we arrived in Al-Wahida Street, which is close to our office, guesthouse and clinic, I saw tanks and snipers at the top of the buildings. I was terrified when I saw that the snipers and the tanks were pointing their weapons at us, especially at the fourth and the fifth van [in the convoy]. They opened fire on us and when a bullet grazed my forehead, I got a superficial injury. The bullet hit my colleague Alaa in the head; he sat next to me. He had a critical head injury and bled massively. His head fell on the steering wheel, I immediately retook control of the steering to move to the right of the street.

We arrived at the clinic and tried to give Alaa life support, to stop the bleeding. We couldn't do anything. He died while we were trying to save his life. We stood up, shocked by his death and all that had happened to us. I was speechless and just not able to think. My kids were crying, people were discussing how to bury our colleague. And we had another person injured in the abdomen."

"Two days later, after the convoy attack, a bulldozer clearing the way for Israeli tanks came and damaged our cars and threw them away from the right and the left side of the street. We heard a strange sound, like cars being crushed, and gunshots. I looked through the window and I saw. The cars had been pushed to the side and a fire had started. My colleagues were in the clinic, and I was afraid the fire could reach them. The fire crept up along the trees [by the clinic]. The electrical wiring also caught fire; it was a horrible scene."

Twice, MSF shelters - buildings rented by MSF and housing MSF staff and their families - were directly hit. Three family members were killed and nine people injured.

On 8 January 2024, a shell broke through the wall of the building in Khan Younis where over 100 MSF staff were sheltering with their families.²³ The five-year-old daughter of an MSF colleague was critically injured by the strike and later died of her injuries; three other people were injured. MSF was able to confirm that Israeli forces were responsible for the shelling, whose target was not the shelter, showing that precautions to avoid unnecessary civilian harm were not taken.

21 MSF convoy attack in Gaza: All elements point to Israeli army responsibility | Doctors Without Borders - USA Press Release, December 2023 [Available here](#)

22 Coordinator of the Government Activities in the Territories: the official Israeli team in charge of the coordination and facilitation of humanitarian initiatives in Gaza

23 Gaza: MSF condemns strike on shelter that killed staff member's five-year-old daughter | MSF press release, January 2024 - [Available here](#)

Prior to the incident, the location of the shelter was notified by MSF to Israeli forces, who were informed that humanitarian staff and their relatives were sheltering therein, and no evacuation orders were issued for this area before the strike. Several of these MSF staff were continuing their humanitarian and medical work in Gaza despite the difficult situation in Khan Yunis in those days. MSF contacted Israeli authorities immediately after the incident and is still seeking further explanation.

Thomas Lauvin, MSF project coordinator in Gaza.

“This strike on civilians is unacceptable and, once again, goes to show that it doesn’t matter where you are in Gaza, nowhere is safe. The shell did not detonate on impact, otherwise many more of our staff and their families would have most likely been killed.”

On 20 February, an Israeli tank fired on a building housing 64 MSF staff and their families in Al-Mawasi, an area they had previously declared as a safe zone by Israeli forces. The attack killed two MSF staff family members and injured six people. Bullets hit the front gate, the building’s outer wall and the interior of the ground floor. Israeli forces were informed of the specific location of this shelter, which was clearly marked as MSF with a two-by-three-metre MSF flag draped on the perimeter wall, and that MSF staff and their relatives were sheltering therein. No evacuation orders nor warning were issued before the strike ²⁴.

Christopher Lockyear, MSF secretary general speaking at the UNSC²⁵ - 22 February 2024

“This is all too familiar—Israeli forces have attacked our convoys, detained our staff, and bulldozed our vehicles, and hospitals have been bombed and raided. Now, for a second time, one of our staff shelters has been hit. This pattern of attacks is either intentional or indicative of reckless incompetence. Our colleagues in Gaza are fearful that, as I speak to you today, they will be punished tomorrow.”

2. Around 2.5 per cent of the medical workforce killed

For years prior to the war, the Israeli blockade and political instability had driven many medical professionals abroad, leaving critical gaps in care²⁶. The war has precipitated the situation: an unknown number of specialists left Gaza between the start of the war and the closure of Rafah in May 2024, many have also been detained or killed. The UN Human Rights Office reported the killing of 500 health workers²⁷, out of which at least 55 specialists according to the MoH, and 214 medical workers are currently detained, according to WHO²⁸. According to an article by the UK-based charity Medical Aid for Palestinians (MAP UK) published in June²⁹, this equates to an average of two healthcare workers killed every day, with 2.5 per cent of Gaza’s healthcare workforce now dead. More healthcare workers have been killed in Gaza since October than in all conflicts globally in 2021 and 2022 combined. In an already weakened health system facing a massive surge in needs, the loss of health workers including specialists is critical.

24 MSF strongly condemns Israeli attack on MSF shelter in Al-Mawasi which kills two and injures six | MSF Press release, February 2024 – [Available here](#)

25 United Nations Security Council

26 Gaza’s doctors were building a health system. Then came war | Reuters – June 2024. Maggie Fick, Ahmed Aboulenein and Saleh Salem. [Available here](#).

27 UN Statement on the killing and arbitrary detention of health workers in Gaza 25 June – Available here

28 The occupied Palestinian Territories Health Cluster Dashboard – [Available here](#)

29 ‘500 healthcare workers killed during Israel’s military assault on Gaza’ | MAP UK – [Available here](#)

B. Killed, maimed, deprived of care: the consequence of war on the population of Gaza

1. People killed away from the bombs: the toll of chronic disease

By wiping out the capacity for the treatment of chronic disease, attacks on Gaza's healthcare system are also killing people away from the fighting. As many as 10,000 cancer patients in Gaza are left with no care according to the MoH. Damage from Israeli attacks and the lack of access to fuel forced the closure of the oncology centre at the Turkish-Palestinian Friendship Hospital in November 2023. By September 2024, only two small oncology services operated with limited capacity in Nasser and Al-Aqsa hospitals. Chemotherapy, partially available prior to October 2023, is no longer accessible. Radiotherapy required referrals to Israel or the West Bank, which have been completely blocked by Israeli authorities.

Specialised surgery for the 45,000 patients with cardiovascular disease (source: WHO³⁰), the leading cause of death in Gaza prior to October 2023³¹, was not available until mid-September 2024, where treatment capacity was partially restored but remains still largely insufficient. By blocking almost all requests for medical evacuations outside Gaza, Israeli authorities deprive cardiac paediatric patients with congenital heart disease of specialised care abroad.

Male patient, 32 - 24 September 2024

"My mother hasn't taken her blood pressure and diabetes medication for a year. It was unavailable at the pharmacy for a while, and when it became available, it was too expensive."

Male patient 34 - 29 September

"My father has diabetes and high blood pressure. My mother passed away due to the unavailability of medications and treatments. She suffered from a neurological condition and was on medication."

30 WHO, oPt Emergency Situation Update Issue 41 - [Available here](#)

31 MOH_2022_Annual report.pdf

"My father used to go to Nasser Hospital to get her medicines. When the Israelis entered Nasser, the situation deteriorated, and we couldn't get any medications for my mother. She died just an hour after she became critically ill."

By 28 August 2024, Gaza's only psychiatric hospital became non-operational, as a consequence of the damage it suffered on 5 November 2023³². As of 20 August 2024, only one out of originally six community mental health centres was operational, and only at minimal capacity. Shortages, insecurity, recurring displacement and dire living conditions are negatively affecting the mental health of the population, particularly those with pre-existing mental health disorders. According to WHO, there are more than 485,000 people with mental health disorders within the Strip.

The impact of the attacks on healthcare and of the broader all-out bombing campaign extends to include the loss of medical records, the reduction of the capacity for diagnostics (by September 2024, only two CT-scans were available, but only one of them remained accessible) and the impossibility of storing drugs in acceptable conditions due to the destruction of pharmacies, causing further loss of treatments. This, coupled with the looting resulting from the complete breakdown of law and order in the Strip, created a black market for poorly stored, overpriced drugs.

Israel must take urgent action to protect healthcare facilities, restore effective supply lines and facilitate access for patients. Beyond the bombs and gunfire, the war is claiming lives due to the lack of treatment for chronic diseases and other critical health conditions.

2. Denying access to medical care outside of Gaza

People in Gaza had often been forced to seek specialised treatment elsewhere well before October 2023, as the 16-year Israeli blockade had seriously hampered the development of local capacity. Their main destinations were the West Bank including East Jerusalem. However, patients looking for a medical evacuation were routinely blocked by Israeli authorities: between 2008 and 2022, over 70,000 or 30 per cent of the applications were delayed or denied³³. In October 2023, evacuations under the

32 Palestine: impact of the conflict on mental health and psychosocial support needs in Gaza | ACAPS - September 2024 - [Available here](#)

33 15 years of blockade and health in Gaza | WHO July 2022 - [Available here](#)

pre-existing system were abruptly halted just as the number of people needing them soared almost overnight. A small number of patients were still able to be evacuated, thanks to WHO's coordination, but as of 30 September 2024, less than 39 per cent of the requests have been approved (6,075 out of 15,600) and just under a third (5,138) have been carried out. However, cumulative data does not reflect the situation today. Since the closure of the Rafah crossing on 7 May 2024, as Israeli authorities had taken complete control of the so-called 'Philadelphia corridor', medical evacuations have come to an almost complete stop: since that turning point, 1.6 per cent of those needing an evacuation have been able to obtain it (229 patients), a drop in an ocean of needs.³⁴ Today an estimated 14,000 patients are still waiting for an authorisation.³⁵

The process is long and complicated: patients first go through a medical evacuation committee under Gaza's MoH, which establishes priority cases and refers them to the WHO for further processing and coordination with potential receiving countries. These countries or WHO then apply for the approval from the Israeli authorities, whose nebulous criteria for patients as well as caretakers, produce a vast majority of rejections with no explanation.

Half of the evacuees are oncological patients (50 per cent), followed by those who sustained war injuries (42 per cent). Only 14 per cent of the requests of evacuation for the males considered to be 'of fighting age' (19 to 60 years old) have been approved.

MSF is working to facilitate medical evacuations by reviewing patients' files, coordinating and advocating with various countries and WHO. As of early October 2024, MSF compiled 89 patient files, the majority war-wounded requiring orthopaedic surgery and oncology patients. 13 patients, all children, were evacuated: 10 to Jordan directly by MSF, where they were admitted to the MSF reconstructive surgery programme in Amman and three to the United Arab Emirates through WHO's coordination.

Several requests including wounded children and their caretakers were denied by the Israeli authorities without justification or apparent reason.

Dr Hani Isleem, MSF project coordinator for Gaza medical evacuations (Amman) - 10 September 2024

"Of the eight cases for which we applied for medical evacuation in August, only three were approved by

34 Humanitarian Situation Update #217 | Gaza Strip | OCHA - 13 September 2024 - [Available here](#)

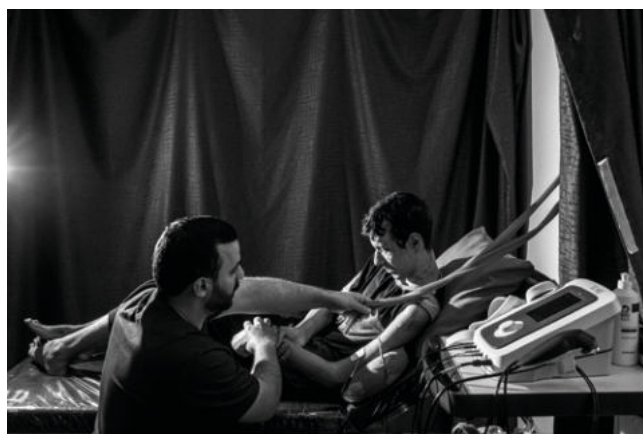
35 The occupied Palestinian Territories Health Cluster Dashboard - [Available here](#)

the Israeli authorities. Perhaps they are suspicious of allowing adults, but even that suspicion cannot explain the refusal to evacuate children."

Karam, 17 and his father Ziad

On 14 February 2024, an Israeli airstrike obliterated Karam's home in Gaza, killing everyone in his family except for his seven-year-old sister, Ghina, and his father, Ziyad. Karam was badly injured, with burns across his whole face and body.

"I got to the emergency room and there were bodies all over the floor" says Ziyad. "I found my daughter, Ghina, with first-degree burns on her face, shoulders and back. When Karam, was brought into the emergency room, I didn't recognise him: he had no human features. There were no clothes left on him. His body was completely black. His eyes were closed."



After stabilising Karam, MSF and ministry of Health staff at Al-Aqsa hospital performed six rounds of plastic surgery on Karam's severely burned body. For seven days he was in a coma. He was then evacuated to the Emirati floating hospital in Al-Arish, Egypt and flown to MSF's reconstructive surgery hospital in Amman, where he is receiving comprehensive rehabilitation with his sister.

Five months after the catastrophic attack on his home, Karam is walking again, he is able to move his left arm and his left eye is slowly reopening - a near-miraculous recovery considering he was originally thought dead by medical staff at Al-Aqsa hospital.

The Israeli authorities must facilitate the medical evacuations for all those patients who need to receive treatment not available in Gaza. They must be able to travel with at least one caregiver and there must be no prejudice to their right to a safe, voluntary and dignified return to Gaza.

II. FORCIBLE DISPLACEMENT CRUSHING A VULNERABLE POPULATION



A. Evacuation orders as another weapon in Israel's war

The war has been raging for over a year, and since its beginning, evacuation orders have been a key part of the Israeli forces' campaign against Palestinians in Gaza. The first orders were issued on 13 October 2023, requiring 1.1 million people to move south in a few hours, leading to a mass exodus from northern Gaza to the middle and southern areas of the Strip.³⁶

This was the first evacuation order in a long list of what should be more accurately described as forced displacement orders: often aimed at hundreds of

thousands of people at a time, these orders leave hardly any time or options to move safely, providing no safe routes or viable destination. Those who manage to make it somewhere, end up crammed into overcrowded, unliveable areas, lacking basic supplies including food and water, awaiting the next round of evacuation orders to scramble for their lives again. Civilians are ordered to go to areas designated as "safe zones" by Israeli forces, only to be hit by deadly airstrikes once they are sheltering there: many have died simply for seeking shelter exactly where they were told to. This happened for instance on 10 September 2024, when Israeli airstrikes hit a makeshift camp hosting thousands of displaced people in Al-Mawasi, an area dubbed "humanitarian zone" by Israeli forces. People staying there had been forced to move from the eastern parts of Khan Younis and Rafah.³⁷

³⁶ As evacuation orders expire in northern Gaza, MSF calls for protection of civilians | MSF - 14 oct 2023 - [Available here](#)

³⁷ Humanitarian Situation Update #217 | Gaza Strip | OCHA -13 September 2024 - [Available here](#)

The idea of civilians being ordered to leave to reach safety is a blatant lie. Those attempting to flee often find themselves caught amid fighting and bombing or even targeted while on the move, with no distinction made between civilians and fighters. Far from protecting civilians, these orders amount to a pattern of repeated, forcible displacement, which only adds to the physical and mental suffering of the people in Gaza.

Female patient, 33 - 23 September 2024

Two months ago, we were in what we thought was a safe area. But without warning, tanks started firing shells. [...] I grabbed my husband and son, made them walk in front of me stretching my arms out to protect them. A shell landed between them, in front of me. We were in farmland, full of agricultural huts made of palm leaves. The huts caught fire. The people living there weren't connected to any party or faction.

After the explosion, I screamed for help. One of the neighbours came out, saw my son with his leg severed, and started wailing. I turned to my husband, Ahmed, his condition seemed better than our son's. I told him, "Ahmed, wait... Hamoud's injury is worse. Let me see him, I'll come back to you." My husband was in pain but nodded in agreement. A neighbour took my son on a bicycle and found an ambulance on the way, so I returned to my husband but couldn't find anyone to take him. I saw a water truck passing by and begged the driver, "Please, take my husband to the hospital. I'll give you anything you want."

Once I was sure my husband and son were being transferred to the hospital, I looked around and saw a little girl whose head had been severed. I gathered her remains. I also found a man with no pulse, so I covered his face with his shirt. I arrived at the hospital, feeling deep down that I was about to lose my son. I came to say goodbye. I asked about my son, and they told me he was fine, stable even. I felt relieved and thanked God. But then they told me my husband had passed away. I went into shock again, blaming myself for choosing my son over his father.

When I got there, I found them both side by side in the emergency room. My son saw them covering his father's eyes and asked, "Mama, why are they covering Baba's eyes?" It took only five minutes to turn our whole world upside down [...].

My son's bone is exposed at the joints below his pelvis. The care he received here saved his right leg [...]. My son used to have panic attacks whenever he thought about what happened, and when he saw me crying, he stopped talking. He didn't speak for ten days".

These displacement orders are completely unpredictable, often delivered by phone in a territory plagued by frequent connectivity issues and power cuts. They are frequently issued just hours before an attack—or even after it has already begun. The orders are also repeated, sometimes for relocations over short times. Most people are forced to leave everything behind with each move, as there is neither time to pack nor a secure place to store belongings. People live in a constant state of nerve-racking hyper-vigilance, always ready to flee to yet another unknown location.

The month of August 2024 alone saw 16 displacement orders, impacting approximately 12 per cent of the population (258,000 people). Between 19 and 24 August, five orders were issued, the largest number of orders in a single week since the start of the offensive³⁸.

By early October 2024, more than 86 per cent of the Gaza Strip's space was affected by over 40 unreversed evacuation orders issued in 2024 alone. Hundreds of thousands of displaced families continue to be forced to move into an area of around 47 square kilometres³⁹ (approximately 13 per cent of Gaza's total land area), which has become overcrowded and lacks essential infrastructure and services.⁴⁰ To date, 1.9 million people, representing 90 per cent of the population of Gaza, have been displaced since the start of hostilities.⁴¹

An MSF survey indicates that on average our colleagues have been displaced at least 5 times between the start of the war and the end of July 2024. Most of their original homes have been destroyed, either totally or partially, while in a few cases they have no information on their status.⁴²

MSF project coordinator Jacob Granger
21 August 2024

"The continuous forced displacement of people is inhumane. People have no belongings left, nowhere left to go. There is no room to put tents up."

38 Humanitarian Situation Update #209 | Gaza Strip | OCHA - 26 August 2024 - [Available here](#)

39 As of 30 August 2024

40 Humanitarian Situation Update #211 | Gaza Strip | OCHA - 30 August 2024 - [Available here](#)

41 Humanitarian Access Snapshot - Gaza Strip | OCHA - 12 August 2024
[Available here](#)

42 MSF internal Survey conducted from end of June to end of July. 217 MSF staff have been questioned.

Male patient, 57 - 24 September 2024

"My wife, family, and I went to a school for shelter, we slept in one of the classrooms. The artillery was firing on the schoolyard, and I didn't have time to escape from the classroom. My leg was severed. They took me to Kamal Adwan Hospital and left me on the ground. I had lost a lot of blood, had surgery and a dressing, but the smell from my leg was unbearable.

Then, the Red Cross organised my transfer from north of Wadi Gaza to Nasser Hospital in the south. They checked my leg and gave me 10 units of blood before another surgery. They kept amputating parts of my leg until the smell was gone. They ended up amputating above the knee.

I stayed at Nasser Hospital for seven months. When the area near the hospital was attacked, I was moved to Rafah, then returned to Nasser a few months later. Nurses advised me to return to Nasser for physiotherapy because even though my leg is amputated, I still feel it. Now I come here twice a week, every Saturday and Tuesday, for massage therapy. Today, we have a meeting where they will explain prosthetic devices and natural massage techniques. They're also teaching me how to do exercises on my own."

Wiping Palestinian life out of the north

In early October 2024, Israeli forces launched a new devastating onslaught in the area comprising Beit Lahia, Beit Hanoun districts and the Jabalia camp in the Governorate of North Gaza. The attack has been going on for the past month: the area is incessantly targeted by massive bombing and subjected to a suffocating siege that deprives people of food, water, and humanitarian aid, leaving the population struggling to survive. The three main health facilities – Indonesian, Kamal Adwan and Al-Awda hospitals – have been placed under evacuation orders though the hundreds of hospitalised patients have nowhere else to go.

A new wave of displacement orders instructed people to move south towards Al-Mawasi, but many were prevented from doing so by the ongoing fighting. People were thus coerced into an impossible choice: to stay and die under the bombs or to starve; to go and risk being forcibly displaced again; or perhaps to be killed while trying to flee. Those who chose to leave were reportedly screened by Israeli forces and in some cases arbitrarily detained (including an MSF surgeon who was taken by the Israeli forces on 26 October and is still being detained incommunicado at the time of writing).

The area is effectively being cleared of all Palestinian life.

Israeli authorities must provide sound, effective guarantees to protect civilians. Many people have nothing left – no resemblance of their communities as they were prior to the war – yet they want to stay or return to the place where they lived. They must be allowed to do so with real assurances for their safety.

B. Denial of humanitarian assistance

Throughout the war, it has been Israel's policy to reduce the amount of food, water, medical supplies and relief items that entered the Strip to a trickle, in what seems a way to collectively punish the population.

Major restrictions on the aid that Gaza is allowed to receive are not new: this small piece of land had been under an Israeli blockade for over 16 years when the war began. The UN estimated that the population already relied on external supply and aid at 80 per cent before the war⁴³.

However, since 7 October 2023 the blockade has turned into a siege. Israel banned the importation or transit of goods to Gaza through its territory practically overnight, blocking nearly all supply routes.

Alternative routes were explored by many aid organisations including MSF, due to the major barriers faced and despite their costly and time-consuming management, first through Egypt. However, this came with significant limitations: as all entrances to the north and the south of Gaza were cut off by Israeli forces, supplies entering via Rafah (at the border with Egypt) could not reach people trapped in the north; any movement still required the approval of the Israeli authorities; temporary and unpredictable border closures were frequent; all of which resulted in major bottlenecks of more than 1,400 trucks waiting. This highly restricted system was complexified by the Israeli offensive on Rafah in early May 2024, during which Israeli forces seized and closed the Rafah crossing effectively cutting off essential and lifesaving deliveries to Gaza. The Kerem Shalom border crossing began to be used as an alternative route for Egyptian-sourced cargos in late May 2024.

⁴³ UN report: 80% of Gaza inhabitants relied on international aid before war | The Guardian October 2023 – [Available here](#)

However, it faced with similar restrictions and challenges, especially when the area was affected by fighting.

In February 2024, MSF began using the Jordanian corridor as an additional option. However, this route also faced significant constraints, including long customs clearance times for medical supplies—up to four months under Israel’s importation mechanism—and mandatory cargo transfers between Jordanian and Israeli trucks, as Jordanian trucks are not permitted to cross into Israel.

After the Israel-Egypt border was closed in May 2024, an alternative route through Israel became available later that month. This option allowed for the import or transit of goods through Israeli territory but came with significant limitations: lengthy customs clearance processes, complex and time-consuming documentation requirements for each item, and no storage permitted for international cargo in transit.

All these alternative options do not solve three main limitations:

- Israel imposes strict restrictions on so-called ‘dual-use items’—goods allegedly usable for both civilian and military purposes. These range from generators, scalpels, and scissors to autoclaves and oxygen concentrators. This severely delays the delivery of essential medical supplies critical to operations and imposes heavy constraints, such as limiting generators to 20 KVA. The situation is further complicated by Israel’s unpredictable and constantly changing list of ‘dual-use items.’

Humanitarian organisations must navigate painstaking formalities for each item, even if previously approved. For every order, they must request specific authorisation from Israeli authorities, providing a photo, technical sheet, intended use, and the GPS location where the item will be used. Even with authorisation, items can still be blocked. For instance, five autoclaves (used to sterilize medical instruments) remain stuck in Egypt at the time of writing. Moreover, the rejection of a single item at the Kerem Shalom crossing can result in the rejection of the entire shipment.

MSF has been prevented from increasing its provision of water and sanitation services and is yet to receive authorisation from Israeli authorities to import materials for desalination units and generators. MSF had to wait five months to get the approval of essential items such as fridges and freezers to store indispensable medical items.

- The smuggling of tobacco and other illicit goods in trucks entering Gaza leads to frequent searches damaging shipments and causing significant delays. If pallets are too damaged when reaching Kerem Shalom, the trucks can be rejected and consequently sent again to Al-Arish (Egypt) for instance, where the entire process needs to be started over. One of MSF’ cargos got rejected eight times for this reason before arriving in Gaza in bad condition.
- Restriction to only use flatbed open trucks by Israeli authorities leads to significant damage due the exposure of supplies to heat during long waiting times and severely restricts the possibility of sending cold chain items.

Once the goods finally enter Gaza after these tedious processes, they are still far from reaching those desperately in need. Indeed, the all-out bombing of Gaza for over a year has led to a breakdown of law and order in the Strip and as a result, even when trucks manage to enter, they are now systematically looted by gangs. The sole use of the Salah al-Din Road (the only route approved by Israeli authorities, aside from minimal access to the fence road) is facilitating the lootings. The growing concentration of the population in limited areas also complicates the transport of goods, especially in Khan Younis and Rafah, where trucks can take up to four hours to travel one kilometre. In October and November 2024, the challenges with supplies worsened further, with a sharp drop in the number of trucks allowed into Gaza, especially in the north where a total siege was imposed on 2 October by the Israeli authorities for over two weeks. On 16 November 2024, a UN convoy comprising 109 trucks of food supplies was violently looted with 97 trucks lost and drivers forced at gunpoint to unload aid.⁴⁴ It is urgent to create safe, deconflicted humanitarian supply routes within Gaza, which can ensure that aid is delivered where it is needed.

Through the first year of war, MSF managed to deliver approximately 750 tons of supplies, or nearly 4,000 cubic metres. These shipments included two fully equipped field hospitals. This remains woefully inadequate compared to the vast scale of the needs. Due to a lack of supplies, MSF teams have been forced to adjust medical protocols, such as changing dressings less frequently, leaving patients more vulnerable to infection. They have also been unable to provide adequate pain management due to insufficient painkillers.

44 Humanitarian Situation Update #239 | Gaza Strip | OCHA - 19 November 2024 – [Available here](#)

Overall, MSF has been compelled to severely self-limit the deployment of its operations due to major restrictions, blockages and delays hindering the population of Gaza from accessing healthcare, water and sanitation services.

As the occupying power, Israeli authorities must ensure rapid, unimpeded, and safe humanitarian aid at the level sufficient to address people's needs. They must end the siege on Gaza and open vital land borders, including the Rafah crossing, as a matter of extreme urgency, to massively scale up humanitarian and medical aid. MSF also calls on all parties to ensure safe routes to move humanitarian assistance inside the Gaza Strip to ensure that aid can reach those in need.

C. Barely surviving and deprived of dignity

The displacement orders and blockage of humanitarian assistance have created unbearable living conditions for people in Gaza. Israel has turned the enclave into a wasteland of unsanitary rubble. Overcrowding in some areas has reached a density of 30,000 to 34,000 individuals per square kilometre and is compounded by the shortage of essential resources⁴⁵. Besides being contrary to any notion of human dignity, such conditions are conducive to rampant disease.

Lisa Macheiner, MSF project coordinator in Gaza
27 February 2024

"The stark absence of humanitarian space and lack of supplies we're witnessing in Gaza is truly horrific. If people are not killed by bombs, they are suffering from food and water deprivation and dying from lack of medical care".

1. Deprived of water, submerged by waste

In a report published in July 2024 on the weaponisation of water⁴⁶, Oxfam stated that since the Israeli offensive began, people in Gaza have had only 4.74 litres per person per day for all uses including drinking,

45 Humanitarian Situation Update #211 | Gaza Strip | OCHA - 30 August 2024 - [Available here](#)

46 Water War Crimes: How Israel has weaponised water in its military campaign in Gaza | Oxfam Briefing Paper - July 2024 - [Available here](#)

cooking, and washing. This is a 94 per cent reduction from what they had before and less than a third of the internationally accepted minimum standard for basic survival in emergencies, equivalent to 15 litres per person per day. The quality of whatever little water supply is available is as concerning as the quantity. This is both the result of the near-total destruction of Gaza's water and sanitation infrastructure and of the Israeli forces' control over anything that enters Gaza, including water. During the first year of the war, MSF distributed clean drinking water to 25,000 people per day and 624,000 litres of desalinated water in the Gaza Strip.

Shortages caused the price of the few available basic hygiene items to skyrocket. According to the Palestinian Central Bureau of Statistics, by July 2024 the price of shampoo had increased by 490 per cent across the Strip, up to 10 USD for a 75g piece, compared to July 2023.

A report released in July 2024 by the Dutch organisation for peace PAX⁴⁷, highlighted the growing public health risks of solid waste exposure in Gaza due to the collapse of the waste management system and blocked access to designated landfills by Israeli forces. United Nations Development Programme (UNDP) announced the complete collapse of waste management in the Gaza Strip⁴⁸. The combined effect of the lack of clean water, poor sanitation services, the cost and scarcity of hygiene items and the collapse of waste management significantly increases health risks, especially as winter looms.⁴⁹

Female patient, 31 - 17 sept 2024

"For non-potable water, we use seawater for everything—laundry, dishwashing, bathing, and other things. It's extremely salty, but what other option do we have? Potable water is also an issue. The water isn't good. The water is not properly treated, and it is not safe to drink.

The tent I'm staying in is not prepared for rain. We have blankets for the sides of the tent and a plastic cover on top. What will we do when we need the blankets to keep warm when it gets really cold?"

Female patient, 36 - 16 September 2024

"We live in tents and with winter approaching the conditions are worsening. Our tents are crowded together. Getting non-potable water is humiliating

47 War and Garbage in Gaza | PAX for peace, July 2024 - [Available here](#)

48 UNDP/PAPP's Emergency Response to Solid Waste Management | United Nations Development Programme - [Available here](#)

49 Humanitarian Situation Update #214 | Gaza Strip | OCHA - 6 September 2024 - [Available here](#)

and we are charged for it. To have it for free, we have to sit under the sun for three hours. Potable water is better [managed], an organisation gives us cards to fill water every other day, but it's not well treated, it does not taste good. We don't have a water tank, so we have to fill small barrels every day. On days when there's no free refill we have to buy it. There's no one place that we can go to to get both potable and non-potable water."

Male patient, 45 - 24 sept 2024

"As a patient who is still recovering, and like many others, we need hygiene supplies, which are often unavailable for purchase, and when they are, they are unaffordable. Cleaning materials are just as crucial as medical treatment. A patient undergoes surgery and is discharged, but then returns with an infection at the surgical site because even the tent they are placed in is not suitable for human living. People have stopped bathing because there's no shampoo."

2. Disease spreading through dire living conditions and primary care breakdown

Besides creating a tidal wave of traumatic injuries, the war is exposing the people of Gaza to a significantly heightened risk of disease by displacing 90 per cent of the population and cramming hundreds of thousands in 47 square kilometres without access to adequate sanitation and clean water. The spreading of disease is accentuated by the breakdown of primary healthcare caused by the blockages of supplies and the lack of medical staff.

Poor hygiene conditions and the presence of irritants from the environment (lack of clean water, soap, exposure to sun, dust etc.) are triggering skin diseases (scabies, lice, rashes and bacterial infections – superinfections on top of another skin condition usually). Patients with these types of illnesses represent almost a quarter of the morbidities encountered in the past months by MSF staff working in primary healthcare facilities in Gaza. Poor air quality due to the dust, rubble and pollutants are contributing to a high number of upper respiratory tract infections (URTI, representing 18 per cent of patients). It is likely that underlying conditions like asthma are exacerbated by the pollutants and therefore could cause additional infections. Overcrowding in makeshift camps accelerates both the spreading of infectious skin diseases and the circulation of viruses

that cause infections. Water and sanitation issues, including the lack of latrines and limited access to clean water and soap, are spreading diarrhoea among the displaced population, which bears monitoring as it poses a real risk of more serious outbreaks. Even poliomyelitis has reappeared 25 years after the last cases were detected in Gaza. MSF teams provided logistical support for a vaccination campaign jointly run by the ministry of health and the United Nations in five health facilities across Deir al-Balah in central Gaza and Khan Younis in southern Gaza.

Shereen, a Gazan who found refuge in a school in Rafah
April 30, 2024

"There are about thirty of us living in one classroom. There is no privacy. Each family has a few square metres, and the space is partitioned with makeshift curtains. We have no access to drinking water and food is scarce. It is very difficult to wash and it is cold. When we arrived here, we slept on the floor for three months before receiving blankets, donated by humanitarian associations. Children get sick all the time. They have diarrhoea, colds, flu or other illnesses"

Female patient, 25 - 16 September 2024

"My daughter has lumps on her hands. She has a cough and cries at night, and the cough gets worse with the cold, sending her into a panic because of how severe it is. Since she was born, she's had heart problems, and her palate is open, so she needs two surgeries. She also has skin conditions caused by the sea air we're exposed to and the insects around us. She gets treated, but the condition keeps coming back. She has a fever and dehydration, and she can't sleep at night. She just keeps screaming, and it's gotten to the point where it feels like she's about to lose her voice from all the screaming. Two nights ago we had to call an ambulance."

Female patient, 46 - 17 September 2024

"I came here with my son and daughter. She has boils on her scalp, and he has some kind of skin disease on his leg. My hair used to be so thick. I don't know why it is so thin now. The bald spots on my head are now visible. We also have lice, worms in the stool from contaminated water, and our faeces have darkened from the sun. We need treatment for the pigmentation that's happening to our faces from staying in tents in the sun and open air. My daughter's face has changed colour."

3. Food deprivation and soaring prices driving malnutrition

The presence of malnutrition in the Gaza Strip prior to October 2023 was very limited, with only some cases of chronic malnutrition and micronutrient deficiency. Months into the war, MSF teams began to observe a steady increase in malnutrition cases⁵⁰. It should be noted that MSF is only screening patients who come to the health facilities it supports, which is a very small part of the overall population. MSF has been given very limited access to northern Gaza, where the situation is feared to be the worst.

With soaring food prices forcing the population to adopt coping mechanisms, such as reducing the number of meals per day, the situation is at risk of worsening.

Due to widespread insecurity and the lack of proper deconfliction measures, it is impossible to carry out a full malnutrition screening in Gaza. Medical staff cannot leave health facilities to conduct surveys, so our data only reflects what we see from patients who manage to reach the facilities where we work, but this represents just the tip of the iceberg.

Dr. Amber Alayyan, Medical program manager Palestine
19 March 2024

"In order to ascertain whether there is malnutrition across the Gaza Strip, you need access to the population to be able to do surveys. What we have been able to do is extrapolate [the numbers of malnutrition cases] from the relatively few patients we've seen in our clinics. We can't access a whole host of children and pregnant and lactating women [up north], who are the most vulnerable, and we know they have no food, or what food they have is exorbitantly expensive.

Two groups are particularly vulnerable, one is pregnant and lactating [women]. Those who already faced iron deficiency anaemia before the war are at risk for haemorrhage during birth. With the war, they are in a state of undernourishment or potentially malnutrition, so they can't breastfeed properly. The milk doesn't necessarily come in or it's definitely not enough. The other [vulnerable] group is children under two, which is the breastfeeding age.

Women are squeezing dates into handkerchiefs or tissues and feeding their children with some sort of sugary substance to nourish them. The consequences of this in the long run is a lack of

50 From February 2024 (week 8) to September 2024 (week 39), among children screened at ambulatory MSF-supported health facilities, the percentage who were moderately and severely acutely malnourished rose from 3.9 to 10.7% and 1.1% to 3.3%, respectively.

bond between the mother and the child. It means there are physical and psychological delays for these children [as they] develop, and in the future—for those children who do grow up—it means they're more at risk of having high blood pressure, diabetes and other complications."

In August 2024, more than one million people were left without any food assistance in southern and central Gaza. In northern Gaza, food distribution was suspended in July and August due to the evacuation orders in the area.⁵¹

The amount of humanitarian food assistance that entered southern Gaza in July 2024 was one of the lowest since October 2023, when a full siege was imposed.⁵² According to a joint press release by a group of non-governmental organisations on 16 September 2024, "Israel's siege now blocks 83 per cent of food aid reaching Gaza."⁵³ An assessment conducted by United Nations Children's Fund (UNICEF) in the same month revealed that only one per cent of children in northern Gaza, and six per cent in the south, received the recommended dietary diversity, with meat, fruits and vegetables, dairy products and eggs being among the almost inaccessible foods.⁵⁴ According to an MSF survey among staff: 90 per cent of staff declared to have reduced the number of meals per day.

Male patient, 57 - 24 September 2024

"My wife goes out every day to find food for our grandchildren. The cost of food there is not just expensive, it's out of reach. A kilo of tomatoes is so expensive that no one can afford it. In northern Gaza, people are surviving on grass and wild herbs like khubeiza."

Female patient, 55 - 29 September 2024

When we buy fruit, we buy it piece by piece now. On Fridays, we cook for everyone in the tent, so we buy two chickens and split the cost. As for flour, thank God, we get it for free from UNRWA. For the rest of our food, we rely on canned goods—lentils, chickpeas, beans.

51 Humanitarian Situation Update #214 | Gaza Strip | OCHA – 6 September 2024 – [Available here](#)

52 Humanitarian Situation Update #208 | Gaza Strip | OCHA – 23 August 2024 – [Available here](#)

53 Israel's siege now blocks 83 per cent of food aid reaching Gaza, new data reveals | NRC – Joint Press release – 16 September 2024 – [Available here](#)

54 Humanitarian Situation Update #208 | Gaza Strip | OCHA – 23 August 2024 – [Available here](#)

Israeli authorities must immediately end the siege of Gaza, allow the entry and delivery of adequate quantities of food, water, medical supplies and any other essential items desperately lacking in the Strip. They must provide safe, deconflicted routes for these supplies to effectively reach those who need them, including in hospitals and other healthcare facilities, wherever they are in Gaza, as a matter of the utmost urgency.

4. Future generations already traumatised

The psychological and psychiatric impact of Israel's campaign of death and destruction cannot be overstated. Since we are still in the most acute phase of the offensive, the impact is unquantifiable, but it is quite certain that entire generations will be affected by it, including those who are too young to realise what is happening.

Mental health needs were already significant prior to October 2023, as decades of occupation and recurring war, 16 years of blockade and the limited resources that a crippled economy allowed to make a living contributed to high number of depressions (70 per cent of Gazans were screened positive for depression in a 2022 survey⁵⁵), post-traumatic stress disorders and other mental health and psychological problems⁵⁶.

Since October 2023, all Gazans have experienced an unprecedented number of traumatic events, including direct violence, repeated displacement, unbearable living conditions and the loss of relatives and of a home, leading to a significant increase in depression, anxiety and trauma. Adults and children alike express the wish to die rather than live through further displacement, violence and deprivation. According to UNICEF, almost all of the 1.2 million children in Gaza need mental health and psychosocial support⁵⁷. Depression has been observed in children as young as five, along with anxiety, regressive behaviours and suicidal thoughts. People with pre-existing conditions lost their access to continuous care and/or treatment with the drastic fall of the services available. 18,30 individual mental health sessions were held by MSF teams and 85,675 people participated in group sessions, since October 2023.

Between April and August 2024, 59 per cent of the patients seen by one of the MSF teams in Gaza were minors whose symptoms were related to trauma and anxiety respectively in 20 per cent and 19 per cent of the cases. Adults' symptoms were also mainly indicative of the same origins. Stressors were largely related to health issues including injuries (many patients received mental health support during their hospitalisation) and to living conditions. Unsurprisingly, the extreme level of generalised violence from the war is a significant stressor, which also leads to tensions within families and communities.

Abbas, Palestinian refugee in the West Bank, whose family is in Gaza – December 29, 2023

"My five-year-old son asked me the other day: "Dad, why are you letting me starve to death? The other children's dads died with them, so don't let us die alone." I don't know what to say to him. I try to find comforting words, but he says: "Don't lie to me, Dad. Come now, so we can die together." Due to the constant bombing, it has become customary in Gaza to make oneself identifiable, in the event of death, by writing one's name on one's body – a hand, an arm, a leg or the neck. My wife and three of my children have done this. But she couldn't do it on our youngest child. It was too painful."

Female, 26 -29 September 2024

"My father has experienced psychological trauma from what's happening; he has hallucinations—abnormal hallucinations, to the point where he no longer recognizes me as his daughter."

Healthcare workers face the additional, gruelling challenges of providing assistance to thousands of people while trying to survive and cope with the toll that the war has taken on them personally. Some report they are living in constant fear, stress and anxiety as they continue to treat patients. They have talked about the ordeal of repeated arrivals of large numbers of people with crushed limbs and burns from explosions and having to amputate without enough anaesthesia. They have continued their work despite crippling shortages of medical supplies, had to flee hospitals under attack or forced evacuation and faced the unimaginable decision of leaving patients behind to save their own lives.

55 Mental Health in the West Bank and Gaza – | The World Bank – November 2022 – [Available here](#)

56 Palestine: impact of the conflict on mental health and psychosocial support needs in Gaza | ACAPS - September 2024 – [Available here](#)

57 Humanitarian Action for Children 2024 - State of Palestine (Revision 3) | ReliefWeb - June 2024 – [Available here](#)

MSF's mental health staff in Gaza have observed symptoms in medical staff linked to exposure to continuous psychological stress and exhaustion. They suffer from anxiety, insomnia, depression, intrusive thoughts, emotional avoidance and nightmares, all of which can heighten the risk of mental health issues.

Dr Suliman, MSF staff

"There is constant noise from the drones, it never leaves us. Sometimes it's really hard to sleep, I have this moral obligation to help people around me and I have this other obligation to save my kids. We are alive, but we are not okay. We are tired. Everybody here is devastated."

An essential and basic element required for psychological support and treatment is safety. Without safety, it is impossible to build resilience and coping mechanisms. The lack of safe shelter or space in Gaza, creates constant fear of further violence and displacement.

Amparo Villasmil, MSF psychologist

"When we say that there is no safe place in Gaza today, we are not just talking about the shelling," says. "There isn't even a safe place in people's minds. They live in a state of constant alert. They can't sleep, they think that at any moment they are going to die; that if they fall asleep, they won't be able to react quickly and run away, or protect their family."

Davide Musardo, MSF psychologist in Gaza
20 June 2024

"In some sessions we had to shout to be heard, to overcome the sound of drones and bombs. And when there was no fighting outside, the background sound was the cries of children in the hospital. Children maimed, with burns or without parents. Children having panic attacks, because physical pain triggers psychological wounds when pain reminds you of the bomb that changed your life forever. Calmer children draw drones and military jets. War is everywhere in the hospital; the smell of blood is unbearable. This is the image I bring back from Gaza."

I've never experienced anything like what I saw in Gaza. There are some traits common to all the patients I saw there. Dark, almost burnt skin, because they are exposed to the sun all day. Weight loss because food is scarce.

Their hair is white from the stress of these months of war. And they all have blank expressions that shows loss, sadness and depression. They have lost everything.

'I miss the little things. The pictures of my mother who died years ago, the cup I used to drink coffee with. I miss my routine more than my broken home,' one patient told me. 'I haven't had a glass of fresh water for months. What kind of life is this?' another patient asked me.

Here in Italy, we delete blurry photos or useless shots from our phones. In Gaza, people delete photos of family members who died during the bombings, thinking that not seeing them any more will ease their suffering.

I have seen people break down when receiving news of another evacuation order. Some people have changed places as many as 12 times in eight months. 'I won't move my tent anymore, I might as well die,' I have heard people say.

In Gaza, one survives but the exposure to trauma is constant. Everything is missing, even the idea of a future. For people, the greatest anguish is not today – the bombs, the fighting and the mourning – but the aftermath. There is little confidence about peace and reconstruction, while the children I saw in the hospital showed clear signs of regression.

Although I have left Gaza, it's as if I am still there. I can still hear the screams of the burnt children. We need an immediate and lasting ceasefire; without it, healing the profound psychological wounds will be impossible."

5. Lack of care for pregnant women and children

With Gaza's healthcare system almost completely dismantled by the constant pounding of Israeli airstrikes and shelling, limited or delayed access to care multiplies health risks for vulnerable groups such as pregnant women and newborn children. These risks are intensified by the repeated displacement, inadequate shelter, lack of clean water and basic hygiene and food insecurity. MSF teams have witnessed a marked increase in complications such as pre-term deliveries, which have become more frequent due to the combined effects of stress, poor nutritional status and lack of timely medical support.

Mercè Rocaspana, MSF emergency unit health advisor

“The main health risks for pregnant women are blood-pressure related complications such as eclampsia, haemorrhage and sepsis – which can become deadly if not treated in time,”

At Nasser hospital, one of the few remaining hospitals, MSF staff are overwhelmed. Between 29 June and 5 July, the paediatric emergency department alone recorded over 2,600 consultations—more than 300 children per day. As the number of children requiring inpatient care continues to rise, many are being forced to share beds, pushing paediatric services well beyond their capacity.

The widespread destruction of infrastructure has also made it extremely difficult for pregnant women to access medical care. Many are forced to travel along dangerous routes, navigating within an active war zone without safe transportation. These delays significantly increase the risk of complications. After giving birth, many women are discharged from overcrowded and under-resourced hospitals much sooner than recommended, often within hours of delivery.

They are sent back to living conditions that are far from conducive to recovery: unsanitary, overpopulated shelters or makeshift tents, where access to clean water, adequate food, and basic hygiene is severely limited. This harsh environment, combined with ongoing stress and a lack of medical follow-up, put both mothers and their new-borns at significant risk. The immediate postpartum period, which is crucial for monitoring potential complications, becomes especially dangerous as women are left to care for themselves and their infants in conditions that exacerbate their vulnerability.

Rita Botelho da Costa, head of maternity care for MSF
29 January 2024

“The health system is overloaded and mothers are forced to leave the hospital just a few hours after giving birth. The first 24 hours after giving birth are the riskiest in terms of complications, and as these women are living in disastrous conditions, it is important to keep them in hospital for as long as possible”.

III. DESTROYING GAZA'S FUTURE



Even if Israel's brutal assault ended today, the long-term impact of such carnage and destruction would defy any attempt to define it. Whether one thinks of physical reconstruction of the infrastructure, treating an immense cohort of war-wounded, restoring care for chronic disease or dealing with the mental hell that many generations will go through, the challenge seems unprecedented, particularly in the context of this small, blockaded and densely populated land.

Rebuilding Gaza will be a monumental task in this unprecedented scale of destruction. According to the UN, around 66 per cent of the total structures in the Gaza Strip are damaged⁵⁸ and there are more than 42 million tonnes of rubble⁵⁹ that will require clearing and demining. It could take up to 15 years to clear the rubble and 80 years to rebuild housing.

58 Gaza Strip Comprehensive Damage Assessment | UNOSAT - September 2024 - [Available here](#)

59 Damage to Gaza causing new risks to human health and long-term recovery | UNEP assessment - 18 June 2024 - [Available here](#)

A 2004 global study found that during civil wars, children can lose many years of healthy life, particularly those under 5 years old⁶⁰. These losses, measured in terms of years of life spent in good health, can be as high as 15 years for each child due to early deaths and long-term disabilities caused by violence, disease, and malnutrition. In war zones like Gaza, these indirect effects significantly reduce children's potential for a healthy future. In Gaza, the ongoing violence, lack of healthcare, and disruption of education are expected to result in long-term damage to children's physical and mental development, exacerbating their suffering and leading to years of healthy life lost.

A toll that keeps rising

Israel's war on Gaza has already killed over 44,000 Palestinians and wounded over 105,000 but the toll

60 Everyone is hungry in Gaza, warn UN humanitarians | UN News - 2024 [Available here](#)

will weigh on the population long after the end of the acute phase of the war. Tens of thousands of survivors will be permanently scarred, physically and mentally. War wounds often require multiple surgeries, extensive rehabilitation, and long-term care—services that are critically lacking in Gaza due to the destruction of healthcare infrastructure and severe shortages of medical supplies and will remain unavailable due to the time required to restore these services.

Drawing from MSF's experience in treating war-wounded patients across the region, the scale of need in Gaza is overwhelming. Typically, up to 4 per cent of the people injured in war require reconstructive surgery. With nearly 100,000 people injured since the escalation began in October 2023, it is estimated that as many as 4,000 will need complex surgeries and comprehensive rehabilitation.

The WHO reports that over 22,500 people—around a quarter of those injured in Gaza—have sustained life-altering injuries, requiring immediate and long-term rehabilitation services⁶¹. Survivors of the war suffer from severe burns, fractures that are difficult to heal, and, in many cases, amputations. According to the report, between 3,105 and 4,050 limb amputations have occurred. Even those lucky enough to have successful surgery may face chronic pain and complications, such as infection and osteomyelitis, which can severely impact their lives.

Chris Hook, head of MSF's medical team in Gaza
19 December 2023

“The survivors have injuries that will scar them for life. Many of the injured suffer extreme burns, major fractures that are difficult to heal and may require amputations. Many of these patients, even if they manage to return to a more or less normal life, will suffer from severe chronic pain that will require extensive treatment.”

Currently, there is little access to essential post-surgical care, such as physiotherapy or prosthetics. The lack of infrastructure, combined with limited healthcare professionals and supplies, makes the management of pain and infections nearly impossible. Without adequate care, many of these patients risk further complications, including permanent disabilities that will not only alter their own lives but also their ability to support their families.

Aside from physical health, mental health scars, still unquantifiable, may take decades to heal, but to

61 WHO analysis highlights vast unmet rehabilitation needs in Gaza | WHO press release – 12 September 2024 – [Available here](#)

even think of such process is impossible without a ceasefire and the basic requirement of safety.

The collapse of Gaza's healthcare system has left an estimated 50,000 infants born during the war without crucial immunisations, including the polio vaccine⁶². These children, along with older ones whose vaccination schedules have been disrupted, now face increased risks of preventable diseases. Children who miss essential immunisation are more vulnerable to diseases like measles and polio, both of which can result in chronic disability and developmental delays. In the long run, this creates a population at higher risk of outbreaks, further straining the already fragile healthcare system and perpetuating cycles of illness and poverty.

1. Excess deaths linked to the war

In January 2024, a report by Johns Hopkins University and the London School of Hygiene & Tropical Medicine estimated the potential for excess deaths in Gaza due to the ongoing war. The term 'excess deaths' refers to deaths that occur above what would normally be expected in a population under stable conditions, encompassing both direct deaths from violence and indirect deaths resulting from the collapse of healthcare services, malnutrition, and disease outbreaks.

Building on these projections, a recent publication in *The Lancet* applied a common estimate from past wars: for every direct death caused by violence, there are approximately four indirect deaths due to these secondary effects⁶³. Using this ratio, *The Lancet* calculated that up to 186,000 additional deaths could occur as a result of the ongoing war in Gaza, based on the 37,396 direct deaths reported by June 2024 (which had increased to over 43,000 by the time of the writing of this report). If confirmed, these indirect deaths would account for approximately 7.9 per cent of Gaza's population, based on a 2022 census of 2,375,259 people.

While these projections are shocking enough, the actual death toll remains uncertain due to challenges in accurately counting the dead. Hospitals have been destroyed, large parts of the population displaced, bodies are still under the rubble and many deaths go unreported—particularly in northern Gaza, where entire families have been wiped out, leaving no one to identify the deceased. This gap between projected excess deaths and officially reported figures highlights the profound uncertainty surrounding the true scale of the loss.

62 Humanitarian Situation Update #209 | Gaza Strip | OCHA - 26 August 2024 – [Available here](#)

63 Counting the Dead in Gaza: Difficult but Essential | *The Lancet* - Khatib, Rasha, Martin McKee, and Salim Yusuf - July 2024 – [Available here](#)

2. Gaza rendered unfit for life

Since October 2023, Gaza has suffered severe environmental degradation. By June 2024, the war had generated an estimated 39 million tons of debris, containing hazardous materials like asbestos, unexploded ordnance, and industrial waste. This debris poses significant risks to human health and the environment, complicating future recovery efforts.⁶⁴



The war has also led to the collapse of water and sanitation systems, resulting in widespread contamination of Gaza's coastal waters, soil, and freshwater sources. All five wastewater treatment plants were shut down, causing untreated sewage to flow into beaches and agricultural land, endangering public health and marine life. Additionally, solid waste management has deteriorated, with 1,200 tons of rubbish accumulating daily around camps and shelters. The lack of cooking gas has forced families to burn waste, contributing to declining air quality.

64 Environmental Impact of the Conflict in Gaza: Preliminary Assessment of Environmental Impacts | UNEP - June 2024 - [Available here](#)

The region's shared water sources also pose a broader threat, as contamination and environmental degradation have far-reaching consequences beyond Gaza's borders⁶⁵. Without urgent change, the environmental damage will continue to exacerbate Gaza's humanitarian crisis, locking its population into long-term risks to health, food security, and ecosystem resilience.

Female patient, 36 - 16 September 2024

"My son has a weak immune system. Even the smallest cut affects him. The conditions we're living in—the cold, the polluted environment—are making his condition worse. We're not in our homes, we're in tents that are unfit for human life. With everything they're dropping on us, it feels like we're breathing in sulphur. It worsens his condition, causing severe inflammations.



65 As Conflict Continues, Environmental Impacts of War in Gaza Become Clearer | University Stanford, California - April 2024 - [Available here](#)

URGENT CALLS

- An immediate and sustained ceasefire must be implemented. The complete destruction of Palestinian life in Gaza and all things that make up the very fabric of society must stop.
- The shameful and extreme rationing of humanitarian aid in the Gaza Strip must stop. Israel must end its siege on Gaza and open critical land borders, including the Rafah crossing, to ensure the scale delivery of humanitarian and medical aid on a massive scale. Israel must take all necessary steps to ensure that urgently needed aid reaches those in need, including by putting a stop to actions that disrupt law enforcement capacities within the Gaza Strip.
- Israel must revoke its recent law banning UNRWA and ensure that the agency can continue its vital role in supporting the population. The remaining local capacities in Gaza must be rebuilt and scaled up.
- Forced displacement must end. People in Gaza must be allowed to move freely, including returning to their places of origin, and restore their livelihood capacities. Israeli authorities must facilitate the evacuation of those who need specialised care or those who seek refuge outside of Gaza to leave, while ensuring their right to a safe, voluntary, and dignified return.
- In January 2024, the International Court of Justice (ICJ) ordered Israel to implement provisional measures to prevent genocidal acts in Gaza. Despite this, no action has been taken to address these measures. MSF's firsthand observations align with those of an increasing number of legal experts and organisations, concluding that ethnic cleansing and genocide are taking place in Gaza. MSF calls on States, particularly Israel's closest allies, to end their unconditional support for Israel and fulfill their obligation to prevent genocide in Gaza. States must leverage their influence to alleviate the suffering of the population and enable a massive scale-up of humanitarian assistance in the Gaza Strip.
- MSF renews its call for an independent investigation to determine the facts and responsibilities behind the repeated attacks on MSF teams and facilities, which killed eight MSF colleagues and many of their family members. This call also extends to investigating other attacks on humanitarian workers and medical staff.

