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What It's Like on the Front Lines of Gaza's Hospital Hell:

Talking to Dr. Tanya Haj-Hassan

Dr Tanya Haj-Hassan on the anguish and determination of Gaza's healthcare workers. Dr Tanya Haj-Hassan discusses Gaza's healthcare infrastructure being targeted, the harrowing testimonies on torture, the effects of Israel's war on children and the silence of American medicine as the genocide of Gazans continues.

One of the first posts on @GazaMedicVoices, a social media page that provides firsthand accounts from healthcare workers on the ground in Gaza, was [shared on October 12, 2023](#). It presented the testimony of a consultant surgeon in Gaza, dated to just three days into Israel's extermination campaign—before, to many, it was recognizable as such. “Having spent five days without leaving the hospital, I find myself at a loss for words,” the surgeon pleaded. “Never before in my entire life have I witnessed anything like this, and I am unable to articulate what I have seen. I am left speechless.”

More than 200 days later, the horror wrought by the Israeli military-backed and sustained by the American government—upon the besieged people of Gaza, continues to shock the conscience. I have at times found myself so stunned by what I am witnessing through my phone screen that I forget to breathe.

Israel continues to pummel Gaza's civilian infrastructure with a steadiness fit to rival any surgeon's hand—only here, it is a steadiness in service of death rather than life. Among its clearest targets remains Gaza's healthcare system and healthcare workers, whose commitment to sustaining their people's lives threatens the implementation of Israel's project. As of May 15, at least 493 healthcare workers have been killed by Israel, often through targeted bombing or summary execution within the gates of a hospital complex. This number is likely an

undercount, as the mechanism for tallying casualties relied on Gaza's hospitals, every single one of which has been targeted, 23 rendered nonfunctional. Hundreds of healthcare workers have been detained and tortured; many remain in Israeli custody.

[Dr. Tanya Haj-Hassan](#), a pediatric intensive care physician who works with Médecins Sans Frontières and co-founded @GazaMedicVoices, has emerged as one of the most prominent voices raising the alarm about the hell Israel has created for Gaza's healthcare workers. She has also, before and since October, volunteered as a doctor in Gaza. I recently spoke with her over Zoom. We discussed the targeting of Gaza's healthcare infrastructure, the harrowing testimonies of torture she and others are collecting, the lasting effects of Israel's war on children (and Palestine's future), and what to make of American medicine's unblinking, seemingly unbothered silence as a genocide unfolds before our eyes.

Our conversation has been edited for length and clarity.

Mary Turfah: Yesterday, I came across a report of a third mass grave unearthed at Al-Shifa Hospital. One month ago, as the [first mass graves there were being uncovered](#), you were interviewed by Sky News. The anchor cited Israeli military sources saying that they had detained “hundreds of Hamas militants” within the complex, then asked you what you thought of that. Could you speak to your response to him, and to this persistent obsession with “militants at Al-Shifa,” when not a single hospital in Gaza has been spared, and when there have been mass graves [seven in total to date] uncovered at multiple hospitals in Gaza?

Tanya Haj-Hassan: Yeah. I think my response was something to the effect of, I can't believe we're still having this conversation. Everybody from a medical or humanitarian background is so sick of having to respond to these atrocious, preposterous justifications that are being provided for things that are never justifiable. I thought the Hamas and Al-Shifa question was buried a long time ago. There were several weeks where that's all we were asked about in interviews. There were multiple investigations done that concluded no credible evidence existed to justify the attacks on Al-Shifa. And then, Al-Shifa was targeted again, besieged again.

I think I had come back from Gaza shortly before that Sky News interview. When I was at Al-Aqsa Hospital in Deir Al Balah, I spoke with several healthcare providers who were at Al-Shifa until the last minute during that first round of attacks, when the hospital was besieged and forcibly evacuated of all patients and staff. You probably remember that first round, the Israeli targeting of the hospital solar panels and the oxygen supply, how the hospitals ran out of fuel, the various units in the hospital that were damaged.

Then, eventually, Al-Shifa started functioning again. The staff were so proud of the fact that they got it functioning again.

That second time, the hospital was again besieged and targeted. A lot of the staff were taken out into the courtyard of the hospital, where the male staff were stripped. Israeli soldiers beat several of the healthcare providers. A very, very senior person at Al Shifa, an older doctor, was eventually released and came on foot to Al-Aqsa Hospital. And immediately, he went back to work. I was at Al-Aqsa Hospital when he turned up disheveled, beard down to here, exhausted, having lost I don't know how many kilos, hadn't seen his family for five months, didn't have a phone, didn't have proper shoes, didn't have proper clothes.

They fled with basically nothing. And many of the other healthcare providers who were taken outside with him were abducted. I think his testimonies of what happened and the amount of work they had put into getting Al-Shifa functioning again made the question of the Sky News anchor even more infuriating. Because that's the reality I had just come out of, and to hear him then ask a health professional who had spent the last few weeks resuscitating dead and dying children that have been maimed to an extent that I don't think I'll ever be able to forget—even though I think for my own well-being, it would probably be good if I would forget some of those images—I found it so insulting. Insulting to me, to the healthcare providers who had risked their lives to stay at Al-Shifa, who had lost 25 percent of their body weight, who were exhausted. Insulting to the health care providers who had been killed at Al-Shifa, fleeing from Al-Shifa, to the civilians who were executed there. It's insulting to our intellect. It's insulting to humanity.

MT: Last week, it was revealed that Dr. Adnan Al-Bursh, a renowned orthopedic surgeon in Gaza, was tortured to death inside of Israeli prisons, according to eyewitness testimony, after he had been abducted from the hospital where he was providing life-saving care, back in December. Hundreds of medical workers have been killed to date, and many more injured. You said in one interview that doctors and healthcare workers are changing out of their scrubs before leaving the hospital so that they're not targeted. On top of this, the doctors in Gaza have been working basically nonstop for 215 days. As someone who has worked in Gaza, I was wondering if you could say a bit about what your colleagues are facing day-to-day.

THH: I want to start with the abduction of healthcare workers, because it's so underreported, to the point where myself and my colleagues, medical providers working our own jobs, are doing the investigative work. They're systematic. There have been at least 240 abductions documented by our group—

MT: 240?!

THH: At least 240, and I'm not talking about what's reported by the Ministry of Health, which I believe is an even higher number. We documented that at least 240 healthcare workers have been abducted and detained by Israeli forces, the majority of whom have not been released. And the ones who have been released are providing testimonies of torture, of themselves but also the torture that they've witnessed.

I've taken testimonies. One, a three-hour-long testimony about the torture inflicted on [my friend,] a nurse, for 53 days in custody, accusing him of being part of Hamas, of his family being part of Hamas, even though the fact that he was released tells you he wasn't part of Hamas. Given the extent to which he was tortured, I'm surprised that he survived. And he has not survived with his physical and mental health intact. He has scars, he has nightmares. He had hematuria, so bleeding when he urinated, for weeks after he was released.

MT: Hematuria? What did they do to him?

THH: Let me just say it was physical, sexual, and psychological abuse. And he gave me detailed descriptions of what each of those entailed. And it is the worst thing I've heard in my life, honestly. I have a friend who worked on the Abu Ghraib investigations, a human rights lawyer. And I'm telling you this is the worst thing I've ever heard in my life.

They treated him like an animal. They threatened to rape his mother and his sisters if he didn't confess, and they threatened to kill his family who were still in Gaza if he didn't confess. They stated that they knew where his family was sheltering, where they were, and they kept telling him to confess. And he kept refusing to provide a false confession, insisting he was a nurse and had nothing to do with any military group.

Let me tell you something about this nurse, because I think it's important just to paint the picture. This nurse, excuse my language, works his ass off. He's one of the most dedicated nurses I've ever met. Now that he's been released, guess what he's doing? He's working for free, as a volunteer.

Say it's two, three in the morning. We've received mass casualty after mass casualty. We're exhausted. We've just finished resuscitating all the patients, everybody's relatively stable. And while the rest of us are getting a cup of tea, he's in the resuscitation area, wiping the sand out of a patient's eyes, removing their wet clothing, talking to them. That is the type of human he is.

I just want to paint that picture, with dark circles under his eyes because he has insomnia, because he wakes up every night, after 30 minutes of sleeping, screaming "Stop hitting me! Stop beating me!" He cannot sleep. So he works. He's supposed to be 24 hours on, 48 hours

off, right? But after he's done with his 24 hours, he's back three hours later because he can't sleep.

Once, I told him to go home because he'd been working for way too long. So he leaves. Two to three hours later, I'm in the ER, and I see a man lying on the ground with a tourniquet with both legs traumatically amputated and one arm traumatically amputated. He has one arm left and he's hemorrhaging onto the ground. They're resuscitating him and he's just arrived at the hospital. He has a Foley catheter used as a tourniquet around one stump. And on the other leg, he has a military-grade tourniquet. I hadn't seen any military-grade tourniquets in the ER before, but I had brought a whole bunch into Gaza with me, and I had gifted one to this nurse two days before.

This patient has a military-grade tourniquet on one leg. I quickly pull out another one from my bag, and I put it on his other leg, and I'm thinking, where the heck did they find that other tourniquet?

And then I turn around and I see that nurse. So now I know where the tourniquet came from. I'm like, what are you doing here, man? I told you to go home and rest. He goes, "I did go home and rest. This is my sister's husband on the ground with triple amputations."

He explains that his sister's husband went to an aid distribution. The Israeli forces bombed the aid distribution site. So his family woke him up and asked him to please go check on his brother-in-law, whom they knew was at the aid distribution site.

He arrives. He sees his sister's husband, who's also his very good friend, hemorrhaging on the ground, with triple traumatic amputations. And now his sister's husband is in an overcrowded hospital requiring multiple surgeries and unable to get them. He is caring for him, and he's the same person who's been through everything I just told you about.

This is also the same nurse who, a few nights later, was resuscitating a child at three in the morning. The child dies, and the nurse passes out, head on the cot in front of him.

This is the experience of one healthcare provider who's been abducted. He's exhausted. His home has been destroyed. He's working an insane number of hours without pay. And he's one of the hundreds who have been abducted.

And all the other healthcare workers who haven't been abducted know healthcare workers who were killed or abducted. They're working without pay, or with minimal pay, if they have a contract. Most of the healthcare workers that I spoke to at Al-Aqsa Hospital are living in tents at this point. They're coming to work every day, trying to provide for their family members because they're often the only person, if they are getting paid, who has an income.

I did this for two weeks, Mary, and I was so tired when I left. I did it for two weeks. It wasn't just the type of tired that I get from being on call. I was a critical care fellow for the past three years. I know what exhaustion from back-to-back calls, which is what I was working in Gaza, feels like. But this was a mental exhaustion, and it was a type of physical exhaustion that also comes from no exercise, from very poor nutrition. You eat canned food constantly. That's all you eat, is canned food. Two weeks of that, and your body's tired.

And I didn't have to worry about the safety of the people I care about. They have to worry about the safety of their families. The majority of them have lost someone very close to them. I met healthcare providers at Al-Aqsa who had lost their spouse, their children, their cousins, their parents.

MT: It seems that, at least initially, the Israeli forces were targeting the doctors with the most years of experience. What this leaves behind is the more junior attendings, the residents, the medical students, who are then expected to step up and take on tasks well beyond their training. What happens to a medical system that loses that expertise?

THH: It's a very good question, and it's not only the fact that the senior doctors are being targeted, which they are. It's also the fact that, because healthcare providers are being targeted and the Gazan population has been deprived of everything that's indispensable to human life, people who have the option of leaving, for the most part, are going to make that choice. And those people are often the members of society who are most highly educated, who have good income, who have savings. A lot of the more senior doctors have fled. They were actively fleeing while I was there. Even in the period that I was there, the head of the neonatology department left, and one of the senior doctors in the ER left.

What that meant is that overnight in the emergency department—the doctors work in groups, and there were groups that ended up with no senior doctors, just very junior doctors straight out of medical school for the entire night.

You're in medicine, Mary. Imagine having, at any hospital, a shift overnight with back-to-back mass casualties where 25, 30 injured people arrive at once, every a few hours. And you have first-year medics, just out of medical school.

MT: Yeah, I wouldn't even know how to triage. I wouldn't know what to do.

THH: That is what they're dealing with. The most high-resource hospitals in the world, large hospitals with ERs that are practically empty, would be completely overwhelmed and struggle to deal with one of those mass casualties. One. And we would get multiple over the course of a shift. The brain drain is real. And it's happening because the population has been strangled.

A lot of people, if they choose to stay alive, choose to leave. And many of those who choose to stay or do not have the option of leaving are being killed.

MT: It's insidious—a slow death or the crippling of a population, and it doesn't get the same attention because it's not as gripping or acute.

THH: There are very clearly two phases of how people are dying as a consequence of the way Israel is conducting its operations in Gaza. One phase is the fast execution. You have blast injuries, sniper injuries, shrapnel. When I say sniper, I mean sniped to the head. Then there's the slow execution, which is starvation, creating living conditions that are incompatible with life.

We were talking about Al-Shifa before. One of the doctors, when I asked him, "Why do you think they keep targeting Al-Shifa?" responded that Al-Shifa was the beating heart of Gaza's healthcare system. If you want to destroy a population, you destroy its healthcare, the place people go when they need help. If you want to destroy a healthcare system, you destroy its beating heart. That's the slow execution.

MT: The part that I've seen very little about is the carcinogenic exposure. The cancer rates in Gaza, and the types of cancers that you see in the pediatric population—you know more about this than I do. It's not normal. Gaza is a population with toxic levels of exposure over the course of decades of attacks—white phosphorus, that sort of thing. And on top of that, the water unfit for consumption, the chemicals the Israeli military sprays onto the agricultural fields to render them unusable, every so often, in the years between the active aerial campaigns.

THH: Sometimes, when there would be a mass casualty and I'd go into the ER, I would put a mask on just because of the amount of debris—from the crumbled homes, but also debris from the explosive weapons themselves. You walk into the ER after a mass casualty, and it's hazy. You can't see properly because the people they're bringing in are so covered. You've seen the videos—they're gray. All of that is discharged into the air. When you cut their clothes off, you get these plumes of whatever the debris is, you breathe it in, and you feel like you're being choked. I don't know what we're inhaling.

We laughed about it. A lot of these things are so horrific. I think the people in Gaza are really good at doing that—they joke. Dark humor is the game when you're trying to get through something like this.

MT: The "humanitarian crisis" the media is able to accommodate, or even mourn, is only possible because they frame the "human toll" as separate from Israel's overarching political aims, as though the genocide—and in particular, the targeting of the healthcare

infrastructure—is somehow incidental or collateral damage. What are the limits of framing what’s happening as a “humanitarian crisis”?

THH: I think I used the phrase “humanitarian crisis” for a few weeks at the start. Now, I find the word “crisis” triggering. A “humanitarian crisis” describes a flood or a temporary famine, a natural famine. What we’re seeing here is an ongoing mass execution across all demographics of a population. That is not something that the humanitarian sector can fix.

Another issue is that, for a “humanitarian crisis,” the natural response is to bring in humanitarian workers. And if my first point was that the humanitarian world cannot fix this, my second point is that the humanitarian effort has been hampered from the very beginning. Israel is not allowing the humanitarian aid in, or humanitarian workers to move to the places where people need them the most—we have not been able to get to the north. We’re barely able to get to the middle areas or Gaza City. And even in the south, you have humanitarian organizations that are either evacuating their teams or having to move within the territory farther and farther away from the areas of need.

And my third issue with this language is it doesn’t address the direct targeting. You have multiple humanitarian organizations that have been targeted multiple times. We talked a lot about World Central Kitchen, largely because they were foreign workers. There have been at least 11 aid workers, all Palestinian, killed since the attack on the World Central Kitchen employees. There have been more United Nations workers killed in Gaza—and we surpassed this horrible record months ago—than in the entire history of the UN.

And just yesterday I was asked to do an interview to discuss “reports” of potential famine in Gaza. [We’ve been talking about famine for months.](#) What do you mean, “reports” of “potential” famine in Gaza?

Before receiving that interview request, I had just seen video footage of Israeli tanks at the Rafah crossing, [running over the “I Love Gaza” sign](#). I remember my heart fluttering when I first arrived in Gaza and saw it. I’ve heard reports that the Israelis executed the unarmed Gaza border staff, who stamped my passport with “State of Palestine” when I entered and exited, who made me tea, with whom we broke fast on the first night of Ramadan because we’d arrived too late into Gaza to be able to receive our luggage, and it was time to break fast. So we all stopped and broke fast together. These are people we shared food and tea with. They executed them and then they bulldozed the “I Love Gaza” sign.

And the media wants to talk about “reports” of famine. It’s a distraction from the reality of what’s happening on the ground, which is genocide.

I'm going to read a message we received today, for Gaza Medic Voices, from an emergency doctor:

“Yesterday evening was mainly blast patients, many children with shrapnel wounds—one completely blinded, most in agony on arrival to the hospital. Reports were that many areas with patients had ambulance access denied by the Israeli military and so people were left to suffer and die. Quite a few gunshot wounds overnight, which appear to be targeted shots at the knees, as well as blast victims. Local staff numbers are low and nonexistent in some departments, as their families have had airdropped leaflets telling them to evacuate (having already been displaced and evacuated many many times).”

This is a message from today in Rafah. Children with blast injuries, shrapnel wounds, one completely blinded, most in agony on arrival to the hospital. And these are the people fortunate enough to get to the hospital, because according to this emergency doctor, ambulance access is being denied by the Israeli military, so many casualties are forced to die where they're at. And the other casualties they're seeing are targeted—gunshot wounds to the knees.

I don't know how else you could interpret the demographics of the death toll. You cannot have 48 percent of those killed be children and have this be anything but the indiscriminate killing of an entire population. If you look at the death toll in any other war—choose any other war, look at the demographics of the death toll. You'll see 85, 90 percent men, working age and young men. Not 48 percent children, 25 percent women. Those are Gaza's demographics, the exact demographics of the population. That alone signals genocide. Of course, not by itself. The International Court of Justice has gone through the criteria in a lot of detail to prove plausible genocide. And it takes years to definitively reach that legal determination, but we're at plausible genocide. And the demographics reflect that.

MT: I wanted to ask you about Rafah. Israel has seized control of the Palestinian side of the Rafah Crossing and is blocking the entry of aid, according to a recent MSF statement, functionally entrapping the entire population while dropping leaflets, ordering them to evacuate. At the same time, Egypt has sealed its side of the crossing with cement blocks. What are you hearing from the people on the ground about the ground operation?

THH: There's extreme panic. People are evacuating [in the tens of thousands](#). And they don't know where to go. They're being told to go to Al-Mawasi. Just to tell you what Al-Mawasi is, it's a sandy coastline of tents that are all the way up to the water on the beach. I was on a press call earlier with a humanitarian aid worker currently in Gaza, and she said, “To call [Al-Mawasi] a safe zone is a lie, and it's hypocritical to call it any of these ‘humanitarian zones.’”

Every place that's been called a "safe zone" or "humanitarian zone" has been bombed. People were told to evacuate to Rafah, but Rafah hasn't been safe from the very beginning, and is currently actively being bombed—and there's a ground operation.

I tried to help evacuate a young woman from Al-Aqsa Hospital who had been run over by a tank while she was asleep with her family in a tent in Al-Mawasi. The tank literally ran her entire family over. Most of her family survived because they were in between the two chain wheels of the tank. She was run over—half of her body was crushed and exposed. Doctors operated on her for two weeks to try and recover her body.

I have a video of her pleading to be evacuated. She was the sweetest young woman. She died while I was in Gaza. And she had been in a tent on the beach in Al Mawasi when she was run over by an Israeli tank. The Israeli forces wouldn't let the ambulances access her. She bled on the beach for eight hours until she was able to be transported to the hospital, and then she suffered for two weeks before ultimately dying from her injuries.

So to call any of these "safe zones" is a complete lie. People are receiving leaflets from the sky telling them to "evacuate." This is not an evacuation. This is a forcible transfer. It's a crime against humanity.

I spoke to one of my colleagues today who was one of the last people to flee Abu Youssef Al-Najjar Hospital, and he told me that it was in a state of complete panic. He eventually fled Abu Youssef Al-Najjar, too. It was the only remaining governmental hospital in Rafah. It was in the area that was being told to forcibly—I hate the word "evacuate," but to forcibly evacuate. He helped evacuate the patients and everybody else. Shortly later, his house was hit. His relatives were killed. His sisters were injured. And he is now texting me from an area in the middle of Gaza, where he has arrived with his remaining family, asking me if I can help him to set up health points—tents in which to provide healthcare for the population—because, he said, there are no health points in that area. This is just after losing his cousins and his sisters being injured.

MT: You probably remember that video of you from back in November, at a vigil hosted in London for healthcare workers in Gaza. You were wearing scrubs and reading a testimony from a doctor in Gaza, and you started crying. You handed your phone to the person standing next to you, gesturing at the screen that they should take over. You sat down to gather yourself. And a couple of seconds later, you stood back up and took your phone and kept reading. I think about this often, how we have to, at the same time, let ourselves be affected by what we're seeing because, it's a moral harm to both our collective and individual humanity

not to register the cruelty, as well as the strength of the people—like your colleagues—whose testimonies you share. And at the same time, we have to keep going.

THH: What wasn't clear from that video is that I had just finished reading testimony after testimony from Gaza Medic Voices. So messages that me and my close colleagues had received over the previous few weeks from our colleagues in Gaza, that grew more and more desperate.

I was reading them in sequence. And that last message, the one of the doctors from Al-Shifa saying, "We don't know if we're going to survive the night," I had received an hour before the vigil. We receive these messages directly, and you feel so desperate because you're far away and you can't help. And these are people that you respect, people that you can see yourself in. And the fact that they were being incriminated, targeted, and may not survive was really unbearable. We were a group of us, the colleagues with whom I go to Gaza, who were standing elsewhere, at that vigil. And we were all crying. And I think it is this sense of collective desperation, and the helplessness of how did we let this happen? And this deep-felt urge to protect them, knowing what they stand for and how much we respect them as colleagues and human beings. I think it was a combination of the unbearable injustice, the helplessness in trying to protect people that you respect and admire so much. And the lead-up, being part of that journey from the very beginning with them.

MT: Yesterday I saw a video of two boys lying in the rubble of their home. They looked like they might have been sleeping. I zoomed in and saw that one of their eyeballs was out of its socket. Every single day, I come across multiple images or videos like this that are the worst thing I've ever seen in my life.

You cofounded Gaza Medic Voices, which provides first-person testimony from healthcare workers on the ground in Gaza. Could you speak to the power of witness and testimony, and also its limits?

THH: I had a very different approach for the first six months of this. I shielded everybody around me, including people on the other side of interviews I did, from the graphic imagery, because I found the images very dehumanizing. An eyeball, an eyeball, should not be out of its socket. That's something you might see in a horror movie or in a nightmare. A man should not arrive at an emergency department with three traumatic amputations. A child's face should not be blown off. We shouldn't have exposed brain matter—which is actually a question asked, for every child that comes in with traumatic brain injury. "Brain matter exposed?" That's what they ask. Because if brain matter is exposed, we don't resuscitate. That is literally a screening question for every child who has a head injury, because we don't have the resources for a child

whose prognosis is poor. They might have survived, but we just don't have the resources. So "brain matter exposed," yes or no? No, we don't resuscitate.

It's so horrific and graphic. But it's the reality. Ninety percent body surface area burns are not something we should have to see. Children whose entire flesh is burnt off, who cannot receive analgesia because we don't have access to it. That exposure is dehumanizing.

My strategy for the first six months was not to describe in detail, not to share video footage. You've seen Gaza Medic Voices. We never share things that are very graphic. In fact, one of the discussions we have constantly with all the footage and photos we receive is, we wish the world could see this, but we can't bring ourselves to show it. Myself and the other person in Gaza Medic Voices, we have been working in Gaza for years. These people are often very cherished and beloved colleagues—

MT: They're human beings. They deserve dignity, in death as in life.

THH: Yes. And when you're very far from something, dehumanization becomes less difficult. It should never be easy to dehumanize somebody. But for us, it's even more personal, because we have all of these connections in the area. All of this to say, my approach has been not to show the graphic imagery, not to reshare the videos that I see that make me feel sick to my stomach. I share the quotes and the interviews and statements by organizations.

But I've gotten to the point where I don't know what else it'll take to wake people's consciences up. I don't know if they're not seeing the same things that I'm seeing, or if they see them and really just don't care. And I really hope it's not the latter, because that implies a level of evil that I don't want to attribute to such a large proportion of the world.

So I decided, "Look, I'm going to give you a chance." Here are videos. Do something. Because the mainstream media has refused to bear witness, we're left with the burden of bearing witness. People who don't have any experience in journalism or who aren't paid to shed light on what's happening, we're left with that burden.

There are so many people on social media, the majority of whom are neither trained nor paid to do what they're doing, who taken it upon themselves to bear witness and to share testimonies because it's so obvious that it's been part of the Israeli strategy from the very beginning—through communication cut-offs, by preventing international journalists from getting in, through the direct targeting of local journalists—to turn the lights out on what's happening in Gaza, so that Israel can do things in the dark. And the international media that has access to the same information that you and I have access to, so many of them have completely neglected their responsibility to share what's happening on the ground.

MT: It has been jarring for me to realize how many people have moral values or believe in justice only in the abstract, who in fact stand for nothing, live for nothing, beyond themselves. I don't know what to do with the world that I've found myself in, especially in medicine.

THH: I've struggled with the same realization. It's been jarring to see how universal human rights and, especially the right to health for us in medicine, is not universal at all. Watching our professional medical societies, our hospitals, our university institutions exclude Palestinians in their "universal" application of values has been a disgusting wake-up call. It has alienated so many of their members.

And for this, many of us can no longer respect what these institutions claim to stand for nor hold their leaders in esteem. Within the pediatric world, institutions have been actively silencing medics who advocate for the protection of Palestinian children, at a time when Gazan children are being killed, maimed, and orphaned at an unprecedented rate, and international NGOs are announcing that Gaza is the most dangerous place in the world to be a child.

MT: In some ways, it feels like life has clarified. And this clarity is very orienting in a way that is disruptive to the world that we're in. But that's an indictment of that world.

THH: Things are so much clearer to me now. I think before, I had a lot of anxiety about the next steps. And now there's a level of confidence in what I'm living for that is new and different.

People keep asking me, "Weren't you scared of going to Gaza? What if you got killed? It's so dangerous." I was very accepting of the fact that I might get killed. But watching the injustice from afar was worse than that risk. What's the point of living if I'm not actually going to stand up for the principles and values I believe in? There are things that matter so much more than my personal safety or professional career, like doing everything in my power to stop a genocide.

Mary Turfah is a writer and medical student.