

THE WOUNDS BEAR WITNESS

Refusing to Surrender to the Machine

By DR. EZZIDEEN SHEHAB

The collapse of Gaza's healthcare system was no accident, no collateral damage. It was methodical erasure.

Yet, in this annihilation, something unbreakable lingered. I felt it first as a low hum in my bones, a vibration so faint I thought it might be my heartbeat echoing in the ground. I was only a month into my new life as a physician, inhaling the hopeful aroma of starched white coats and fresh diplomas, when war slipped into our world like a vengeful spirit at a wedding feast.

Overnight, the modest challenges of my training — mending broken limbs, calming childhood fevers — gave way to a thunderous onslaught that shattered every semblance of normalcy. No measure of skill could outpace the cruelty of bombs. Under that cloud of violence, I was stripped of certainty. I surrendered my calm, my faith in medicine, everything but the stubborn will to keep breathing.

The skies rumbled like wrathful gods, casting fiery judgment upon streets and rooftops. Explosions transformed familiar neighborhoods into jagged ruins. Seven days into the war my family's home — our inheritance and sanctuary for generations — was struck repeatedly, as if marked by some invisible beacon. It persisted, trembling but upright, until at last a new round of bombs reduced it to rubble. I lost 50 family members.

In the weeks that followed, I tended to the injured, not in a surgical ward, but among splintered beams and overturned furniture. I became a field medic in my living room. Despite my training, I could do nothing to save my cousins and aunt. Their lives flickered out before I could reach them, leaving behind a silence so complete I couldn't imagine words ever filling it again. How could my white coat mean anything in a world where death loomed like an ancient curse?

A compulsion gripped me when the first wave of military assaults subsided: duty, desperation, or, perhaps, both. Rumors spread of patients abandoned in ghostly hospitals emptied of doctors. Drawn by these whispers, I made my way to one such hospital, the Indonesian Hospital in northern Gaza.

When I crossed its threshold, the title "physician" felt absurd in the face of what I saw. Patients lay crammed into every corridor. Children burned with fevers. The elderly murmured prayers half-lost to delirium. We performed surgeries with shaking hands, improvising with tools and techniques from scraps of memory. Medical students, wide-eyed and trembling, were pressed into decisions that no textbook had ever prepared them for. Supplies waned to cruel mirages, scalpels dulled, bandages became rags, and the last medicine bottles sat like artifacts of a vanished world.

My colleagues and I fueled ourselves with IV glucose, pinching lines closed with trembling fingers just to stay upright another hour.

Then came the bombing of the Al-Ahli Arab Hospital, an act so brazen it seemed to tear a hole in the very idea of sanctuary. We received its injured staff and patients, their eyes reflecting a horror beyond words. That day, I sutured the scalp and eyelid of an eight-year-old girl without anesthesia. My hands trembled not from inexperience but from the sheer totality of everything war strips away: painkillers, antiseptics, dignity, humanity.

Amputations became grim necessities performed on hospital floors. We rinsed the blades in water barely clean enough to drink.

Eight months passed like this, though "passed" feels too linear a word. They blurred, marked not by calendars but by the rhythm of bombs.

Occupation forces attacked our fragile outpost again and again until it was too dangerous to occupy. Our evacuation was sudden, quiet, and irreversible — a funeral with no eulogy.

My family and I, homeless and weary, fled to three separate shelters in one week before finding a school hastily converted into a refuge. Its classrooms, once brimming with children's laughter, became impromptu clinics. I set broken bones under flickering lamps and pressed gauze to gaping wounds in janitors' closets.

Traveling to any hospital in the North was impossible. The roads had become graveyards for ambulances. Israeli forces hunted medical staff as though healing itself were an act of resistance.

When I finally found work at another hospital, it was a hospital in name only. Patients died not because their injuries were beyond repair, but because we had no sutures to stop the bleeding. Amputations, abdominal surgeries, everything was done without anesthetics. Pain was not a side effect; it was the procedure.

Outside the hospital walls, suffering bled into every corner of life. Clean water dwindled to rumor. Food rations were distributed with the finality of a death sentence. Infections flourished like wild vines in the fertile soil of neglect. Skin diseases crawled across the populace in grotesque patterns that echoed the shattered geometry of our buildings. Surviving from one dawn to the next became a quiet rebellion, a refusal to surrender to the machine grinding us down.

For those of us still trapped in this spiral, the word "emergency" has lost its meaning. Life is a labyrinth with no exit, a place one can neither escape nor name.

I do not pen these words in the hope of reprieve, nor do I hold out for justice to descend from the heavens. In Gaza, justice sleeps beneath the rubble and reason dissolves in the echo of artillery fire. All that remains is the stubborn will to exist, to breathe, to care for one another in defiant acts of tenderness.

Perhaps this is the inexplicable wonder of Gaza: that amid a ceaseless storm of cruelty, the will to live endures. Like the ancient olive trees rooted in battered soil, we refuse, against all odds, to surrender our fruit.

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Suturing by phone light at Indonesian Hospital. Fadi Al-Wahidi



GAZA WILL LIVE: Medics transport babies from Rafah to Egypt in November 2023. Born prematurely in a hospital under Zionist siege, the babies survived. Fatima Shbair / AP

ISRAEL STEALS ORGANS

EVEN THE DEAD
NOT SAFE FROM ENEMY

By HEALTHCARE WORKERS
FOR PALESTINE

On August 5, 2024, three hundred and three days into their genocidal onslaught on the people of Gaza, the Israeli Occupation returned to Khan Younis the bodies of 89 Palestinians in a shipping container. The living, desperate to identify their loved ones, were met instead with the embodiment of mass death. "Thirteen bodies in the form of bones were placed in one bag," Dr. Mohammad Mughair, the director of civil defense in Khan Younis, told reporters. All 89 had decomposed beyond recognition. Were these the bodies of tortured detainees? Were they corpses stolen from bulldozed graves in Gaza? The Occupation refused to say. Without the ability to do DNA testing, Palestinian officials were unable to identify the bodies and had no choice but to bury them, bag by bag, in a single large grave near Nasser Hospital. As the German-Jewish philosopher Walter Benjamin wrote in 1940, "Even the dead will not be safe from the enemy if he wins." (Six months later, Benjamin committed suicide out of fear that he would fall into Nazi hands while trying to flee Vichy France.)

Zionist brutality reaches beyond death. For years, the Occupation's war machine has laid claim to the bodies of Palestinian martyrs, not only withholding their remains from their families, but also using them to perpetuate organ theft and trafficking schemes. Israeli doctors, under the auspices of forensic examination, have stolen Palestinian organs and Palestinian skin.

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'I am accused of being a Palestinian doctor'

Medical workers testify to sexualized violence in Zionist prison

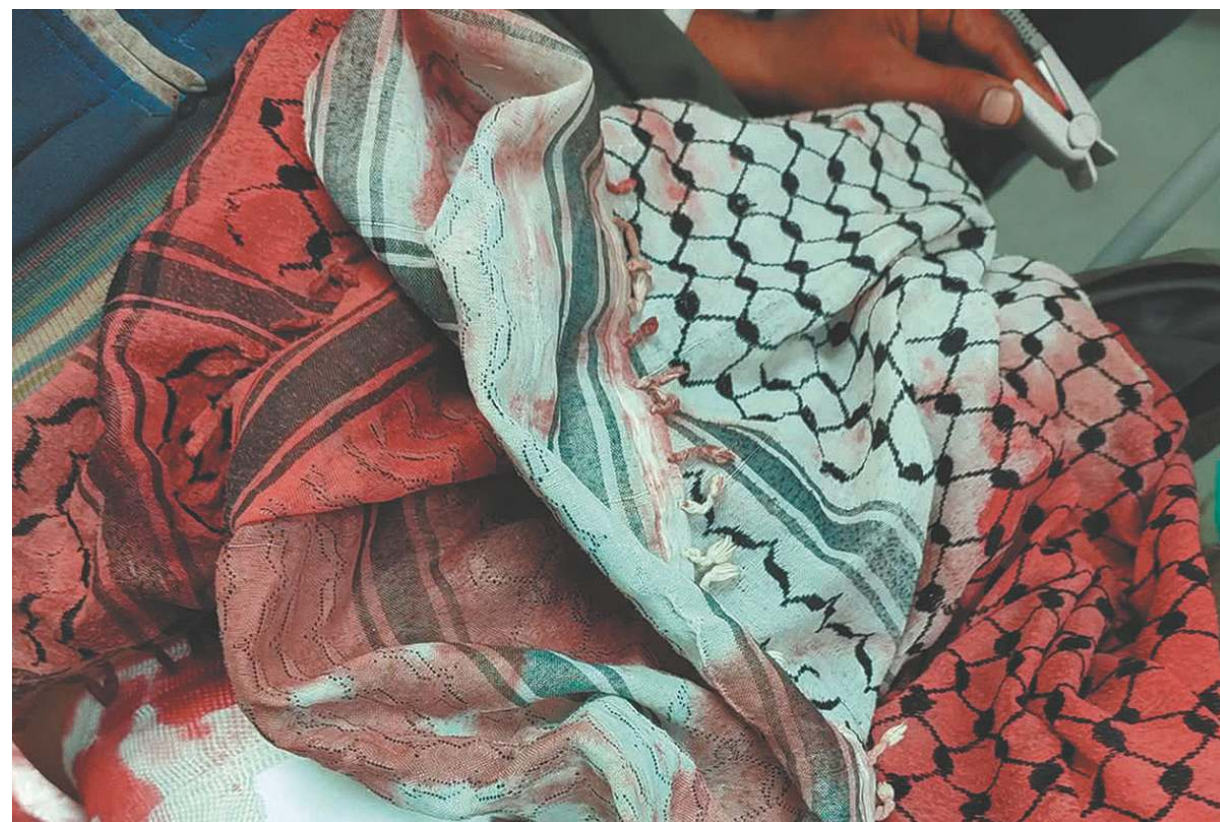
On December 16, 2023, Dr. Ahmed Muhanna spoke out about what he called the "severe Zionist siege" on Al-Awda Hospital, where he was serving as medical director. "We don't know how long the siege will continue, but we are remaining and staying put in the hospital," he said of the medical staff. The following day, he was abducted by the Israeli Occupation Forces. Muhanna was a familiar face in the camps of northern Gaza: For over two decades, he had volunteered as an emergency medic — caring for the wounded during the Second Intifada, the wars on Gaza in 2012 and 2021, and the Great March of Return in 2018. Today, at the time of printing, he has not been seen for 400 days.

Muhanna is among the more than 350 Palestinian healthcare workers in Gaza who have been detained by the Occupation, without charge or trial, since October 7, 2023. Detainees have experienced torture by means of starvation, drugging, medical neglect, prolonged exposure to cold, forced nudity and other humiliations, sustained stress positioning, sleep deprivation, electrocution, and rape. Firsthand accounts of these tortures have been given to numerous journalists on the ground, yet have been largely ignored by the U.S. media.

In a 50-page report released on October 7, 2024, Healthcare Workers Watch comprehensively outlined "the specific ways in which Israel's policies and military conduct are inflicting intentional and cruel harm on healthcare workers in Gaza." The harm, as evidenced by the testimonies compiled in the report, is directly and inversely proportional to the ability of Palestinian healthcare workers to sustain Palestinian life. The intent is purely genocidal.

"One soldier told me, 'You came to help people we kill, so you're going to Sde Teiman,'" a paramedic recounts.

"When he told me this, he took me to an open field. I had to lie on my stom-



Picture of a bloodied keffiyeh posted by Dr. Ali Tahrawi to Instagram on January 10. In his caption, Tahrawi quoted the poet Mahmoud Darwish: "We bled so much that we forgot the color of blood."

ach with my head in the sand. Soldiers stepped on my head with their boots and shoved my head in the sand. The soldiers made a circle around me and kept saying, 'We will execute you; we're praying for you because we will execute you.'

"[Another] soldier put the tip of his weapon on my head, he brought gas and said, 'We will burn you,' while screaming at me in Hebrew, 'Am Yisrael Chai.' He kept telling me, 'Say you're Hamas,' when he put the gas on me. [...] He threatened me with a lighter to burn me. Then, a soldier got in a jeep and drove quickly towards me like they wanted to drive over my head, all this to scare me, they were saying we will drive the jeep over you. They kept threatening me with detention, saying I'll never leave there.

"I asked them what did I do to be treated like this and one soldier said,

'We're praying for you because we will execute you'

'You came to an area you shouldn't have come to; we want to kill people when we shoot at them.'

Many of the formerly detained healthcare workers describe tortures designed to impair future fertility, often by causing testicular trauma. A nurse testifies: "[The interrogator] hit me in sensitive areas and on my face and back, then brought a certain tool, which I didn't recognize, and struck my back with it. [He] continued for three to four hours without asking any questions, stopping only because he got tired.

"Then he brought another metal tool that looked like a pen. He completely removed my clothes and inserted this tool into my genital area. I started screaming like crazy. This went on for about an hour, and then I began to involuntarily urinate blood. He then inserted the tool again, more forcefully, and left it inside while I was bleeding.

"He resumed beating me while the tool was still inside my genital area until I fainted. I endured this torture for about 19 hours.

"When I woke up, I found myself in a place that looked like a clinic, but I wasn't sure if it was really a clinic or not. I didn't know if I had been given a blood transfusion or not. Then, they returned me to the same room, but the second time was worse."

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RECONSTRUCTIVE SURGERY

The Road Ahead

Dr. Ghassan Abu Sittah on the future of healthcare in Gaza.

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Tears, But Not For Long

The pager attack as seen from the operating room.

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Israel's Sonic Terrorism

In Gaza, where drones never cease, hearing loss is also a form of theft.

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What makes a children's doctor pick up a gun?

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Volunteer medics in the West Bank know how to save lives.

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NOTE FROM THE EDITORS

To the Last Drop of Blood

"Whoever stays until the end will tell the story. We did what we could. Remember us."

Dr. Mahmoud Abu Nujaila wrote these words on a whiteboard in Al-Awda Hospital on October 20, 2023, one month before he was martyred in an airstrike while treating patients. This edition of *The New York War Crimes* is, above all, a tribute to those who stayed: the living, the martyred, and the disappeared. This issue aims to represent the substance of their convictions — from reports and analyses of Zionist terror to testimonies, poems, and songs of resistance, altogether reflecting the role of Gaza's medical workers as a bulwark against death and despair. Their courage is a north star for healthcare workers everywhere, a call to discard shallow humanitarianism for principled action against the systems of oppression that degrade health and extinguish life.

For 15 months, we have witnessed Zionists pursue the systematic and calculated destruction of all healthcare infrastructure in Gaza. We have witnessed

children reciting scripture to bear the pain of surgery without anesthesia; patients with IVs in their arms immolated in tents outside incinerated hospitals; the decomposing bodies of premature babies; the uncovering of mass graves filled with corpses wearing scrubs and patient gowns. Every hospital has come under fire of snipers, drones, tank shells, and airstrikes; at the time of this writing, half have been restored by Palestinians to partial functionality. The Israeli Occupation Forces have kidnapped, tortured, and murdered hundreds of the doctors, nurses, medics, and medical students who embody the last line of defense — not of the self, but of the people, the land, and life itself.

The Zionist entity insists on dismantling the entire life-saving apparatus because its very existence thwarts their settler-colonial mandate. As long as Palestinians are kept alive, whether by armed fighter or by healthcare worker, the Zionist project cannot win. "We are a small brave nation," Ghassan Kana-fani said of Palestine in 1970, "who will

fight to the last drop of blood to bring justice to ourselves after the world failed in giving it to us."

The world's failures have rarely been so profound. As Gaza's entire healthcare sector lies in ruins, the American medical establishment aligns itself with the genocider. At best, it feigns political neutrality. At worst, it actively suppresses voices advocating for Palestinians and recommit support to the Zionist

While centuries of racialized domination, increasing wealth inequality, and ongoing residential and environmental segregation inevitably lead to poorer health outcomes for the marginalized, access to life-saving health services have and continue to be segregated along these same lines. American healthcare workers are employed as the front-line keepers of these oppressive hierarchies, prescribing life and death at the behest

As long as Palestinians are kept alive, whether by armed fighter or by healthcare worker, the Zionist project cannot win

colony through financial investments, research partnerships, and academic exchange programs. It is no surprise that the exposing of a racial ethnostate threatens the American medical establishment, steeped in a history of scientific racism and eugenics. Decades of American physicians forcibly sterilized tens of thousands of poor, native, Black, brown and disabled women, a practice lauded and adopted by the Nazi regime.

of empire and capital, while insurance companies sit atop like vultures, making a killing off of the dying.

What, then, does it mean to be a healthcare worker in the heart of empire, laboring for a system invested both in the slow death of a racialized population at home and in the Zionist decimation of health in Palestine? How can we organize a healthcare workforce in active solidarity with Palestinian libera-

tion and, by natural extension, the liberation of all oppressed peoples? To start, healthcare workers of conscience must reject our assignment as keepers of the hierarchy — refusing engagement with carceral systems, aligning ourselves loudly with the marginalized, and demanding our employers and institutions boycott and divest from the war machine. Moreover, we must be willing to take collective risk and put our bodies on the line — at the offices of weapons manufacturers, in the halls of imperial power — anywhere and everywhere the economy of death rears its head.

In our interview with Samy, an occupational therapist who helps the wounded, disabled, and debilitated in Gaza return to the activities of daily life, we asked what the international community could do to support healthcare in Gaza. "The only solution, and I'm speaking to the whole world, is for the United States to stop the killing," Samy told us. "We are being killed with American weapons. The change must come from the American people. The will of the United States must change, the direction of its compass must shift, or believe me, the entire world will burn because of it."

Gaza's healers, past and present, have lit the path forward. Their principled care for their patients and com-

munities fundamentally opposes the exterminationist project of colonization, and resists the ongoing Nakba. In the aftermath of a ceasefire, the healthcare workers of Gaza undertake the liberatory and revolutionary project of surveilling the full extent of the entity's destruction and rebuilding the life-sustaining apparatus — reckoning with the more than 100,000 injured Palestinians, at least a quarter of whom will require rehabilitation for life-altering injuries; a poisoned water and sanitation infrastructure, which will continue to cause infectious disease for years to come; and the profound psychological impact of 15 months of genocide exacerbating years of siege and occupation, manifested by the unthinkable reality that, according to a study conducted by a Gaza-based NGO, over 50% of children in Gaza wish to die.

The fight is far from over. As Dr. Fayeze Rashid wrote in his 1982 memoir of the siege of Beirut, *The Wounds Bear Witness*, the strongest weapon against systems of oppression is "our faith in the justice of our cause."

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Zionist Impunity Extends Beyond Death

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The Zionist entity's expansionist approach to autopsies is, unsurprisingly, in direct violation of codified medical ethical standards. Take, for instance, the Nuremberg Code for medical research, which emerged in response to egregious cases of experimentation on humans (tortures, really) by Nazi doctors. Or the Declaration of Helsinki for the ethical treatment of human participants in medical research, put forward in 1964 by the World Medical Association. The core principle of both the Code and the Declaration: Any subject participating in human medical research must be able to first provide consent.

This ethical framework is not limited to the living. In 2010, the World Health Organization released separate guiding principles on cell, tissue, and organ transplantation that are rooted in the consent of the donor, whether living or deceased. Additionally, the United Nations' International Humanitarian Law (Rules 113 and 114 in particular) and The Geneva Conventions codified how the dead are handled, particularly in armed conflict. In sum: The dead must be handled with the utmost dignity, they must remain intact, there can be no mutilation of the body, and the body itself must be handed over without delay.

There exists some debate among medical professionals around how these principles should apply to prisoners of war and convicted criminals. Israel routinely uses these two categories, as well as the category of "terrorist," to describe Palestinian martyrs in order to

mittee hearing in 2001, Schepher-Hughes said that human rights groups in the West Bank had told her about Israeli pathologists stealing tissue and organs from the bodies of Palestinian martyrs.

In 2013, Schepher-Hughes and the Swedish journalist Donald Boström published an article comprehensively outlining what they called "a troubling history of abuse of dead bodies" that were brought to the Israeli National Institute of Forensic Medicine during "the crucial and tumultuous period" between the First Intifada and the 2012 war on Gaza.

For most of the period covered in Schepher-Hughes and Boström's report, the Forensic Institute, also known as Abu Kabir (the name of the ethnically cleansed Palestinian village it's built upon), was run by director and chief pathologist Dr. Yehuda Hiss. In a July 2000 interview with Schepher-Hughes, Hiss freely admitted to taking skin, bones, cardiac valves, corneas, and other human materials from bodies during autopsies, saying that the families had consented to the autopsies but were not informed of these thefts. He described removing not only corneas but whole eyeballs from the bodies of the dead, which would be returned to their families with their eyelids glued shut.

Dr. Chen Kugel, Hiss's protégé, joined the Institute as a pathologist in 1999. According to Schepher-Hughes and Boström, it was Kugel who alerted first the Institute's administration and then the Israeli government about these biomedical abuses, prompting a two-year investigation during which

"Now, about the question of harvesting organs — it's strange. Not only here, in Israel, but elsewhere, it all depends on the personal approach of those in charge of pathology or organ harvesting. In my case, when I was a resident in Tel Hashomer [Hospital] we would collaborate with the army, and we would provide the army with grafted (harvested) skin for burn victims, and from time to time, they would ask us for cornea. So, I would be involved in it because I was in charge, with two others, and we would provide this."

In 2010, writing for the leftist magazine *CounterPunch*, Schepher-Hughes outlined the ethnonationalist justification for the scheme:

"Professor Hiss, viewed by many Israelis and by *The New York Times* as a hero because of his service to the nation in handling bodies killed by terrorists and suicide bombers, deemed his behavior as patriotic. He was, in his own mind, not so much 'above the law,' as representing the law, a much higher law, his law, supremely cool, rational, and scientifically and technically correct. The country was at war, blood was being spilled everyday, soldiers were being burned, and yet Israelis refused to provide tissues and organs needed. So, he would take matters into his own hands."

Some conservative religious sects in Israel have openly endorsed these actions, manipulating Jewish law to further Jewish supremacist ideology. In 1996, Rabbi Yitzhak Ginsburgh, the influential leader of the Chabad-Lubavitch sect, posed an ostensibly rhetorical question:

"If a Jew needs a liver, can you take the liver of an innocent non-Jew passing by to save him? The Torah would probably permit that. Jewish life has infinite value. There is something infinitely more holy and unique about Jewish life than non-Jewish life."

The devaluation of Palestinian life underscores every violation of Palestinian flesh. In her 2014 book *Over Their Dead Bodies*, former Forensic Institute employee Meira Weiss writes that during the First Intifada, the IOF "allowed [the Institute] to harvest organs from Palestinians using a military regulation that an autopsy must be conducted on every killed Palestinian. Autopsies were accompanied with organ harvest. [...] Many of the workers [at the Institute] referred to the First Intifada (1987-1993) as the 'good days,' when organ harvesting was conducted consistently and freely compared to other periods."

Organs weren't just taken for transplantation and research, but for sale and profit. It is on this point that the defensive accusations of blood libel get louder. When Boström, in a 2009 article for the Swedish daily newspaper *Aftonbladet*, tried to connect the dots between the Forensic Institute's history of organ theft and Israel's ascendancy to what Schepher-Hughes calls "the top" of the international organ-trafficking market, there was an international outcry. Yet, to this day, the most alarming things that have been said about the Israeli organ trade have been said by Israelis themselves.

"Organs were sold to anyone; anyone that wanted organs just had to pay for them," Kugel told Schepher-Hughes. Hearts, brains, and livers were sold for research, presentations, and drills for medical students and surgeons.

Additionally, according to Kugel, if a client wanted all the organs from a body, that too could be arranged. The total cost: \$2,500.

"Tracing the missing"

The Occupation's theft of organs is made possible by a wider project of stealing and withholding Palestinian bodies. Martyrs' remains are often buried in secret locations within Israeli military zones. What Israelis call "the cemeteries of numbers" can only be described as mass graves.

Israel does not always identify bodies before burying them. And on the rare occasion it returns them, they are often in various stages of decomposition or frozen so solid it would take days for Palestinians to perform their own investigations.

In 2016, Dr. Saber Al-Aloul told Al Jazeera that the Occupation returned the bodies of martyrs which had been kept in morgues refrigerated to -35°C. No medical forensic work could be carried out until at least 24 to 48 hours of detaching, which was often too long



HAITHAM HADDAD

for families to wait for answers, so Dr. Aloul and colleagues at Al-Quds University performed autopsies by CT scan instead. In a time of genocide, many methods of ethical autopsy are not available.

"Tracing the missing and identifying the dead are crucial to maintain or restore basic human rights and responsible relief activities," Doctors Without Borders says in its handbook, "The Practical Guide to Humanitarian Law." It is hard enough to know how to grieve a loved one murdered by an occupying army. It is another question entirely of how to do so when their body is withheld, or returned incomplete.

In 2019, the Supreme Court of Israel ruled that the IOF could retain the bodies of Palestinian martyrs as bargaining chips, enshrining as law a longstanding practice. Later that year, the Jerusalem Legal Aid and Human Rights Center put out an 83-page report detailing Israel's policies of post-mortem punishment. The report points out that Israel and Russia are the only states with laws that explicitly permit the withholding of bodies for counterinsurgency purposes.

Palestinian writer, revolutionary, and martyr Walid Daqqa was held prisoner by the Occupation for 38 years. Despite calls for his release following a cancer diagnosis so he could receive medical treatment, his sentence was extended, and he died in custody in April. His

body has yet to be returned to his family. In September, Israel's High Court ruled that his use in a potential prisoner exchange outweighed the deceased's right to dignity and his family's right to a proper burial.

On October 16, the Occupation took the body of Yahya Sinwar, the military and political leader of Hamas, after killing him in battle in Tal Al-Sultan, in southern Gaza. Dr. Chen Kugel, who once criticized Hiss and now holds his position, performed a full autopsy, informing the world that Sinwar seemed not to have eaten anything during his last 72 hours. His family did not consent to the theft of his body, nor to the autopsy.

Israel even holds the bodies of martyred children. It is often difficult if not impossible under apartheid systems to document who is missing and why, but according to a 2024 report from Defense for Children International, the bodies of 32 children are currently held by the entity.

Today, as a ceasefire takes effect, the people of Gaza are either looking for their loved ones under the rubble or waiting for them to be returned on flatbed trucks. When the Occupation is finally held responsible for its war crimes, it must be asked to account for every missing body and body part.

A PERSONAL NOTE

History and experience compelled me to co-write this piece.

My own family has yet to receive the bodies of my uncle and grandfather. Over 20 years ago, my uncle died while awaiting medical treatment. I remember my uncle tearfully saying, "They will take me. I will not have the trials of my grave as a Muslim. I wonder if Allah has an exception for this." I did not know how to answer him then or now. My jaw clenches, my eyes fill with tears, and my chest tightens as I remember it. My uncle was a sweet man that deserved a funeral and grave.

My grandfather was one of the great loves of my life. I am the "soul of my soul" for him. Having a grandfather miraculously live into old age and die in his own bed in his own home is rare as a Palestinian.

Less rare as a Palestinian is not being allowed to become "legal" next of kin because of one's place of birth, or rather, because of forced displacement. This means not being allowed, or even logistically able, to claim the body of a loved one. It means assuming they will end up in the "cemetery of numbers" or in a refrigerated cabinet somewhere in "Israel." The only prayer left to pray is that they remained intact and that their bodies were never desecrated in order to heal the skin, further the research, or replace the failing organs of the same people who oppressed and humiliated them for a lifetime.

It is hard to come to terms with the cruel reality of borders and apartheid, harder still to accept that the laws that are supposed to govern human rights simply do not apply to you. Watching a family member waste away, knowing what is coming is unavoidable, is a fate I wish on no one. I am left with a gaping wound where healing should be.

In medical school I took high-level anatomy courses where human tissues and bones were available as learning materials. I would sit in the lab and wonder, "Who is this?" It remains hard not to personalize the sight of unidentified remains, even if it's unrealistic that it would be my loved one. For Palestinians, there is no humanity in life nor in death. Until you see the body of your loved one, until they are able to be washed and treated in compliance with religious and ethical norms, until those rituals of death are performed — the ache of yearning remains.

These rituals are often not afforded to Palestinians. It is one thing to grieve and process the trauma of murder by military might. It is another thing entirely not to be able to even do that because of the absence of a body, or the presence of an incomplete body. We are left with the collateral of occupation to delay our grief and our humanity in hopes that one day both will be afforded to us.

—Aminah Mohammed

Thirty Years of Nuremberg Code Violations

1995

Dr. Yehuda Hiss, head of the Israeli National Institute of Forensic Medicine in "Tel Aviv," implements a policy of non-consensually harvesting skin, long bones, cardiac valves, corneas, and other human materials during autopsies, purportedly in order to treat injured Israeli Occupation soldiers.

2000

In July, anthropologist Nancy Schepher-Hughes conducts a formal, taped interview with Dr. Hiss in which he discusses harvesting organs and tissue without consent. Fearing the consequences, she does not publish the interview.

In December, an Israeli newspaper publishes a report on medical malpractice at the Forensic Institute that includes a price list for body parts sold to researchers and medical schools.

2001

The Israeli Ministry of Health appoints a committee of international forensic experts to investigate practices at the Institute. The investigation takes two years, during which time much of the evidence is destroyed. Dr. Hiss keeps his job.

2003

American activist Rachel Corrie is murdered by an Israeli bulldozer. Dr. Ahmed Abu Nikera performs her autopsy. Israel orders a second autopsy, performed by Dr. Hiss, who, by his own account, harvests her tissue and organs.

2007

Interpol arrests two doctors, one Israeli and one Turkish, in the middle of a kidney removal operation at an Istanbul hospital. Both doctors are members of an organ trafficking ring headed by Israeli crime boss Ilan Peri. Authorities also detain two alleged kidney sellers, both of whom are Palestinian.

A month later, Haaretz reports on Israelis persuading Palestinians with developmental disabilities or untreated psychiatric conditions to sell their kidneys.

2009

In July, Rabbi Levy Izhak Rosenbaum, another associate of Peri's, is arrested in New York for his role in an organ trafficking scheme. Court filings reveal Peri's ring to have spanned multiple countries including the U.S.

In August, Donald Boström publishes an article saying that the state of Israel "plunders" Palestinian bodies for sale, research, and transplantation. When Israelis cry blood libel, Schepher-Hughes sends the tape of her interview with Dr. Hiss to an Israeli TV channel. The tape is aired. Hiss denies everything.

2015

Dr. Riyad Mansour, the Permanent Observer of Palestine to the United Nations, claims in a series of letters to the UN's Secretary-General that the bodies of Palestinians in occupied East Jerusalem are being returned with organs and corneas missing.

2019

Another Israeli doctor, Abilay Donbay, is arrested for organ trafficking in Kazakhstan.

2024

In January, Wafa News Agency reports that the bodies of over 100 Palestinian martyrs returned by the Occupation to Gaza have been inspected by doctors who observe signs of missing organs.



justify and excuse the biomedical abuses of martyrs' bodies. This, too, should come as no surprise.

'Organs were sold to anyone'

Testimonies of the Israeli state stealing organs from Palestinian bodies have existed over three decades. In 1990, Dr. Hatem Abu Ghazaleh, former chief health official for the West Bank under the Jordanian administration, told a reporter that there were signs of organs, especially eyes and kidneys, being removed from bodies during the first years of the First Intifada. But the accounts of Palestinians alone are rarely given credence in international media. It wasn't until Nancy Schepher-Hughes, an American anthropologist and activist, decided to investigate what she called "the growth of organized transplant tours run by underworld brokers" in Israel that the story began to take shape in the public eye.

In 1999, Schepher-Hughes co-founded *Organs Watch*, an organization that monitors organ trade and organ trafficking and exposes the abuses inherent to both. Within a year, her research on these abuses led her to Israel. While testifying at a U.S. Congressional subcom-

Hiss hid most of the evidence and after which nothing much changed. Kugel, they say, was forced out of his job for speaking up.

Kugel told Schepher-Hughes that organs and tissues were, in theory, "taken from everyone, from Jews and Muslims, from soldiers and from stone throwers, from terrorists and from the victims of terrorist suicide bombers, from tourists and from immigrants." In practice, however, it was easier to steal human materials from those the Zionists perceived to be less than human. "If there were any complaints coming from [Palestinian] families," Kugel said, "they were the enemy and so, of course, they were lying and no one would believe them."

In 2002 and again in 2005, Hiss was investigated for removing organs from corpses without familial consent, thefts to which he eventually admitted. After the first investigation, he was reprimanded but allowed to keep his job. After the second, he was removed as director and given a new title — senior pathologist — with a higher salary.

While his government claimed these allegations were antisemitic, Hiss boasted of what he'd done, telling Schepher-Hughes in an interview,

'I am speaking to you from the heart of the siege'

DR. HUSSAM ABU SAFIYA'S DISPATCHES FROM KAMAL ADWAN HOSPITAL

THE 'DARKEST, BLOODIEST' DAYS AT THE LAST ICU IN NORTHERN GAZA

The image is famous now: A man in a white coat walks alone through the rubble toward two tanks, his shoulders squared, steps resolute. The man, Dr. Hussam Abu Safiya, is a pediatrician and neonatologist from Jabalia who has served as the director of Kamal Adwan Hospital for almost a year. The scene is of a disappearance. On December 27, the Israeli Occupation Forces stormed Kamal Adwan and arrested Abu Safiya along with hundreds of others, then set the hospital ablaze. At the time of printing, there are no fully functioning hospitals in northern Gaza.

The invasion followed 63 days of siege. On October 25, 2024, the IOF raided the hospital, detaining 44 hospital staff members. The same day, Abu Safiya's teenage son Ibrahim was martyred in an Israeli drone strike while sheltering inside the hospital. Abu Safiya led the funeral prayers in the hospital's courtyard, and, as cameras rolled, accused the Occupation of targeting his son in retaliation for his refusal to abandon his patients.

Over the next two months, besieged and cut off from food and oxygen supplies, Abu Safiya and a small team were left to care for the wounded under the incessant fire of Zionist drones, tanks, and guns. It was the third time Kamal Adwan had been besieged and attacked since October 7, 2023.

What follows is a series of communiqués sent by Abu Safiya to members of Doctors Against Genocide and Healthcare Workers for Palestine, either by text or by voice note, during the siege. Some were sent in English, while others have been translated from the original Arabic. Several have been lightly edited for length and clarity. All communiqués are published with the permission of their recipients.

We share these messages to honor Dr. Abu Safiya and all those who, through fifteen months of escalated genocide, stood fast and refused to abandon their sick and their wounded.

October 28

Most of the specialized medical staff have been arrested, and only one other doctor and I remain. We both specialize in children's medicine. We are forced to provide surgical services without any capabilities. There are large numbers of wounded who need treatment intervention. Otherwise, we will lose a wounded person every hour.

To the world, we need ambulances and delegations of surgical doctors. There are no ambulances in the north. In the absence of medical supplies and specialized medical staff, we will lose more wounded people. They can't be left to walk until they die in the streets.

November 7

The situation is still very difficult, and we are trapped inside the hospital. No ambulances in the north because they are unable to reach us. Yesterday, and the day before, buildings were bombed. Kamal Adwan was targeted directly and randomly, and crews were injured.

November 9

We urgently call for the provision of essential supplies and ambulance services as well as the lifting of the siege on northern Gaza. We are witnessing cases of malnutrition and famine in the north. Northern Gaza is enduring genocidal war, and we are, quite frankly, suffering in silence due to the crimes being inflicted upon us.

Our healthcare system and the rights of our people are under severe threat, and we are in desperate need of medical support. There is an ongoing crisis in northern Gaza, characterized by a

systematic assault on our healthcare systems.

Tragically, we are receiving distressing calls about individuals trapped under rubble, and we are powerless to assist them. They are trapped in dire circumstances, and today we mourn their loss as martyrs. This reality is unbearable.

November 11

I am speaking to you from the heart of the siege imposed on northern Gaza. The area is still devastated. We need ambulances to transport the injured, trapped under the rubble of their homes, from disaster sites.

We have received distress calls from multiple people. The next day, their voices were gone, and they were counted among the dead, with their homes becoming their graves. This scene is repeated daily.

We cannot provide even a single meal to the patients, making their wounds take longer to heal. Nor can we offer a meal to the healthcare workers who work around the clock. We urgently call for immediate intervention by the international medical community. We demand a humanitarian corridor.

November 19

Sad thing I noticed or maybe realized today: I was looking around for something to eat. I found some guy who sells falafel sandwiches. I noticed that he wrapped the sandwich with a book page, and I realized it was a medical text. I asked him about it; he showed me a pile of brand new books. I asked him if I could buy one, but he didn't understand why someone would be interested in buying a book from a falafel guy. He questioned me, but I insisted on buying one. He then gave it to me for free. It is the one known copy of the medical textbook that teaches us how to treat children who have suffered blast injuries from bombs.

There is scarcity in everything: plastic bags and paper wraps. So people burnt books from Al-Shifa Hospital's medical library to cook or because they were cold, trapped inside the hospital. Same for Nasser hospital. Same for Al-Azhar University and Islamic University's libraries and remnants of books after their bombardment.

November 20

Yesterday I received a distress call from the Al-Kahlout family after their home was targeted, and sadly, we are unable to assist them. Whoever could get out survived while, tragically, the others have become martyrs.

Yesterday, 17 children came to the emergency room displaying signs of malnutrition. Additionally, an elderly man died yesterday due to severe dehydration.

The situation has become increasingly catastrophic, and, regrettably, there is no movement or even promises from any international entity to open a humanitarian corridor through which medical supplies, surgical teams, food for children, infant formula, and therapeutic milk may enter. This would enable us to treat malnutrition cases and provide necessary ambulance services.

November 22

9:49 a.m.: The same scene repeats itself and worsens. A plane suddenly dropped bombs on the emergency reception entrance without prior warning. Four medical staff workers were injured. Transfer staff was targeted while urgently CT-scanning the injured. Two nurses are in the ICU. The hospital courtyard, where the electricity generators are located, was bombed, causing significant damage to the generators

functionality. The oxygen station nearby was also hit, disrupting oxygen supply to the hospital. Eighty-five injured patients. Eight in the ICU. Fourteen in the pediatric ward. Four neonates in NICU.

This is not the first time Kamal Adwan was bombed amidst the harsh and suffocating siege on northern Gaza and its healthcare system. Every time the hospital is targeted, casualties and destruction of infrastructure are left behind.

We demand the release of our medical teams detained during the recent incursion on Kamal Adwan Hospital.

11:07 p.m.: This attack is considered the second one in 24 hours. At least three bombs were dropped. One at the entrance to the reception and emergency wing. Doctors Nihad and Abu Omar Al-Hawajri from Kamal Adwan hospital were injured. Abu Omar died inside while attending. Dr. Saeed Judah was also hit. The intention here is clear. There is clear and deliberate targeting of the health system in the northern Gaza Strip. We don't know what they want from a hospital that provides humanitarian and health services to the needy.

On November 23, Dr. Abu Safiyeh was wounded in an Israeli quadcopter attack while leaving the operating room. The injury to his upper thigh was extensive, with vascular damage and significant blood loss.

That same night, the Occupation targeted his daughter. She too was seriously injured, but survived.

November 24

This will not stop us. I was injured at my workplace, and that is an honor. My blood is no more precious than that of my colleagues or the people we serve. I will return to my patients as soon as I recover.

December 1

Yesterday five houses were bombed. More than 200 people inside, including children and women. Only three survived. The rest are trapped under the rubble. They were calling for help, but anyone who tried to assist was also bombed. Sadly, the cries for help have vanished, and they were killed. This is a truly heartbreaking event that brings tears to my eyes. When I imagine this scene happening to my own family — what would I have done?

This scene has become a daily reality, and no one is held accountable. Yesterday around 200 people were martyred. Sadly we have become mere numbers to the world.

December 8

Indiscriminate shelling is preventing us from repairing the oxygen, electricity, and water networks. Bombardment and gunfire have not ceased. Planes are dropping bombs around the clock.

A short while ago, the martyrdom of Dr. Saeed Jouda was announced.

December 14

It was another difficult night. The use of exploding robots is new to us, and

they are getting closer to the hospital every day. Three explosive robots detonated yesterday, breaking the doors and windows of patient rooms. The sound was terrifying. This has become a daily routine.

December 18

Yesterday marked one of the most challenging, one of the darkest, bloodiest days at Kamal Adwan Hospital. Fighter jets targeted the hospital and buildings in the vicinity. One of these buildings housed civilians seeking shelter, and people went out engulfed in flames, some tragically losing their lives. Eight martyrs. Children trapped beneath the charred debris.

The situation became dire when, with no warning, bulldozers and tanks entered the area, firing directly at the hospital from all directions. The ICU on the west wing was directly hit. We managed to miraculously evacuate oxygen cylinders. The isolation wing was completely burnt by flames. Praise Allah that we were able to use blankets and our hands to put out flames, as we've exhausted all of our fire extinguishers.

The scene inside the ICU resembled a war zone.

Ours is the only ICU in the north. Gunfire has not ceased around the hospital. There is incessant sniping and shelling activity.

Our hospital appears to be under constant threat, and its walls are riddled with bullets and shells, making it resemble a military target. It is a small and simple hospital providing humani-

tarian services.

Nine days after this last message from Dr. Abu Safiya, two members of Doctors Against Genocide and Healthcare Workers for Palestine received the following message from Waleed Al-Bud-di, a nurse at Kamal Adwan Hospital.

December 27

We are inside the hospital. We have been asked to go down into the courtyard. We wish everyone safety, and if we are fated to, we will return to you and speak to you in better times. Forgive us for our shortcomings.

The same day, December 27, Zionist soldiers kidnapped Abu Safiya along with other members of the staff of Kamal Adwan. Some reports say there were dozens of abductions. Other reports say hundreds.

On January 3, the Occupation admitted to detaining Abu Safiya, contradicting an earlier statement in which the IOF claimed to be unaware of his case. The occupation further claimed that Abu Safiya is suspected of being a "terrorist" and of "holding a rank" in Hamas. On January 4, the Occupation extended his so-called "detention" until February 13.

Abu Safiya's whereabouts were unknown until recently-released prisoners from Sde Teiman confirmed his arrival at the Zionist black site in the Naqab ("Negev") desert. Soon thereafter, the Palestinian human rights monitor Al-Mezan reported that he had been transferred to Ofer Prison in the West Bank.

On January 7, Abu Safiya's mother



REACHING THE WORLD: Dr. Abu Safiya's abduction was captured on video by Mahanned Al-Maqayed, a photographer from Jabalia. For many, the still on the left — extracted from Al-Maqayed's video and widely circulated online — is an image of impossible bravery, defiance, and heroism. For Al-Maqayed, these images hold a more somber resonance. After taking the video, he says, he and his companions "prayed to God that we could reach a safe area, or that we could remain alive so that we could share that painful image." Warplanes hovered above, waiting to strike at the sight of any movement outside Kamal Adwan. "With thanks to God," he says, "we were patient and resilient, strong through His contentment."

Al-Maqayed, whose photography can be seen on his Instagram page (@muhammed_almuqayed), says he hoped the video he took would reach the world. Still, he was surprised by how widely the image spread. "It has been as if we, as journalists, are wandering aimlessly through graves," he says. "The world is asleep, nobody is paying attention to us."

Dr. Abu Safiya, says Al-Maqayed, "was like a father, a friend, and a physician" — all in one — "to his patients at Kamal Adwan."

Suhaib

By
HOSAM HAMOUDA

December 15, 2023: The day an airstrike tore through a building in Jabalia camp. Casualties began to pour into the emergency room, each bearing deep wounds; some needed immediate surgery, while others had already passed. After over a year of ongoing devastation, it remains one of the most painful days I have lived as a Gazan and as a physician.

A small baby, not even ten months old, caught my attention — a fragile flower in the storm. I heard my colleague say "he's gone," but something inside me insisted he was still alive. I rushed to him, began resuscitation, and checked his airway. My intuition was right. Despite the blood and wreckage around him, he was still alive.

I learned his name:

Suhaib Abu Jalala.

A CT scan of his brain revealed a shocking discovery: severe, life-threatening bleeding. He needed immediate surgery, but the lack of an available operating room almost sealed his fate. Dr. Ayash Abu Warda, our only neurosurgery consultant, insisted on intervening. The surgery took seven hours, accompanied by whispered prayers and words of determination. We confronted the dismal success rate of only three percent. By God's graces, the surgery succeeded.

It was essential to transfer Suhaib to the intensive care unit, but the director refused to admit him, citing the lack of beds along with his belief that Suhaib's condition was "hopeless." We insisted, and we convinced them to accept him. With the first rays of dawn came the unexpected news: "Suhaib has woken up, breathing normally!" It was a rare moment of triumph amidst the devastation and death. I told his mother, barely able to hold back tears of joy, "Thank God, he survived!!"

Two days later, Suhaib was discharged from the hospital and returned to his grandfather's home and to his family's embrace. But joy was short-



Still from Mamoun Hassan's *Some of the Palestinians* (1976), a documentary showing life in a refugee camp through a physician's eyes.

lived. That same night an airstrike bombed his grandfather's home, destroying everything. Suhaib was taken from his mother's arms forever, and she, too, was martyred in the air strike. They were pulled from under the rubble as lifeless bodies, leaving behind the echo of a laugh that could never be forgotten and the memory of a hope unfulfilled.

May they rest in peace, their souls departing in quiet.

Dr. Hosam Hamouda is a general surgeon at Indonesian Hospital in northern Gaza. His personal fundraiser can be found at tinyurl.com/drhosam.



Cont'd from Page 1

At least four healthcare workers have been martyred while in Zionist prison: Dr. Adnan Al-Bursh, head of Orthopedic Surgery at Al-Shifa Hospital; Dr. Iyad Al-Rantisi, head of Obstetrics and Gynecology at Kamal Adwan Hospital; paramedic Hamdan Ennaba; and Dr. Ziad Al-Dalou, Chief Nurse at Al-Shifa.

After months of detention, Dr. Al-Bursh was last seen dumped in the prison yard, naked from the waist down, bleeding and unable to stand; fellow prisoners collected him, and he died moments later. His final tweet read,

"We die standing and will not kneel... as I said, nothing remains in the valley but its stones... and we are its stones."

The bodies of all four martyrs continue to be held hostage by "Israel."

For those released from Zionist detention, the work continues. In an interview following his release, Dr. Issam Abu Ajwa, a surgeon at Al Shifa, is seen smiling in the operating room to which he's returned, even as he recounts a litany of abuses. His testimony is brutally underscored by his appearance: After 200 days in detention at Sde Teiman, he is 81 pounds thinner.

"When one of the interrogators learned that I was a surgeon, he said he wouldn't let me out without ruining my hands," Abu Ajwa told the press.

"I am accused of being a Palestinian doctor."

On the charge of keeping their people alive, the healthcare workers of Gaza are indeed, irredeemably guilty. They are the last bulwark against the genocidal project. They are the final line of defense against a terrorist settler-colonial state. And they continue to see their duties through.

Dr. Mohammed Abu Salmiya, Al-Shifa's medical director, was arrested and detained during the siege of Al-Shifa in November 2023, the first of many IOF raids of Gaza's hospitals. He was released seven months later. Within hours, he was back at work at Nasser Hospital, announcing in a press conference, "We will rebuild Gaza, and we will restore Al-Shifa."

In September 2024, five months after Occupation forces left it charred, the Al-Shifa Hospital emergency department re-opened its doors.

Healthcare Workers Watch is a Palestinian non-governmental organization. Reports cited in this article can be found at healthcareworkerswatch.org.

Ghassan Abu Sittah Looks to the Future

By
PLESTIA ALAQAD

For more than fifteen months now, Palestinians in Gaza have seen all types of death. What makes it even worse is the fact that Israel is targeting healthcare, by bombing hospitals and targeting doctors. So, chances are you'll get injured and not even find a hospital to treat you.

To better understand the depth of this crisis, I spoke with Dr. Ghassan Abu Sittah, a British-Palestinian plastic and reconstructive surgeon who has been at the forefront of medical efforts in Gaza and Lebanon.

The Reality of Healthcare in Gaza

Dr. Abu Sittah, known for his expertise in conflict medicine, spent 43 days performing non-stop surgeries in Gaza's hospitals during the genocide. His experience paints a grim picture of a healthcare system on the brink of collapse, struggling against overwhelming odds.

Dr. Abu Sittah is a renowned plastic and reconstructive surgeon with extensive experience in conflict medicine. He has worked in various war-torn countries, including Iraq, Syria, and Lebanon. His expertise in treating complex injuries sustained in conflict zones has made him a valuable asset in crises.

For me, it was always beyond impressive how Dr. Abu Sittah knows how to take care of himself and his patients while making the time to talk to the press and to update his family that he is still alive.

Born to Palestinian parents, Dr. Abu Sittah grew up in Kuwait and later moved to the UK for his medical education. He completed his training in plastic surgery at various prestigious institutions in the UK and has since dedicated much of his career to providing medical care in conflict zones.

Dr. Abu Sittah's work extends beyond the operating room. He is also a vocal advocate for human rights and has been instrumental in documenting and reporting on the medical consequences of conflicts. His unique perspective as a medical professional and a Palestinian has made him a powerful voice in raising awareness about healthcare in Gaza and the broader region, especially in a time when few international doctors were allowed in.

Dr. Abu Sittah is more than just a doctor; he is a compassionate human who sees patients as individuals. He is unique in his approach, knowing the name of every patient he treats. From complex amputations to anxiety-related skin conditions, he takes each case seriously and offers comprehensive care and support.

During his time in Gaza, Dr. Abu Sittah witnessed firsthand the devastating impact of the genocide. "The war has destroyed the health system," he said.

The scale of destruction is staggering. According to the World Health Organization, only 16 out of 36 hospitals in Gaza remained partially functional by early December 2024, and over 1,000 healthcare workers had been killed. The systematic targeting of healthcare infrastructure has left Gaza's medical system in tatters, struggling to cope with an overwhelming influx of patients.

Healthcare in Gaza cannot coexist with a genocidal project

When asked about particularly challenging cases he encountered, Dr. Abu Sittah's response is deeply poignant. "So it's really about the normal. The normal is more upsetting than the abnormal," he explains. "It's the life of the child, the remnants of the life of the child before they were injured. It's that thing that reminds you that this was someone's baby. It is the most difficult thing."

Besides being a well-known plastic and reconstructive surgeon, Dr. Abu Sittah played a vital role in humanizing Palestinians on the world stage. He did endless press work and held many press conferences to remind the world that this is not a random injured person. This is a human with a story. And that kids are paying the highest price in this genocide.

From Gaza to Lebanon

After being forcibly displaced out of Gaza, Dr. Abu Sittah continued his mission in Lebanon, where he observed similar patterns of Israeli attacks on ambulances, hospitals, and healthcare workers. "I believe the war in Lebanon is a continuation of the war on Gaza," he says. "This genocidal project aims at redrawing the map of the region."



He sees alarming parallels between the situations in Gaza and Lebanon, noting, "We saw in Lebanon how the Gaza template became a central doctrine of the Israeli war effort. The destruction of the health system now plays a primary role in the way Israel conducts military campaigns. And we saw that being replicated in Lebanon as we are seeing it in Gaza every day."

Dr. Abu Sittah's observations extend beyond Gaza and Lebanon. He points out, "What we have recently seen in the occupation of Syria and the occupation of 40% of Syria and Jordan's water resources is proof that this is the genocide and the brutality of it was part and parcel of a much bigger project to alter the map of the region and to create ethnically cleansed buffer zones around Israel that are ethnically cleansed either through expulsion or through genocide."

Looking to the future, Dr. Abu Sittah stresses the monumental task of rebuilding Gaza's public health infrastructure. When asked how medical professionals worldwide can contribute to improving healthcare in Gaza, his answer is simple: "I think healthcare in Gaza cannot coexist with a genocidal project."

He calls for medical institutions and organizations globally to amplify the voices of witnesses and medical staff who have witnessed the genocide. However, he notes that "what we are getting is the exact opposite. There is a campaign of silencing and intimidation and criminalization of medical voices that speak up against the genocide. People have had

alth and psychosocial support.

Despite the ceasefire and plans for recovery, the challenges ahead are immense. The WHO reports that more than 46,000 people have been killed and over 110,000 have been injured, with the real figures likely much higher. Speaking for myself, I believe the Ministry of Health workers responsible for counting deaths in Gaza got killed. So who actually knows how many martyrs there are?

An estimated 25% of those injured – around 30,000 people – face life-changing injuries and will need ongoing rehabilitation. Specialized healthcare is largely unavailable, and medical evacuations abroad are extremely slow.

Addressing the massive needs and restoring the health system will be an extremely complex and challenging task, given the scale of destruction, operational complexity, and constraints involved.

Personally, I see the story of Gaza's healthcare system as one of resilience in the face of unimaginable adversity, but also a stark reminder of the human cost of war. Dr. Abu Sittah's experiences and insights provide a powerful testimony to the challenges (which is an understatement to even use this word) faced by medical professionals in war zones and the urgent need for global action to support and rebuild healthcare systems devastated by war.

As Gaza looks towards healing, the international medical community must rally to support its colleagues in the region, not just with material aid, but by amplifying their voices and standing against the silencing of those who speak out against human rights violations. The road ahead is long, but with concerted effort and global support, there is hope for the revival of Gaza's healthcare system and the healing of its people.

Dr. Abu Sittah's final words to me serve as both a call to action and a kind reminder: Israel wants to make Gaza unlivable. In the face of such evil, the global medical community must stand united in support of their colleagues in Gaza and work tirelessly to rebuild a healthcare system capable of serving all who need it.

Whenever you lose hope, just remember that we live in a world where Dr. Abu Sittah exists in it.

Plestia Alaqad is a Palestinian journalist from Gaza. Her first book, *The Eyes of Gaza*, is available for preorder.

Breastfeeding: A Lifeline in the Genocide

By
SALMA JAMEEL

As told to HEALTHCARE WORKERS FOR PALESTINE

Palestinian mothers embody resilience. They defy all odds and make immeasurable sacrifices to bring children into the world and nurture them. In this time of genocide, breastfeeding in Gaza is not just a means of providing nutrition; it is resistance against a manufactured famine.

In October, the UN estimated that 1.84 million people in Gaza were experiencing "extremely critical" levels of hunger. Infants and young children are among the most vulnerable to conditions of famine, with 60,000 cases of acute malnutrition expected to occur among children over six months and under five years old between September 2024 and August 2025. Malnutrition exacerbates the risk of death from conditions such as hypothermia, which has killed at least eight infants in Gaza in recent weeks.

According to the World Health Organization, breastfeeding is "one of the most effective ways to ensure child health and survival." Within Gaza, local healthcare workers and international allies have worked to support breastfeeding mothers.

Recently, Healthcare Workers for Palestine spoke to a new mother in Gaza, Salma Jameel. In October 2023, Jameel was working as a lecturer in the Information Technology Department at the Islamic University of Gaza while writing her master's thesis. She was also two months pregnant. What follows is her account of first-time motherhood and breastfeeding.



SALMA JAMEEL

region and serves over 300,000 mothers. This resulted in long waiting times to see a specialist in the available clinics. Additionally, most private clinics were closed due to lack of electricity.

The lack of electricity and internet also made it difficult for me to communicate with family for advice and receive solutions to the problems I faced during the pregnancy. I suffered from malnutrition, as the markets lacked foods rich in vitamins and protein, not to mention prenatal vitamins essential for every pregnant or breastfeeding mother. When they were available, the prices were exorbitant.

My expected delivery date was between the 20th and 25th of May. However, the direct shelling of my sister's house terrified me to the point that it induced labor and I gave birth two weeks early. The delivery was not easy, as I could hear the cries of families mourning their loved ones while I was in labor. I wondered if I would hold my baby after all this suffering, or if we would become mere numbers.

On May 6, 2024, after eight months of pregnancy during the war, my first child Bayan was born. It felt like I was in a dream: I could hardly grapple with the fact that I had managed to give birth under such circumstances and that my baby girl was by my side, healthy and well. I distinctly remember the voice of the midwife in the maternity ward saying, "Salma Ziada's daughter has been born, weighing three kilograms."

It is well-known in our culture that a mother's nutrition after birth should be prioritized, with hearty meals prepared by family and friends who visit her during the first weeks after delivery. I didn't have any of this. My family members were displaced, each of them in a different location. Besides, the markets were often completely devoid of any kind of meat or eggs. The first meal I ate after giving birth was a plate of spaghetti that my sister prepared.

I began breastfeeding Bayan from the very first day. Because I breastfeed her exclusively, she is in good health, and all her development is progressing normally for her age. Bayan is vibrant and active. Her weight and height are increasing healthily and naturally, in line with growth charts.

The initial drive to breastfeed my baby stemmed from yearning for a feeling of safety during the difficult times we were living through. I felt this profoundly when my baby was feeding on my milk, and I did not have any sense of comfort unless she was in my arms.

As a new mother, I had no prior knowledge of the importance of breastfeeding. The only exposure I had to such information was a few posters in the Al-Nuseirat Clinic run by UNRWA, which I stumbled upon by chance. I received no support or guidance on breastfeeding directly after delivery. I began breastfeeding Bayan immediately by following maternal instincts.

Breastfeeding was not easy. In the early days, I suffered from severe inflammation and cracked nipples due to poor latching. I sought treatment from a gynecologist, who encouraged me to

continue breastfeeding throughout the treatment period.

Late-night hours were especially hard. I would be overwhelmed by fear and anxiety from the sounds of nearby shelling and explosions as I woke up to feed my baby. During these times, I often resorted to giving her formula milk, which we obtained with great difficulty.

I began to feel an emotional distance from my baby growing each time I gave her formula. This feeling deepened when she became ill during one of the times we had to flee our home, when she was three weeks old. My husband and I rushed her to a pediatrician, who prescribed only one solution for her recovery: exclusive breastfeeding.

A doctor in a breastfeeding support team took my hand and provided me with comprehensive awareness about the best food and medicine for the child, which is breast milk. Breast milk is not contaminated and does not need to be sterilized every time we breastfeed. It is the best protection for the child in the days that are free of war – how much more so in our current situation!

The doctor helped me improve my baby's latch and reassuring me that my milk was sufficient to meet all my baby's nutritional needs, even if my diet was inadequate. She frequently called me to provide emotional support, reminding me that I wasn't alone in the journey of natural breastfeeding. She also connected me to a breastfeeding specialist who worked with me day and night to improve latching, increase my milk supply, and gradually reduce formula milk. In just one week I started breastfeeding my baby exclusively.

Alongside the support of Bayan's doctors and the breastfeeding specialist was the continuous support of my husband, who in these extraordinary circumstances prepared all the conditions needed to help me sustain breastfeeding. He would wake up with me at night to support me and ensure that Bayan was breastfeeding well.

After I managed to breastfeed my baby and gained confidence, I began to feel its benefits, like how she would fall asleep in my arms after holding my hand and stroking my face while nursing. I felt like a "Super Mama" when Bayan fell ill – my milk was her cure each time, sparing me the need to travel long distances to health centers.

Bayan is now eight months old, and I am still breastfeeding her. My body continues to produce milk that meets her needs at different stages of her growth, alongside supplementary foods.

From my experience, mental well-being is essential for milk production. There's no doubt that if the situation in Gaza were stable, the breastfeeding journey would be much easier. With mental and physical peace of mind, I would be calmer, more settled, and able to enjoy more positive emotions. But here in Gaza, the conditions are rarely free of anxiety, tension, and fear. We know our circumstances are tough, but we also know we can overcome these challenges, because we are exceptional mothers.

To our readers,

Many people labor to create, produce, and distribute the free newspaper you hold in your hands. None of us do so for profit. As a matter of policy, the only contributors we pay are those reporting firsthand on the U.S.-backed Israeli war on Palestine and Lebanon. All the paid contributors in this issue are in or from Gaza.

We are asking you, too, to give what you can. Reading through this issue, you will find opportunities to support the resilience, steadfastness, and self-determination of the Palestinian people by donating to the aid initiatives 'advertised' throughout (look for QR codes) or fundraisers for individual contributors (look for URLs at the end of bylined pieces).

*With love and until liberation,
The New York War Crimes editorial collective*

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Oath of Mental Healthcare Workers for Liberation

SAMAH JABR

In the spirit of justice and freedom, I take this oath as a mental health professional and a doctor.

I vow to stand firmly against all forms of colonialism, racism, oppression, and exploitation, recognizing that my role is not merely to treat symptoms, but to challenge the systems that dehumanize and subjugate.

I will never be complicit in or silent about acts of torture, and I will expose all forms of oppression and injustice.

I will hold sacred the dignity, culture, and history of every individual and community I serve, striving to heal the wounds inflicted by oppression and supporting the reclaiming of identity and agency that colonialism seeks to erase.

I will listen with deep respect to those who have been silenced, ensuring that their voices guide my actions and decisions.

I will amplify their calls for justice, standing beside them in solidarity. I will foster the collective healing of traumatized communities, understanding that true restoration requires the mending of both the personal and the social fabric.

I will advocate for justice and work to transform the conditions that perpetuate suffering and despair.

I will honor the courage and resilience of those who resist oppression, recognizing their struggle as a vital and healthy response to injustice.

I will reject any attempt to pathologize their resistance, upholding their right to fight for their freedom and dignity.

I will conduct myself with humility and a commitment to unlearning biases and assumptions that may cloud my professional judgement.

I will seek wisdom from those who have endured the weight of colonialism and oppression, allowing their experiences to shape my practice.

I will learn from the experiences of liberated peoples and continue to develop my knowledge and expertise in serving the causes of justice and liberation.

In all these endeavors, I will not use my profession as a tool of control, but as an instrument of liberation and healing.

I will dedicate myself to the pursuit of justice, freedom, and dignity for all until the chains of oppression are broken and every human being can live with honor and peace.

Thus, I commit to uphold this oath with unwavering resolve throughout my professional journey, wielding my strength and passion to forge a more just and humane world. This is my promise, my invocation of liberation.

Dr. Samah Jabr is a Palestinian psychiatrist and psychotherapist. She serves as head of the Mental Health Unit at the Palestinian Ministry of Health in Ramallah and teaches clinical psychology at George Washington University. Jabr wrote this oath to help her Western colleagues commit to liberation for the world's oppressed peoples. Ahead of World Mental Health Day — October 10, 2024 — she posted a recording of the oath to her Instagram page (@jabrsamah).



Physiotherapists in Gaza aid an injured Palestinian child during the Great March of Return. Julio Etchart / Medical Aid for Palestinians

INTERVIEW WITH AN OCCUPATIONAL THERAPIST

'The catastrophe is so much bigger than what you see'

The mass disabling of Palestinians is a longstanding cornerstone of Israel's settler-colonial mandate. From Yitzhak Rabin's decree to "break their legs" during the First Intifada to the Zionist snipers' boasts of shooting "42 knees in one day" during the Great March of Return, the Occupation has repeatedly deployed what the scholar Jasbir Puar calls the "right to maim." As the disabled writer Lynsay Hodges, drawing on Puar's scholarship, recently put it, "Israel, in its maiming, is attempting to destroy the morale of the Palestinian people and render them too debilitated to fight back. It is that simple."

Before the present iteration of the U.S.-backed Israeli war on Gaza, there were an estimated 58,000 disabled people living in the Strip. Palestinians with disabilities are particularly vulnerable to the conditions of siege and blockade imposed by the Zionist entity since 2006, and to the constant bombardment and displacement that has made life in Gaza hell since October 2023. Today, Gaza has the largest population of child amputees in the world.

Samy, an occupational therapist in Gaza who helps the wounded, disabled, and debilitated return to daily life, spoke to The New York War Crimes about the necessity and difficulty of his work.

Tell us about the kind of work you did before October 7, 2023.

Samy: I worked in a hospital in Gaza, in the north. The nature of my work is very much clinical, alongside training staff, students, and new graduates. My program was always very busy. I was seeing, daily, between 15 and 25 patients. I was doing patient assessments, counseling, training parents on how to handle their children's conditions before discharge.

We worked to serve our people, to help them improve their health to be a part of their communities and their societies. We developed new services that were not just a part of the local health system, but actually a part of the global

health system. We worked constantly with the intention that whatever the best treatments were offered internationally, we wanted them offered in the Gaza Strip.

What can they do with ten beds? The need is a thousand times that.

What has changed since?

Samy: Like all the other staff, I was forcibly displaced. My connection to my hospital was cut off, which is still a problem. Now, the question of where someone could offer help or treatment isn't just difficult, it's impossible. We can't provide, now, a continuous service in any place. But even still, I made sure I had a role, even if it was voluntary.

I was a volunteer at a government hospital and saw cases there, but when Occupation forces invaded the area, the patients and I were forced to evacuate to a far-away location. At the shelter, I encountered some of the same patients I was seeing before and continued caring for them there. But then we had to evacuate again when the Occupation attacked that area. These frequent service interruptions mean we can neither communicate with patients nor provide adequate service. But ultimately, it's my duty, and I do as much as I can and as much as the circumstances allow for.

It's not easy. We're not talking about one or two days, we have been through fifteen months and we have not taken a day off, I'll tell you we haven't even taken an hour off. It's fifteen months of being hunted. It's hunger, poverty, insecurity, a lack of food, a lack of fuel, a lack of medicine, a lack of every single thing. It's a life of lack, and we try to be steadfast in this life of lack. And I

expect we're going to end up in a very big crisis.

The sheer number of patients seen everyday must be something you've never experienced.

Samy: Worse than that, you might be working and suddenly find your father, your brother, your mother, your wife have come in among the people who have been wounded or even martyred. Or someone else might come to you and say that someone among the wounded has a last name similar to yours. And we're not talking about one or two or even ten cases. We're talking about hundreds of these.

Tomorrow you'll hear that doctors, nurses, medical staff have become schizophrenic and mentally ill. We'll hear about cases of suicide. Really, I mean things are now hidden, but a little further down the line, it will show. Okay, the war will end, but then we'll have to look at ourselves. We'll have to look at what happened to us, at where we are, at what we need to do.

How have you adjusted to these conditions?

Samy: I remember I had a patient who had a stroke. This was someone who should have been in a rehabilitation hospital, but they are all out of commission, so I followed up with him at home. And recently, two new hospitals started operating, and each hospital is occupied with, I believe, either seven or ten beds, and these beds are exclusive for casualties of the war.

And so, for someone who is faced with something that came from our Lord, like a stroke or cancer, where should he go? Should he go wound himself, or go to the Zionists so he can get a war injury so he can be treated? And what can they do with ten beds? The need is a thousand times that. I called my colleagues at the hospital and tried to get him admitted, but they said, "We don't have the space." And he hasn't been treated and is suffering from complications. Pains in his

joints, calcification in his larger joints, like his hips. His psychological wellbeing is collapsing. He would cry and cry, over anything he would cry.

I remember I saw him about a week before I stopped following up with him, and he was refusing to eat or drink. And I tried to explain that he should cooperate with the treatment, and that he would only hurt himself more, but how much of a difference does that make? Not much. Really, he needed resources that were only available in a rehabilitation hospital, a parallel bar or a floor bike. Just because it's war doesn't mean that there are no longer blood clots, or strokes, or tumors, or cancers, or flus, or intestinal infections. No, it's all there.

What kind of support do you need from the international community? Have any organizations helped you in your work?

Samy: I need to be honest with you. All the organizations are being fought. From the top of the pyramid to the smallest one, they have been accused of terrorism, of anti-semitism, they have been hit with every possible accusation. They've been targeted and assassinated. The only solution, and I'm speaking to the whole world, is for the United States to stop the killing. We are being killed with American weapons. Let's not laugh at ourselves and say UNRWA, or Doctors Without Borders, or the World Central Kitchen, or I don't know who else ... No, may God give them well-being, but they are, in the end, organizations without power.

The change must come from the American people. The will of the United States must change, the direction of its compass must shift, or, believe me, the entire world will burn because of it.

This interview was conducted in Arabic and translated into English by members of the New York War Crimes editorial collective.

"Samy" is a pseudonym chosen by the subject for his protection.



A BATTLE OF PATIENCE: Hamada El Kept is a visual artist from Gaza. In "I'm Still Here" (2024), El Kept depicts the mental and physical effects of occupation. "This small spot of land, surrounded on all sides, has remained resisting alone," he says, "and this is what prompted the Palestinians to make their battle a battle of patience in which Gaza won. The original owners of the land never surrender, and this land will remain Palestinian from the river to the sea. Simply ask the olive tree and it will tell you the story." Illustrations by El Kept also appear on pages 10 and 15. His personal fundraiser can be found on his Instagram page: @hamadaelkept.

PLEASE GIVE TO Prosthetics for Palestine

Supporting the amputee population in Gaza by sourcing existing prosthetics for donation and designing new ones

Prosthetics for Palestine is a volunteer-led initiative. Our goal is to work collaboratively to source and build sustainable prosthetics.
prostheticsforpalestine.org





In October, the Israeli Occupation Forces bombed a makeshift displacement camp in the courtyard of Al-Aqsa Hospital, causing a fire that took the lives of five martyrs. *Abdel Kareem Hana / AP*

'I am a ghost of that person'

A memory of the Al-Aqsa Hospital courtyard bombing

By
ALI TAWIL

It was the morning of October 13, 2024, and I was about to start another 24-hour shift at Al-Aqsa Hospital in Deir Al-Balah. I felt my heart pounding, as if something was going to happen. I didn't know if it was just a passing feeling, or the kind of intuition that comes with a year of this infernal war.

This is how my shift began, weighed down with the worries and tragedies of the world, afraid for myself and of myself. I am the ghost of that person that I lost with the passing of days and months in this holocaust, because, above all else and after all else, I am one of the sons of this people living through the genocide, with all its details, stories, tragedies, madness, cruelty, oppression, and tyranny. I try to extract strength from the pain so that I can storm the field of death mixed with hope — this battleground where sometimes, in the same moment, I save one life while suffering from the loss of another.

We wage a fierce war against fate, striving, despite the size of the pain within us, to help our people, those who are tormented by the memory of what our land once was and assaulted by those who seek to possess it.

And on the margins of our distorted memory, we try to write a line of humor here and there with our colleagues. Perhaps we can reacquire ourselves with how it feels to be human. Perhaps we can catch a flicker in the lonely darkness. Perhaps we can regain a glimmer from the memory of violets, or retrieve a dream lost in the endless catacombs of death.

I turn to the clock to discover that its hand is spinning with the heaviness of depression. The wall around it, with its worn-out, dilapidated green color, doubles the weariness. The clock strikes 3 a.m.

Suddenly, an explosion uproots my heart from its place. My ear is ringing. I touch my head and body and move my limbs to know I am still alive. Then, I turn to check on those around me to find pale faces, astonished eyes, and tongues in a unified voice saying: "Where is it? Where?"

Everyone runs toward the nearest window or balcony overlooking the hospital yard, anxious to know where the strike landed, trying to see. And seeing — an indescribable scene, much uglier than you can imagine, resembling the Resurrection. In the hospital courtyard, a yellow beam of fire has illuminated the darkness, smoke rising from the flying flames. Men wandering and

screaming, women and children running, some seeking rescue, some trying to put out the fires, some fleeing in fear and panic, and another taking pictures that will never capture the real picture we see here.

With all this hysteria, I am scattered inside, wondering how I will face this unreality. I try to save what can be saved in the shadow of hell, so I pour salt on my wounds to heal the wounds of others. As a doctor in Gaza, you have to be the strongest defense against the Zionist treacher machine, the first to arrive at the shattering. You have to rearrange the barricades, and rearrange the lost identity in that face that was disfigured by the fires of darkness.

And after all that, you remain alone, living your tragedy by yourself, unheard by anyone. You unite with the silence and intertwine with the fragility of time's decay to say: "I was here one day — will I be here tomorrow to reclaim our first dance and rewrite the story from the beginning?"

Dr. Ali Tawil is a general practitioner at Al-Aqsa Martyrs Hospital in Deir Al-Balah, central Gaza. His personal fundraiser can be found at tinyurl.com/drtawil.

An earlier version of this piece was posted by Dr. Tawil to Twitter on October 24, 2024.

God's Work

Becoming a doctor without a degree in a war without pause



By
ALI MAALI AL-TURK

I was at the hospital when we received the news that the Amal Hotel area had been bombed, and I thought to myself, "Could there be someone I know there?" No one came to mind. Then I thought of it as just another piece of news, like all the other reports we had grown used to hearing, of another place being bombed.

My job changed according to what was needed. Sometimes, I would accompany the ambulances to the bombing sites, and other times, I would stay at the hospital to receive the wounded and the martyrs. When the patients were brought in, I would stand by them, offering comfort until their families arrived. But in many cases, the injured weren't easy to identify, or their families would still be on their way to the hospital, so I would have to write "unknown" on their medical records.

The first patient I received from the ambulance was a young man. He was about my size, probably about my age. His face was all blood. His body was shattered. His leg was broken, his thigh was cut in half, and I could see his flesh and bones. The sight was extremely terrifying and his condition worse than anything I had ever seen.

What was he feeling? What if I were in his place? Hurriedly, I brought him

into the hospital, looking for an empty bed. Sometimes, there was no choice but to lay the injured on the floor.

Alhamdulillah. We found a bed and placed the young man on it. He was alone, with no family or friends by his side. I wrote "unknown" on his chest because there was no one to identify him. The doctors arrived, and we quickly began cutting off his clothes to assess the wound and stop the bleeding. I found a wallet and thought it might contain an ID, so I opened it to check his name.

Hussam Hasouna. I couldn't believe my eyes. Time stood still. "Impossible! Hussam is my friend!" I took a piece of cloth and gently wiped his face. As soon as his face started to appear, my heart screamed in pain, as if I had died a million times over. I ran to the doctor and said, "Please, this is my friend, save him!"

The doctors acted swiftly and prepared him for emergency surgery. The operation lasted for seven or eight hours. Hussam had chronic diabetes, and he was bleeding heavily.

Hussam's mother arrived at the hospital. She was like my own mother, and her pain was indescribable. Her husband had been martyred in front of her, and Hussam was all she had left. I stood by her, trying to soothe her, but I was crying out for someone to comfort me.

Since the war started, I had been trying to act as if my emotions didn't exist, as if pain had no place in my heart. But when I saw my friend struggling to stay alive, I couldn't keep pretending to be strong. It's impossible to truly understand the pain of losing someone unless you experience it yourself.

Every decision
I made was
literally tied to
someone's life

Alhamdulillah. Hussam made it out of surgery and his condition was gradually stabilizing. It was evident, however, that diabetes was leading to more complications.

I visited him every day because I needed to see him with my own eyes and to know that he was still there. The minute I walked into the room and saw him on his bed, I felt incredibly at ease.

His presence, regardless of his weakness, gave me strength and comfort.

My Days with Hussam

I spent hours sitting next to him, talking about anything to forget the war and the hospital for a moment, as if we were in our own world, far from the destruction surrounding us. We reminisced about our childhood and the plans we wanted to achieve before the war stole everything from us.

Or I would go to Hussam and share everything I had seen and experienced after a long work day. He always listened attentively, as if he were the only one who could understand me. I confided in him about my fears for my family, the constant anxiety I felt, and the details of my day, which were always stressful. It was the only place where I could express everything inside me, a refuge where I could find comfort for a few minutes.

Hussam didn't know that his father had been martyred. Every day, he would ask me, "How is my father? Have you seen him?" I would tell him, "Hussam, your father is fine, but he's not in the building you're in; he's in another building." I felt like the truth was a sharp knife, and I couldn't face him with it while he was so vulnerable. I was terrified for him. I feared that if he knew the truth, the wounds in his heart would become deeper than those on his body. Every day I would wonder, "How much longer can I keep lying?" But each time I saw his weary face, waiting for me to offer some comforting words, I knew it was not the right moment.

Then one day Hussam said, "Ali, I know my father has been martyred."

I froze in place; I was unable to say a word. He continued, "I saw him in my dream, and I know he's not here with us anymore. I was waiting for you to tell me the truth, but I already know."

During those days, there was a lot going on around us, and the war was not giving us a moment to catch our breath. The explosions never stopped. The hospital was in chaos, and food and medicine were running out. All the shops were closed, and the lines in front of the bakeries were ridiculously long. Our fear for our families grew each day, as if there was no safety in this world.

I went from being just a paramedic or the person who greeted people at the hospital entrance to being someone they called "Doctor."

Yes, Doctor Ali.

This transformation was significant. It was more than just a change in duties; it was a shift in responsibility. Every decision I made was literally tied to someone's life. I would think, "Am I really ready for this?" But in the midst of war, there was no time for reflection or doubt.

It was time to act.

Suturing

How did I gather the courage to place my first stitch when I didn't have a degree and wasn't sure if what I was doing was right? Could I harm the patient? Was this even treatment?

I would watch the doctors as they sutured wounds. I would approach anyone with more experience than me and ask, "How do you do this? What's the reason behind that?" Every time I saw a new doctor, I would think, "Maybe this one knows more; let me go ask him."

One day, I received my first real suturing case. Dr. Mohammed, who was always with me, said, "This case is simple; it's a chance for you to learn. I will be by your side every step of the way."

The patient was a woman, injured with shrapnel in her back. The doctor removed all the shrapnel, but the wounds needed suturing. It was my first time holding the needle and thread, my first time facing a bigger responsibility than simple first aid. The patient was now in my hands, and I was caught between fear and desire; my fear was not of the wound itself but of failure, of making a mistake. Yet, there was a voice inside me saying, "You have to try... You have to learn."

When I started suturing, time felt slower than usual. I started to pierce the skin with the needle, trying to repeat every move that I saw Dr. Mohammed make before. I observed every step and tried to execute it with precision. Dr. Mohammed was watching me closely, encouraging me, saying, "Good, excellent, keep going."

With each suture, the weight on my shoulders got a little lighter. By the time I finished the last suture, I felt as though I was reborn. I pulled the thread, looking at Dr. Mohammed. He smiled and said, "*Mashallah.* This is just the beginning."

I had passed the test of life. It felt great.

The War Gift

I was in the reception when I received her — a four-year old girl. I had never

seen her before, but the moment she saw me, she held onto me so tightly, as if I were her last hope. She had come with the paramedics in the ambulance, along with the people who had rescued her from beneath the rubble.

My fear was not of
the wound itself
but of failure, of
making a mistake

Aseel survived by a miracle. She bounced from her mother's embrace while she was sleeping, and the house collapsed on top of them. The entire family was martyred. They were all sleeping beside each other in their final moments. Her martyred mother was holding two of her children: the little girl brought to the hospital and her sister, who also slept in her mother's embrace but did not make it. The mother was brought to the reception area as a martyr. Her hands were positioned as if she were still holding her little girls tightly. But this little girl, who clung to me, was the one who survived, as if fate had carried her away from death to another place.

I tried to place her on the bed, but she refused to let go. She held onto me with all her might. Her tears spoke louder than words — they were saying, "Don't leave me. I'm alone." I barely managed to loosen her grip, but as soon as I laid her down, she cried out in anguish. I picked her up again, and instantly, she stopped crying. It was as though I was the only protection she had left in this world.

Aseel was the gift that war gave me.

Loss

I was working in the ambulance when we were called to another bombing case. The scene was indescribable, bodies everywhere, and the sound of screams and moans filled the air.

We returned to the hospital after transporting the injured, but I was still haunted by the images I had witnessed. One of the doctors came to me and said, "Someone has been asking for you. They said your friend was dying." The moment I heard those words, I couldn't process what was happening around

me. Everything fell into a heavy silence, but my mind was focused on one thing: Hussam.

I rushed to Hussam's room, my heart racing. When I entered, I saw him. His soul was still leaving his body. His mother sat beside him, broken, her hand resting on his head, and the sound of the Quran played softly in the background. I felt an overwhelming weight, as though time had stopped and everything around me was unreal.

I stood in front of him for a moment, unable to believe what I was seeing. But after a pause, I knew I had to leave. I quietly said, "I'm sorry, I need to go. I have work to do." But the truth was, there was no work. I left because if I stayed any longer, I knew I would break down.

After sixty days of suffering, Hussam was martyred. Losing a loved one in Gaza isn't a rare event — it happens every minute. The war doesn't distinguish between the young or the old, between a mother or a son. This scene repeats itself painfully, as if loss has become part of everyday life. The truth is, you never get used to loss, no matter how many times it happens. I found myself torn between the pain of losing Hussam and my love for little Aseel. I was caught between two extremes of life. Between life and death.

Al-Fatiha for the soul of Hussam and all the martyrs of Gaza.

Ali Maali Al Turk is a paramedic displaced from Gaza. His memoir, Diary of a Paramedic (2024), is available for purchase and download at alialturk.com. Excerpts reprinted with permission.



Ezz Lulu, Doctor and Illustrator

Izzeddin "Ezz" Lulu, a 23-year-old sixth year medical student from northern Gaza, used to sit on the sidewalks of Gaza City, sketching portraits of the people passing by. Ezz was gifted, and he gave freely of his gifts. For Ezz, each sketch was more than just a portrait. It was a way to preserve the fleeting beauty of a city under siege.

That Ezz no longer exists. The Occupation has taken so much from him — his home, his friends, and over 20 of his family members, among them his father, brother, and niece. They even destroyed his iPad, the same one he used to create the drawings that appear on this page.

But they couldn't take his will to survive, to save lives, to help his people. They couldn't take his heart, or his faith.

Today, Ezz is effectively a practicing doctor in northern Gaza. He works in three hospitals, none of which are fully operational. He has been building an organization — the Samir Foundation, named in honor of his father — to help support other, future medical students in Gaza. He also works with international organizations, like FAJR Scientific and

Rahma Worldwide, to help coordinate medical missions in the Strip.

Dr. Ezz's courage and resilience are a reminder to healthcare workers everywhere of the commitment they have made to life, to liberation, and to human dignity.

A Message from Ezz on the Day of Ceasefire

Praise be to God, O God, praise be to You until you are satisfied, praise be to You if you are satisfied, and praise be to You after you are satisfied.

The moment has come that we have all been waiting for, after nearly five hundred days of continuous torment, during which we experienced all the details of grief and sorrow, and suffered many successive losses, including the loss of a home and the martyrdom of family and colleagues. We faced difficulties that no human mind could ever bear, and during which we tasted all kinds of terror at every moment and at every moment we lived in constant anticipation and fear.

The sounds of bombing haunted us day and night. We did not enjoy, even for a single moment, peace.

We saw the torn bodies of our loved ones, amputated children, and elderly women whose bodies were trembling with fear. Suffering was presented to us in all its forms.

I spent this painful period steadfast in besieged northern Gaza, even with the impossibility of all that we lived through under the difficult circumstances, trying with all my might to alleviate the pain of the injured in the hospitals of Gaza City.

Today, after this torment has passed, it is time for me to take a deep breath to absorb the horrors that happened, and to extract my family members from under the rubble and bury them in a place that is worthy of them.

Despite all this, we will continue the impact of the sacrifices we have made in order to live in safety and reassurance, and we are all hopeful that we will reconstruct the beautiful details in our lives that were destroyed by war, and begin the stage of reconstruction and construction towards days full of reassurance and tranquility, God willing.

Message shared with permission.

PLEASE GIVETO

The Samir Foundation

From under the rubble
to a brighter Palestinian
healthcare system

We are committed to creating a tangible impact on the healthcare system in Gaza by focusing on medical education and support for medical students.

samirfoundation.org



EZZ LULU

Weaponizing the Objects of Daily Life

A Lebanese ophthalmologist on treating the victims of Zionist terror

By
**HEALTHCARE WORKERS
FOR PALESTINE**

"I got a message: Mass casualties have arrived at the hospital. Large amount of eye injuries," Dr. LT says. "In the Operating Room, we saw things we had never seen before or read about in the literature."

Dr. LT arrived at the hospital at 4 p.m. on September 17, 2024, as hundreds of patients poured in, some with bandages wrapped around their eyes and heads, others completely debilitated on stretchers. This was not another typical Israeli airstrike, but the result of thousands of hand-held pagers exploding across Leb-

anon, killing 42 individuals and injuring more than four thousand. Shortly after the initial shock, it became apparent that Israeli intelligence had implanted these pagers with explosive devices.

Western media celebrated this attack as an impressive tactical achievement, framing it as a technological feat of warfare against "terrorism." In such coverage, there is a singular focus on the explosion itself and a complete denial of who could have been harmed by

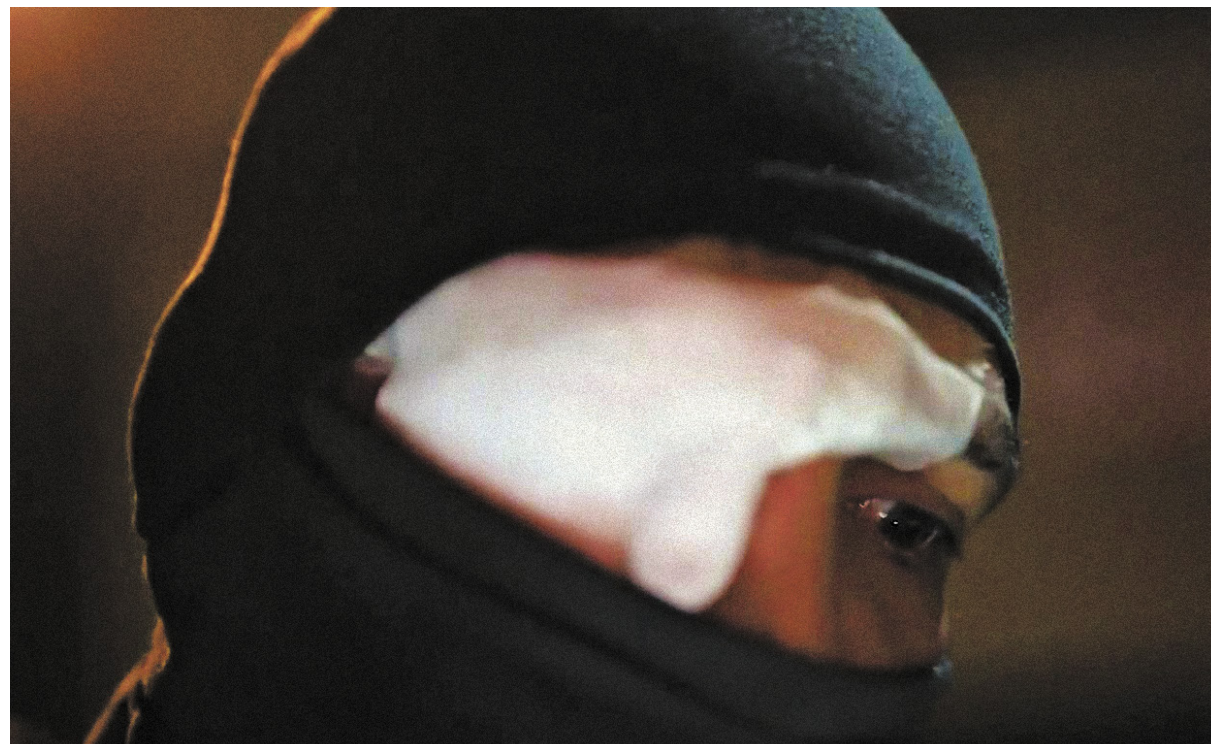
rather than an external force.

Elimination of combatants becomes elimination of society itself. The presumption that any man is a target distorts the nature of these struggles: it obfuscates the power differential between an invading army and a resistance movement, between the technologies of mass killing and the makeshift rockets, between the man in military uniform and the worker, between the tanks and the ambulance. "This attack is using objects of daily life, integrated in society, outside of the war zones," Dr. LT says. "This is a war crime. [To them] any collateral damage is justifiable."

This narrative approach extends beyond the ability to enact violence. It wields the power of the international order against medical institutions within Lebanon itself. Because of the blinding nature of terrorist designations, the hospitals associated with the American University of Beirut (AUB) and the Lebanese American University (LAU) are unable to follow up with the patients they treated on that day. Due to the fact that these universities are chartered in New York, they are unable to accept payments from US-designated "terrorist" organizations. While the Ministry of Health is busy attending to the multiple crises after over a year of unending Israeli aggression, Dr. LT and others ensure that patients don't fall victim to these regulations. Ophthalmologists from other institutions have come together to provide care to these pager injury victims. They are not documented as pager injuries but are simply walk-ins to the clinic, while the rest seek medical care abroad.

When he was younger, Dr. LT's grandmother warned him never to pick up toys from the ground on visits to her family in the South. At the height of the Israeli invasion and occupation of Lebanon, the Israeli occupation army would scatter toys with implanted explosive devices and plant landmines in the soil. His own uncle was a victim of a mine explosion and grew up with only one leg as a result. The trauma lives with him and his family, and is reawakened with every Israeli attack.

Dr. LT recounted the fifth case he treated that day, reliving the emotional weight of the event: "We couldn't find any tissue that even looks like an eye, nothing but burnt flesh. No one was making eye contact with each other. And everyone in the OR, from the surgeons to the nurses and techs, had tears in their eyes. We were all thinking, 'How could this happen,' and, simultaneously, 'There is nothing we can do.'" With a pragmatism forged by living through the Israeli occupation, the 2006 war, numerous mass casualty events including the 2020 blast, and the most recent 2024 aggression, he shared that there are now efforts towards reestablishing the tissue donation programs and eye banks, "if not to help with the current crisis, to prepare for the next one."



Still from a video released by Hezbollah almost two months after the pager attack, showing patients recovering in hospitals and fighters and commanders back in combat, with their eyes bandaged and their fingers amputated. "We will continue until the very last moment," the fighters promised.

Hospital staff, from cleaners to physicians, have absorbed generations of violence and loss

What these simplistic, racialized narratives fail to capture is the fact that the Islamic Resistance in Lebanon is embedded within society itself. It includes the families, educators, neighbors, nurses, and friends that care for and sustain the community and therefore the movement. Individuals connected to the organization are civil society workers, from paramedics, drivers, and firefighters to engineers and teachers. Yet Western governments that have themselves committed and supported state-sanctioned terrorism and countless human rights violations designate the resistance and their associates as "terrorists." The American University of Beirut Medical Center (AUBMC) hires 40-60% of its staff from Dahye or Southern Lebanon, and it is this very hospital that received over 150 cases that day, more than any other in Lebanon. It is these staff members, from cleaners to physicians, who have absorbed generations of violence and loss. The Lebanese resistance, born of this reality, is a product of society

the exploding device, as well as where it may have exploded — in stores, homes, cafes. While some news outlets mentioned the 9-year-old girl and 11-year-old boy killed by the Israeli attack, the responsibility was placed on those who unknowingly carried the explosive pagers, and not the Zionist intelligence that planted the explosives. This framing is part of a larger narrative that presumes any man above the age of 18 is or could become a combatant, making it permissible to maim, torture, and kill an entire community in a split second. Entire buildings and neighborhoods in the Dahye suburb of Beirut, in southern Lebanon, and in Palestine are wiped out in the name of eliminating "targets," notwithstanding whether these targets are actually in said locations.

What these simplistic, racialized narratives fail to capture is the fact that the Islamic Resistance in Lebanon is embedded within society itself. It includes the families, educators, neighbors, nurses, and friends that care for and sustain the community and therefore the movement. Individuals connected to the organization are civil society workers, from paramedics, drivers, and firefighters to engineers and teachers. Yet Western governments that have themselves committed and supported state-sanctioned terrorism and countless human rights violations designate the resistance and their associates as "terrorists." The American University of Beirut Medical Center (AUBMC) hires 40-60% of its staff from Dahye or Southern Lebanon, and it is this very hospital that received over 150 cases that day, more than any other in Lebanon. It is these staff members, from cleaners to physicians, who have absorbed generations of violence and loss. The Lebanese resistance, born of this reality, is a product of society

This kind of brutal violence — the maiming and blinding of thousands of people — is enabled by purposeful obfuscation and erasure of the realities of the Global South.

In an interview with *60 Minutes* that praised this massacre as "sophisticated" and "a modern take on the Trojan



Mourners gather for the funeral ceremony of Fatima Abdullah, a nine-year-old girl who was killed by an exploding pager, at the Saraain Al-Fauouqa district of Beqaa, Lebanon on September 18, 2024. Fatima Abdullah is the youngest of two children killed by the Israeli pager attack; the other is 11-year-old Bilal Kanj.

Fayez Rashid: 'We stopped them with sheer will'

Born in Qalqilya in 1950, Fayez Rashid was a Palestinian doctor, scholar, and political figure. He was also a prolific chronicler of his time. Over the course of his life, he published 34 books, including novels, memoirs, and short story collections.

At age 20, Rashid was imprisoned by the Israeli Occupation. One of his fellow detainees was Tayseer Qubaa, then the secretary general of the General Union of Palestinian Students and later a leader of the Popular Front for the Liberation of Palestine. Qubaa transformed the cells of the Zionist prison into classrooms, helping prisoners study for their secondary education exams while educating them politically, too. Rashid emerged a Popular Front man for life.

Like hundreds of other Palestinian prisoners in the early 1970s, Rashid was deported to Jordan upon his release. From there, he went to Moscow and Belarus, returning seven years later with two degrees in medicine. As a physician, he worked in Marka refugee camp from 1979 to 1982, and with the Palestinian Red Crescent in Lebanon and Syria from 1982 to 1985.

Rashid's memoir of the 1982 siege of Beirut, *The Wounds Bear Witness* (1983), evinces a gift for moral — as well as physical — diagnosis. In an introduction to the book's second printing, he writes of his intent to provide "new evidence [...] of the crimes committed by 'Israel' since its inception" and to "reveal the true essence of the Zionist movement, a racist, neo-Nazi movement

upheld by violence, killing, looting, destruction, and displacement."

Ten days before Operation Al-Aqsa Flood reignited the struggle to which he devoted his life, Rashid died in exile, in Amman. "His death is a loss that will not be compensated," the PFLP said in a statement, "except by what he left to the coming generations of Palestinians, through books, research, and studies that will raise up generations to come."

Rashid is survived by his wife, the legendary resistance fighter Leila Khaled.

From the Archives Arab petroleum, unfortunately, turns into American rocket fire. And American rockets are fired from Israeli warplanes and battleships, attacking the bodies of Palestinian and Lebanese children, killing and maiming them. Our children have aged beyond their years, just like the rest of the Palestinian and Lebanese people before them, forced to become extraordinary people.

Our children were robbed of happiness while the children of the world lived theirs in all its innocence.

In Beirut, death was the rule ... and living was by chance

On October 10, at the Gaza Hospital, at around 9 p.m., the bombardment intensified around the hospital itself. Everyone inside was worried. The patients on the upper floors were transported to the lower floors of the building. The children's screams could be heard from afar. Their tears and cries hurt me deeply, tearing me apart. Even hospitals were legitimate targets under Zionist law.

A shell exploded on the second floor of the adjacent building, where a huge fire erupted as a result. The firefighters were late, and everyone feared it would spread to the hospital.

We tried everything. We called on the phone, over the walkie talkie, and sent a messenger by car to call for a fire engine. But it wasn't enough. Then came the armed fighters holding small fire extinguishers, but they could not control the fire, which by then had expanded from the second to the first floor.

Then one of the doctors suggested that everyone fill the empty containers with gallons of water. In a matter of minutes, we were all able to extinguish the fire and control the flames.

Death was the rule

In Beirut, death was the rule ... and living was by chance. You would ask someone, "How's it going?" They'd reply "I'm alive!"

People anticipated death ... or a disabling injury. You would run into someone you know, and even if you had just seen them yesterday, you would take

them in your arms, kiss them, express gratitude for their safety, congratulate them on surviving, on their life that began anew. Everyone in Beirut was at risk of death. If you asked any of its inhabitants about their near death experiences, they'd have many stories to tell.

Some may think my descriptions are exaggerations, but the reality is known to all that have lived through the battles and siege ... and the days of Beirut.

Gaza Hospital was once again being bombed. And the same with the Akka Hospital. As a result of the increasing number of patients daily, the hospital was no longer able to accept new cases. So the Palestinian Red Crescent was obliged to open healthcare centers in numerous locations across Beirut.

That was one side of it, but the other side was the risk of frequent bombings, so makeshift emergency and ambulance services were established: in Haret Hreik, Hamra, Sanayeh, Kraytem, as well as other areas of Beirut where schools were converted to health centers, like the Lahoot school, the French school, and the Armenian school (Haigazian), and others.

Our simple weapons

After the invading forces failed to enter the western part of the city, they imposed a siege on the city of Beirut.

And despite all the types of advanced weaponry deployed by "Israel," our collective forces contained them. We stopped them with sheer will, with our faith in the justice of our cause, with

our simple weapons.

They besieged the city, using all their weapons of destruction, but the city never surrendered. They experimented with modern weapons novel to their already wide arsenal. They cut the water supply, electricity, essential supplies, and medicine to all the inhabitants of West Beirut. The siege dragged on, and still we did not surrender. In this period I began to work in the Haigazian medical center on the ground floor of the school. The injured filled the main hall. And the school church sheltered hundreds of refugees, those who left their neighborhoods, from Sabra, Shatila and other areas in southern Beirut. And in an effort to understand the conditions of the center and those of the refugees, Leila (my wife) and I went to the shelter, as she was also working with me at the center, and we were shocked. Hundreds of people, from elders to women

to children were gathered in the shelter, packed tightly together. And you feel the true barbarism of the siege ... as the smell of sweat emanates from their bodies, and the water is not even enough for drinking, so how could one even bathe?

The conditions were similar for refugees in the other wing of the school, where there were many children sleeping on the ground. In the hot summer heat of July, there was no water available. A child lying in the corner was sick with measles... this, I thought, would surely be contagious to the majority of the children exposed. Other children, many of them, were suffering from gastrointestinal illness, from vomiting, diarrhea, and skin lesions. From that first moment, I realized that my mission would not be easy.

Translated from Arabic into English for this issue of *The New York War Crimes*.



LEBANON, 1982: On the left, doctors operate on a child injured by Zionist bombs. On the right, an Israeli tank burns.

PLEASE GIVE TO

The Refaat Alareer Camp

A Sameer Project initiative to support displaced families in central Gaza

The Sameer Project is a donations-based aid initiative, led by Palestinians, working to supply emergency shelter and aid to displaced families in Gaza.

tiny.cc/alareercamp



MAPPING IMPUNITY

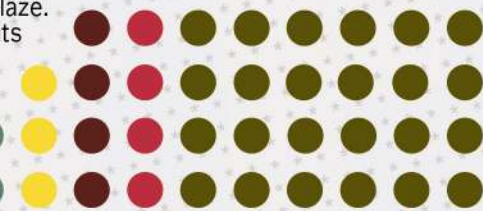
ISRAEL'S CAMPAIGN TO DESTROY EVERY HOSPITAL IN GAZA

Kamal Adwan Hospital

On October 10, 2024, as medical staff at Kamal Adwan Hospital continued to treat patients, remaining beyond a 24-hour evacuation deadline, Occupation Forces brutally advanced on the area, laying siege to the hospital. Over the following months, the hospital, its staff, and its patients were subjected to raids, bombs, shellings, airstrikes, drones, and sniper attacks. Al Jazeera correspondent Moath al-Kahlout reported on that day: "I can clearly smell the scent of human flesh burned from Israeli missiles."

Over the next several days, tanks fired on the hospital and drones targeted the hospital's water tanks, while soldiers killed civilians in the area. On October 25, Occupation forces raided the hospital, "setting large parts on fire, destroying the hospital's entrances, and demolishing surrounding walls. ... Patients and medical staff were assaulted, with many patients and companions arrested, along with most of the medical staff," said Dr. Khalil Al-Daqran of the Gaza Health Ministry.

On October 30, forces bombed the third floor of the hospital, destroying critical medical supplies. Days later, the third floor was bombed again, injuring six child-patients, as the hospital remained under artillery fire. On December 6, a series of airstrikes on the north and west sides of the hospital, followed by heavy and direct gunfire by quadcopters, killed dozens in and around the hospital, including four doctors, and wounded many more. Another strike on December 26 killed five medical staff. The next day, Israeli forces stormed the hospital, setting it ablaze. They forced staff and patients to strip down and march to the nearby — and no longer operational — Indonesian hospital. Many were detained without charge or trial.



Nasser Hospital

On February 16, 2023, five patients died in Nasser Hospital's ICU after Israeli forces raided the hospital, cutting off electricity and oxygen supplies. The raid followed weeks of siege.

"We couldn't really move from one building to another. We couldn't have a look through the windows. The snipers would shoot at anybody who would move," said Ahmed Moghrabi, a surgeon working at the hospital. Moghrabi was one of many who evacuated on the night of February 14. When they reached the checkpoint established by the IOF near the hospital gate, Moghrabi said, a nurse with him was taken and detained for two months. The next day, occupation forces raided the hospital, arresting 20 more.

Siege, raid, abduction: Gaza's hospital workers have become familiar with this fatal pattern.

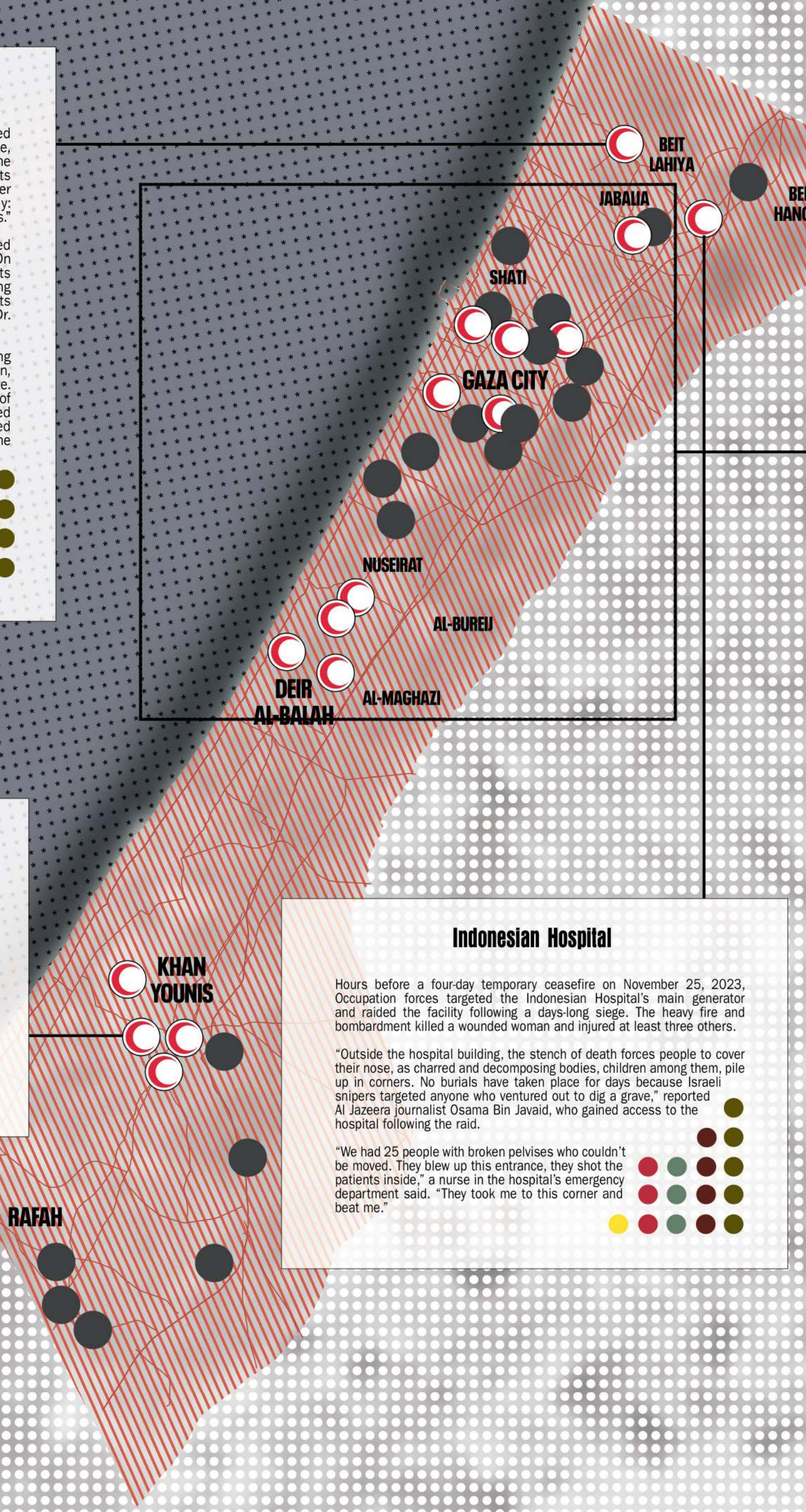


Indonesian Hospital

Hours before a four-day temporary ceasefire on November 25, 2023, Occupation forces targeted the Indonesian Hospital's main generator and raided the facility following a days-long siege. The heavy fire and bombardment killed a wounded woman and injured at least three others.

"Outside the hospital building, the stench of death forces people to cover their nose, as charred and decomposing bodies, children among them, pile up in corners. No burials have taken place for days because Israeli snipers targeted anyone who ventured out to dig a grave," reported Al Jazeera journalist Osama Bin Javaid, who gained access to the hospital following the raid.

"We had 25 people with broken pelvises who couldn't be moved. They blew up this entrance, they shot the patients inside," a nurse in the hospital's emergency department said. "They took me to this corner and beat me."



MAP KEY

- Bombardment
- Abduction
- Evacuation
- Siege
- Raid
- Mass Grave
- Partially operational
- Non-operational*

*AS OF JANUARY 24, 2025

Twenty-four hours after Operation Al-Aqsa Flood on October 7th, the Israeli Occupation Forces began targeting hospitals and healthcare infrastructure in Gaza. Within a week, all major medical facilities in northern Gaza were under orders to evacuate. Sometimes these impossible orders — bravely refused by surgeons and janitors alike — are followed by forced evacuations, leaving patients vulnerable and doctors unable to do their work. In other cases, hospitals receive little to no warning before violent raids, which often end in the detention, interrogation, and abduction of medical workers. Then there is the bombardment, by air and by ground, that has destroyed generators and oxygen tanks, set temporary displacement camps on fire, and rendered hospitals defunct. Finally, a hospital that continues functioning under bombardment is placed under siege — cut off from food, water, medicine, supplies, and life-saving equipment — by the Occupation. At two of Gaza's largest medical complexes, rescue teams have unearthed mass graves in the wake of sieges and raids.

All 36 hospitals on this map have been attacked over the past 15 months. None remain fully operational. Seven of them, according to data compiled by Health-care Workers for Palestine, have been targeted with particular force. For each of these seven, we have included a textual account along with a visualization of the data, partly in order to elucidate the nature of these war crimes, but also to make clear that every dot and data point on every map of the destruction of the Gaza represents deep, incalculable loss. As Dr. Raja Sharaf asks on page 13 of this issue: *Can you imagine the scale of the tragedy?*

ي قلب انسان مكارم
يبصت عن الوداء والحرب بجان
من داخل حصار مجمع النساء والاطفال
"محمد مكر"

Al-Shifa Hospital

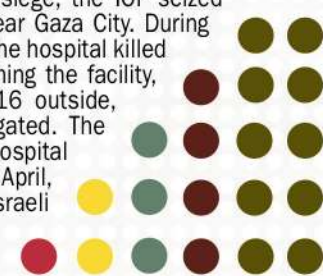
On April 1, 2024, Israeli forces withdrew from Al-Shifa hospital following a two-week siege. As the people of Gaza City returned to the hospital grounds, they found buildings burned down, farewell messages scrawled on the walls inside, and corpses barely buried in the sand. Palestinian Civil Defense teams began working in the area, and, over the next several weeks, three mass graves were unearthed. Hundreds of bodies were found too mutilated or decomposed to be identifiable. Director A director at the hospital, Dr. Mohamed Mughir, described signs of field executions, binding marks, gunshot wounds to the head, and torture marks on the limbs. Some were found with medical tubes still attached, suggesting they were buried alive.

"The scenes we are seeing today are unbearable. When you are watching families find out that some of the belongings, from wallets to documents, are from the bodies of their relatives, the psychological impact of this scene on the families is unbearable, and unwatchable. Seeing their children as decomposing corpses and their bodies completely torn apart is a scene that can't be described, and there are no words for it," said Mutasem Salah, Director of the Emergency Operations Centre in Gaza, during a UN Mission to Al-Shifa in August.



Al-Awda Hospital

On December 17, 2023, after a 12-day total siege, the IOF seized control of Al-Awda Hospital in Jabalia camp, near Gaza City. During the course of the siege, Israeli snipers outside the hospital killed two members of the medical staff. Upon storming the facility, soldiers ordered all males over the age of 16 outside, where they were stripped, bound, and interrogated. The next day, forces returned and detained several hospital staff, including surgeon Dr. Adnan Al-Bursh. In April, Al-Bursh was pronounced dead while still in Israeli custody, showing signs of torture and beatings.



JABALIA

SHATI

GAZA CITY

NUSEIRAT

AL-BUREIJ

DEIR AL BALAH

AL-MAGHAZI

Al-Ahli Hospital

On Oct. 17, 2023, a projectile exploded in the courtyard of Al-Ahli Arab Hospital, where thousands of Palestinians had taken shelter after having been displaced within the first 10 days of Israel's revenge campaign. The explosion and ensuing fire killed 471 people and injured 342 others. At first, the news reported the obvious. But when Israel blamed the strike on a mis-fired Islamic Jihad rocket, the story shifted. Within days, *The New York Times* ran a news story with the headline "Hamas Fails to Make Case that Israel Struck Hospital" and an op-ed titled "It Is Impossible to Know What to Believe in This Hideous War." Liberals rushed to consensus: Forget what Palestinians say. Israel would never bomb a hospital.

"I became like a madman, calling for my son and searching for my family among the wounded," Muhammad Al-Dahdar, who had been sheltering in the courtyard, told a reporter in the immediate aftermath. "It was dark and there was fire everywhere, and a smell of blood and burned meat. I felt like I was stepping on body parts."

The errant rocket theory has since been debunked. Over the past fifteen months, Israel has bombed every major hospital in Gaza.



Al-Aqsa Hospital

On Aug. 25, 2024, Israel ordered the evacuation of a so-called "safe area" east of Deir al-Balah, near Al-Aqsa Martyrs Hospital. The evacuation order did not include Al-Aqsa, which was then the last functioning hospital in central Gaza. Nearly 700 patients fled anyway — on foot, in wheelchairs, in hospital beds. "They are evacuating by themselves because they are afraid [after] what happened [at] Nasser, Al-Shifa, Kamal Adwan, Indonesian," Dr. Mohamed Shaheen, speaking from inside the hospital, told press.

Other evacuations represented on this map are the result of direct orders issued to hospitals, often under conditions of raid and siege. But force does not operate by instruction alone. We include this account in order to illuminate both the limits of quantification and the extent of the Occupation's campaign of terror.



On January 19, after fifteen months of the most barbaric campaign of collective punishment in contemporary history, a ceasefire in Gaza took effect. Under the ceasefire agreement, an influx of aid — food, water, medical supplies — is to be permitted into the Strip. Yet the fate of over 12,000 patients in need of medical evacuation remains unknown. Since seizing the Rafah Crossing into Egypt on May 7, 2024, Israel has permitted a total of 446 patients to leave the Strip. At the current rate of 1.75 patients per day, it would take nearly 19 years for everyone seeking treatment abroad to be allowed out.

The Coordinator of Government Activities in the Territories (COGAT), the civilian branch of Israel's military government in the occupied West Bank and Gaza, dictates that the only patients who qualify for evacuation are those with cancer or with such severe injuries that they cannot be treated in Gaza (for example, if over 40% of their body is covered in third- or fourth-degree burns). No consideration is given to the breadth of injuries that, regardless of their severity, have become untreatable in the Strip because of the Occupation's relentless, well-documented attacks on Gaza's healthcare system.

A spurious definition of "security"

Despite the fact that the Palestinian Ministry of Health and the World Health Organization (WHO) have found countries to accept acutely ill and injured patients for treatment, "COGAT has been finding every single reason to deny these [medical evacuation] cases or delay the process," says Nour*, a member of a grassroots aid initiative that works on the ground.

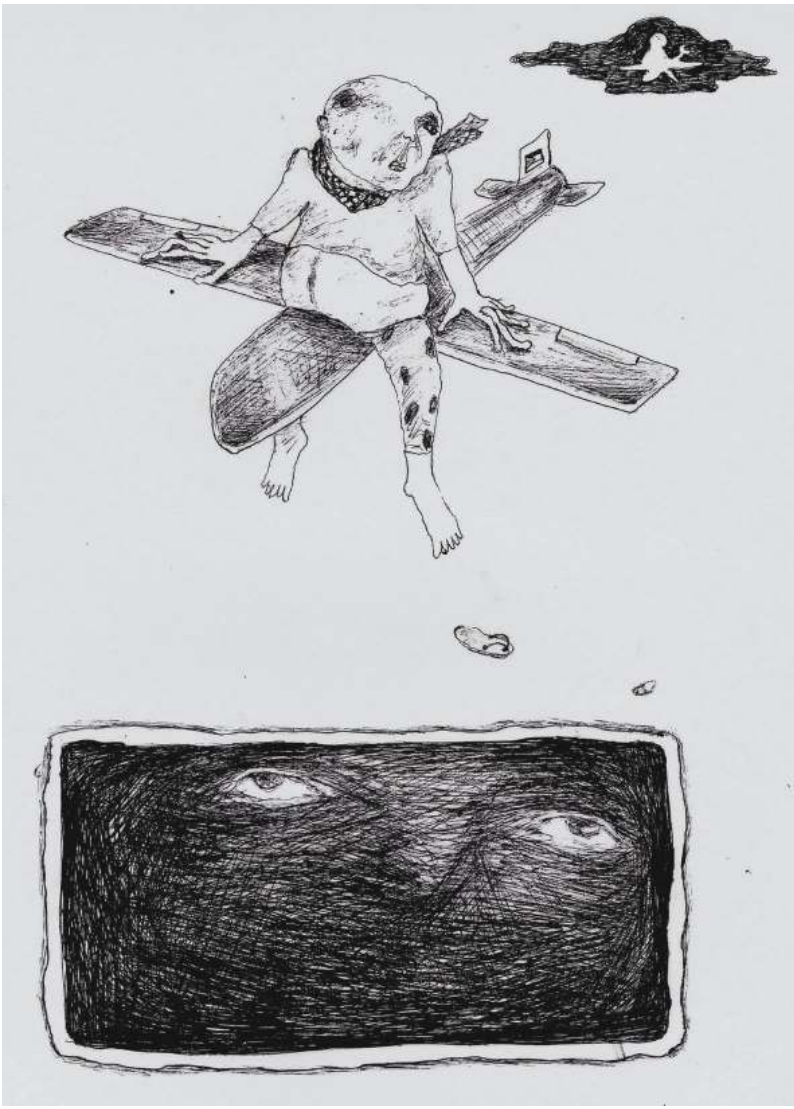
The most common reason: a spurious definition of "security." In November, a spokesperson for WHO said that the security screening approval rate — even for patients who meet the evacuation criteria — was, at the time, "less than one percent of submitted patients."

"This is not a logistical problem," UNICEF's James Elder said at a United Nations press conference in October. "It is not a capacity problem. We have the ability to safely transport these children out of Gaza. We were evacuating children at much higher numbers just a few months ago. It is simply a problem that is being completely disregarded."

Before Israel's invasion of Rafah, around 100,000 Palestinian refugees fled from Gaza to Egypt, and the medical evacuation process was "so much easier. COGAT still gave final security approval, but it was happening a lot more frequently," says Nour. According to Elder, WHO and partners evacuated

DELAY, DENY, DESTROY

The damning lie of the Zionist entity's "medical evacuation" process



around 4,700 patients before the Rafah crossing was closed, and eventually destroyed, by Israel.

Since the closing of the Rafah crossing, COGAT has complicated the evacuation process by frequently changing the rules regarding patients' companions. COGAT requires that all medical evacuees are accompanied, and both patients and companions are subject to security clearances. One of the first questions COGAT asks during this process is whether the applicant has a first- or second-degree family member who is in touch with Hamas members.

(Hamas, which has governed Gaza since

being elected to do so in 2006, is both a political party and an armed resistance group. Every member of Hamas lives in Gaza. The question is absurd.)

"I'm hearing back from COGAT that for all 82 people on a list I recently submitted, every single companion was rejected. WHO is going to try and find new companions," says Miriam Khan of Human Concern International, another NGO working to evacuate the critically ill. Two patients themselves were also rejected: a four-year-old and a five-year-old. Sources familiar with the evacuation process say that even one- and two-year-old babies have been rejected.

"COGAT has been commonly rejecting mothers and stating that alternate companions must be provided," says Nour. "But the mother may be the only companion a child has; they may have lost their whole family."

Nine-year-old Yusuf al-Shurafa, who has two heart conditions, was approved for evacuation with his mother Hanan as his companion in March, but Hanan got hepatitis and couldn't travel at that time. When the family applied again in July, Yusuf was approved but Hanan was not. In order for Yusuf to get life-saving care, the family had to separate. "My heart ached with an intensity I had never experienced," says Hanan.

Yusuf, his father Mustafa, and his two-year-old brother Bashir evacuated to the UAE.

"Yusuf has started his treatment, Bashir is going to nursery, and Mustafa is trying to be the role of mother and father," says Hanan, who remained in Gaza. "Bashir doesn't understand what is happening. He waits for me everyday."

Because of the evacuation bottleneck, "we see many, many children dying," says Mila, founder of Save Gaza's Children, an NGO working on the ground to support the evacuation process and provide aid to people in Gaza.

Kareem Thabet, a 13-year-old boy with whom Mila was working, died on October 10, 2024 while awaiting evacuation. Israel had bombed Kareem's home with white phosphorus, which resulted in burns covering 25% of his body and the amputation of both legs. His father died immediately, and his pregnant mother was trying to get him evacuated. He died of sepsis.

The problem of displacement

Over the last fifteen months, more than 110,000 people have been injured in Gaza. According to Elder, "one quarter [of the injured] would need lifelong assistive technology and rehabilitation."

But the infrastructure to provide that care has been wiped out. Israel has not only attacked hospitals. It has also bombed all nine of Gaza's main water tanks, resulting in major disease outbreaks. It has continually blocked aid from entering Gaza, manufacturing starvation in the Strip.

In October 2024, Israel banned the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Having operated in Gaza for nearly eight decades, UNRWA has become an integral part of the Strip's infrastructure — with its schools, healthcare and social-service centers, and emergency-response capabilities. Israel is also blocking six international medical NGOs from re-entering the strip once they fin-

ish their current missions.

"If [surgeons and specialists] were being allowed into Gaza, and if the healthcare system was not collapsing in Gaza, a lot of these people's lives could be saved within Gaza without having to be evacuated," says Soraya*. "An evacuation is not something to be celebrating. It is part of the problem of displacing these families and these children. Once they travel abroad and their treatment concludes, what happens to them after? Where do they go?"

It is not yet known whether people who have been evacuated will ever be allowed to return to Gaza, to Palestine, to their homes.

An earlier version of this article, by a member of the New York War Crimes editorial collective, was published with Drop Site News in November 2024.

Sources whose names appear with asterisks have been given pseudonyms for their protection.

The Path Between Their Tanks

By OMAR HAMAD

We were informed in October 2023 that we had to head to southern Gaza as it was declared a "safe humanitarian zone." On our way south, the road felt like hell itself. A bus carrying a family was bombed, and it was the first time I saw body parts flying through the air. Every kilometer or so, you would see a car, completely charred with the people inside, people who had lives and dreams. These cars were left as they were, and perhaps even run over by tanks.

We reached Khan Younis, where I stayed at the Red Crescent headquarters for 90 days. I lived through experiences you cannot even imagine. The Red Crescent was bombed more than 10 times. Death was closer to me than my jugular vein. I could almost taste it, yet it refused to take me. Then the Israeli tanks surrounded us.

The Occupation forces then stormed the Red Crescent. A soldier stood at the door, cursing and spewing vile, despicable words. He started yelling, "Come out, you animals!"

The path between their tanks was one of the hardest things I've ever faced in my life. They humiliated us, and they humiliated our women and elderly in the most brutal ways. They took one young man from among us and ordered him to take off his clothes and dance. When he refused, they put a bullet between his eyes.

The road was filled with corpses and tears.

We eventually reached Rafah, but after a short time, I had coordinated with a company, Ya Hala, to evacuate my deaf sisters, who were suffering greatly, to Egypt. Two days before their names were included in the evacuation list, the Israeli army entered Rafah and closed the crossing, forcing us to flee to Deir al-Balah.

I now live in a tent at a UNRWA school in Deir al-Balah. We are surrounded by the Zionists from all sides. They starve us, kill us, and bomb the schools every day. I've been displaced more than five times while in Deir al-Balah, from one tent to another, from one form of death to the next. Each time, I begged death to take me, but it refused, as if it found pleasure in my suffering.

This Zionist enemy has inflicted upon us every kind of torture imaginable, under the pretext of "self-defense" and "releasing their hostages."

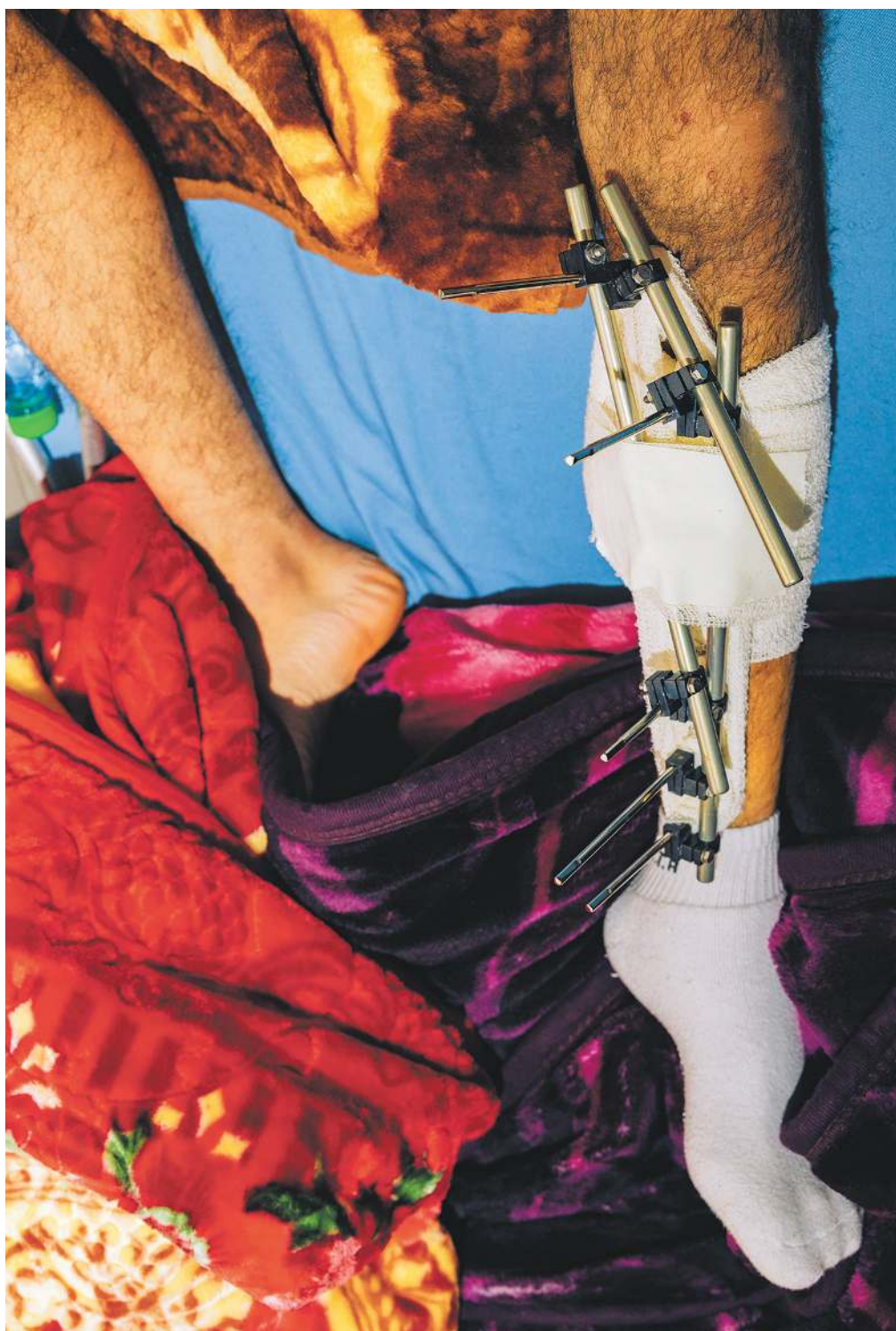
If they truly wanted their hostages back, they could have ended this genocide in the first month. But instead, on October 7th and after, they enacted the "Hannibal Directive," killing their own soldiers to prevent them from being taken captive. The Zionists don't care about their hostages. All they care about is indulging in the killing and in diverse methods of slaughtering innocent people.

Omar Hamad is a pharmacist and writer. He is also a tailor, and in his spare time he sews winter clothes for the children of Gaza. Donate to support his efforts at tinyurl.com/needle-of-hope.

Medics Against the Occupation

"Whenever I document a confrontation with the Israeli regime or the consequences of an Israeli siege, paramedics are there. In Tulkarem camp, for example, 20-year-old volunteer medics are trained to save lives. They apply tourniquets and perform resuscitations. They tend to our martyrs, preventing their bodies from being seized by the regime. Often juggling two or three jobs, these medics are the first to respond at the sound of an airstrike."

— Maen Hammad, photographer



RESISTING SIEGE: To prepare for raids, during which the IOF often blocks ambulances from reaching the wounded, volunteers maintain storage rooms filled with medical supplies throughout the refugee camps of the West Bank. But as Zionist violence escalates, wounds become harder to treat on site. "Injuries from dum dum rounds — bullets that expand on impact — fill up hospital beds," says Hammad. "The shrapnel cuts bones like a meat grinder." Pictured on the left is a teenager awaiting skin grafts after being shot with expanding bullets during a raid of Qulandia camp in December 2023.

THE LINCOLN PEDIATRIC COLLECTIVE VS. COINTELPRO

HOW THE FBI WEAPONIZED ANTI-PALESTINIAN RACISM TO DISRUPT COMMUNITY ORGANIZING IN THE BRONX

By
MEDICAL STUDENTS FOR
JUSTICE IN PALESTINE

In response to the police murder of George Floyd in May 2020, many medical schools across the country held public demonstrations organized around the hashtag #WhiteCoats4BlackLives. An entire industry of DEI workshops emerged to help professionals in medicine "unlearn racism." Racism under this framework, however, was individualized, and the exploitative social and economic systems underlying it

medical trainee or professional who subscribes to such blatant antisemitic hatred?" When Professor of Medicine Dr. Rupa Marya questioned the presence of Zionist doctors and "Zionism in U.S. medicine," U.C. San Francisco immediately released a statement condemning its employee's post as "an antisemitic attack." By stressing the physician's role in addressing structural racism, capitalism, and imperialism, WC4BL made massive

In the summer of 1970, a group of politically conscious medical school graduates decided to march into the pediatrics program at Einstein Medical College. They called themselves the Lincoln Pediatrics Collective after Lincoln Hospital in the South Bronx, staffed by the nearby Einstein College of Medicine. After recruiting like-minded trainees from across the country, the collective worked with local community groups — in particular, the Black Panthers and the Young Lords,

odds with the collective over their differing interpretations of "community control."

Einhorn repeatedly refused collaborations with the Black Panthers and Young Lords, calling them "racist" and implying they were fringe. Tensions escalated after the Young Lords staged a takeover of Lincoln Hospital that July, bringing widespread media attention to the hospital's administrative failures and its (actually) racist, classist practices. Soon, Einhorn's superiors had to choose between Einhorn and the Lincoln Pediatrics Collective, which was now backed by the Lincoln Hospital workers and the South Bronx community. After tense negotiations, Einhorn was transferred to another hospital. By that fall, he was replaced by Dr. Helen Rodriguez Trias, a Puerto Rican, Bronx-born pediatrician whose candidacy was endorsed by the collective.

Weeks later, a leaked statement by officials at Einstein initially published by the *New York Post* framed Einhorn's dismissal as the result of "political" and "ethnic" disagreements, sparking protests and significant media coverage. *The New York Times* reported that the language about ethnicity was included in the agreement "at Dr. Einhorn's insistence." Still, *The Times*' coverage painted Einhorn as a respected pediatrician who was ousted because of his Jewish background. The paper paid comparatively little attention to the concerns of the primarily Black and Puerto Rican populations of the South Bronx who were underserved by Lincoln. Likewise elided was the fact that many physicians in the collective were also Jewish. The Jewish Defense League (JDL), a right-wing vigilante group founded by former FBI informant and militant Zionist Meir Kahane, conducted sit-ins at Einstein Medical College demanding Einhorn's reinstatement. These demonstrations permanently damaged the image of the Lincoln Collective and resulted in major donors pulling their funding.

Fitzhugh Mullan, a physician and member of the Pediatric Collective, clarifies the media's role in levying these falsified charges of anti-Semitism in his 1976 memoir, *White Coat, Clenched Fist*, Mullan wrote.

"The papers tended to characterize the situation as a confrontation between 'radicals' and a dedicated pediatrician who had been inexplicably 'overthrown.' At one point *The New York Times* ran a biographical sketch of Dr. Einhorn, billing him as a Resistance hero who had devoted his career to the care of poor children. Who, the sketch seemed to ask, could possibly quarrel with such a man? And inevitably [the NYT] came to Einhorn's defense editorially, deploring the racism and weakness of Einstein and the insubordination of the pediatrician's underlings: the Collective.

"And that [...] was the most perplexing and disturbing question. Where had the issue of anti-Semitism come from? Who had publicized it and why?"

Behind the scenes, the FBI's Counterintelligence Program (COINTELPRO) was hard at work, using psy-

For example it is felt that JEDEL is aware of the majority of information concerning the factual views of the BPP and other Black Nationalist groups through public sources of information such as the BPP newspaper, "The Black Panther", and to furnish such information from an "anonymous source", would either be dismissed by JEDEL as trivial or attributed to some other party who may have an interest in causing JEDEL to act against such groups as the BPP.

In view of the above comments the following is submitted as the suggested communication to be used to establish rapport between the anonymous source and the selected individual associated with JEDEL:

"Dear Rabbi Kahane:

I am a Negro man who is 48 years old and served his country in the U.S. Army in WW2 and worked as a truck driver with "the famous red-ball express" in Gen. Eisenhower's Army in France and Netzi Germany. One day I had a crash with the truck I was driving, a 2 1/2 ton truck, and was injured real bad. I was treated and helped by a Jewish Army Dr. named "Rothstein" who helped me get better again.

Also I was encouraged to remain in high school for two years by my favorite teacher, Mr. Katz. I have always thought Jewish people are good and they have helped me all my life. That is why I become so upset about my oldest son who is a Black Panther and very much against Jewish people. My oldest son just returned from Algeria in Africa where he met a bunch of other Black Panthers from all over the world. He said to me that they all agree that the Jewish people are against all the colored people and that the only friends the colored people have are the Arabs.

I told my child that the Jewish people are the friends of the colored people but he calls me a Tom and says I'll never be anything better than a Jew boy's slave.

Last night my boy had a meeting at my house with six of his Black Panther friends. From the way they talked it sounded like they had a plan to force Jewish store owners to give them money or they would drop a bomb on the Jewish store. Some of the money they get will be sent to the Arabs in Africa.

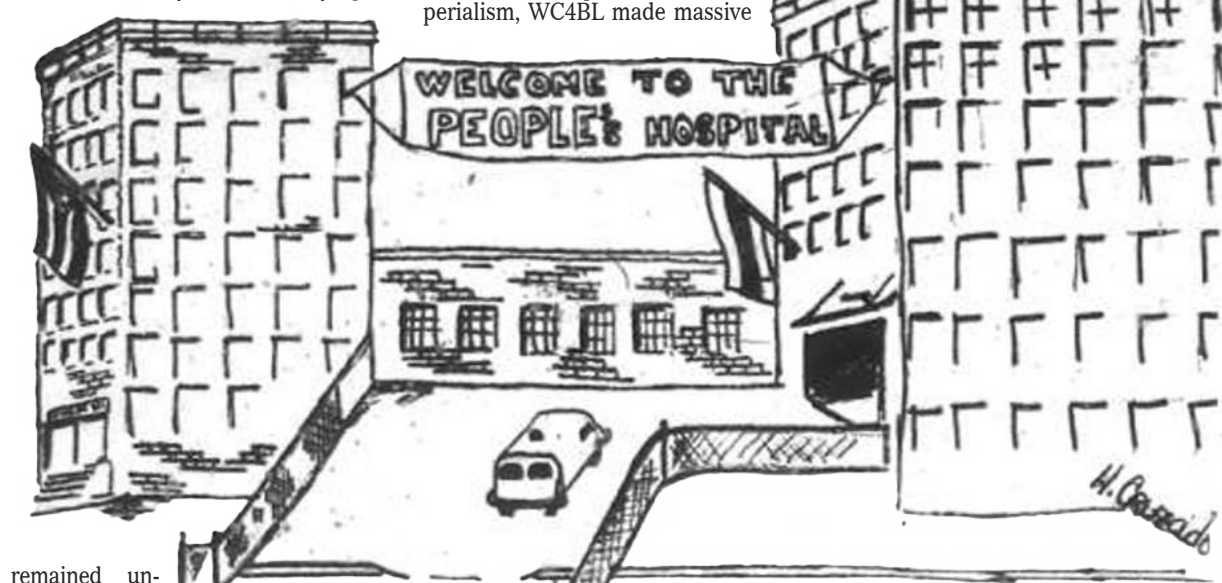
They left books and pictures around with Arab writing on them and pictures of Jewish soldiers killing Arab babies. I think they are going to give these away at Negro Christian Churches.

I thought you might be able to stop this. I think I can get some of the pictures and books without getting myself in trouble. I will send them to you if you are interested.

I would like not to use my real name at this time.

A friend"

It is further suggested that a second communication be sent to Rabbi KAHANE approximately one week after the above described letter which will follow the same format, but will contain as enclosures some BPP artifacts such as pictures of BOBBY SEALE, ELDRIDGE CLEAVER, a copy of a BPP newspaper, etc. It is felt that a progression of letters should then follow which would further establish rapport with the JEDEL and eventually culminate in the anonymous letter writer requesting some response from the JEDEL recipient of these letters.



remained untouched. A year later, the original co-founders of White Coats for Black Lives (WC4BL) put out a statement clarifying that as an anti-racist organization, it is also obligated to be anticapitalist and anti-imperialist. After October 7, WC4BL proudly declared that it "has long supported Palestine's struggle for liberation," following in the footsteps of the long anti-imperialist legacy of the Black radical tradition.

Immediately the organization was smeared as driving 'antisemitism' on campuses across the country. An op-ed in the *New York Post* asked, "How could a Jewish patient ever trust a

roads into transforming American medical culture, finally pushing the profession leftward after years of neoliberalism from professional organizations that approached racial difference mostly in terms of representation. Yet, in a moment of massive global solidarity with the Palestinians in Gaza, antiracist activists in medicine are being smeared as antisemitic for their support of Palestine. This phenomenon of ruling-class institutions projecting antisemitism — a right-wing ideology — onto leftist, antiracist organizations is not new.

both of which advanced the radical notion that public services should actually serve the public — to enact direct democratic control of health care at their place of work. Offering programs including lead screenings and door-to-door health screenings, community control meant the inclusion of patients and workers in decision-making processes such as leadership and hiring practices at the under-resourced hospital, which was known colloquially as the "butcher shop." While the head of the pediatrics program, Dr. Arnold Einhorn, was initially enthusiastic about the program, he soon found himself at

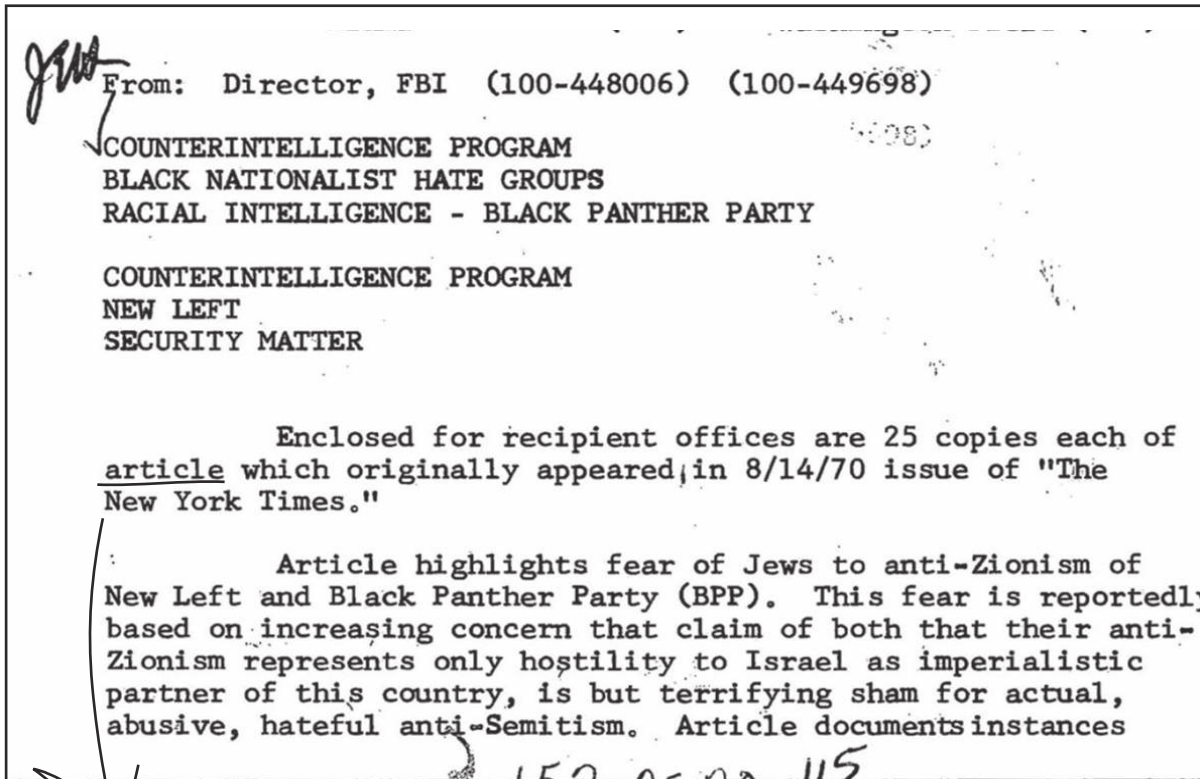
chological warfare to discredit leftist organizations. In the context of growing New Left support for Palestine following the Naskas in 1967, the FBI sought to fracture bonds of solidarity between Jewish and other communities, amplifying racist narratives that blurred the line between anti-Zionism and anti-Semitism. This strategy included anonymous mailing campaigns and fabricated anonymous letters intended to provoke Zionists like Kahane into attacking the Panthers. These efforts led to increased mobilization by Zionists, mainstream media, and the police against socialist-led community-control initiatives.

As it turns out, Meir Kahane had a friendship with Einhorn, who called him to ask whether the JDL might consider ending the disruptive sit-ins. Kahane refused, saying, "We are not doing this for you. [...] We are doing this because you symbolize Jewish rights."

On January 23, 1971, under the headline "A Radical Threat to Medicine

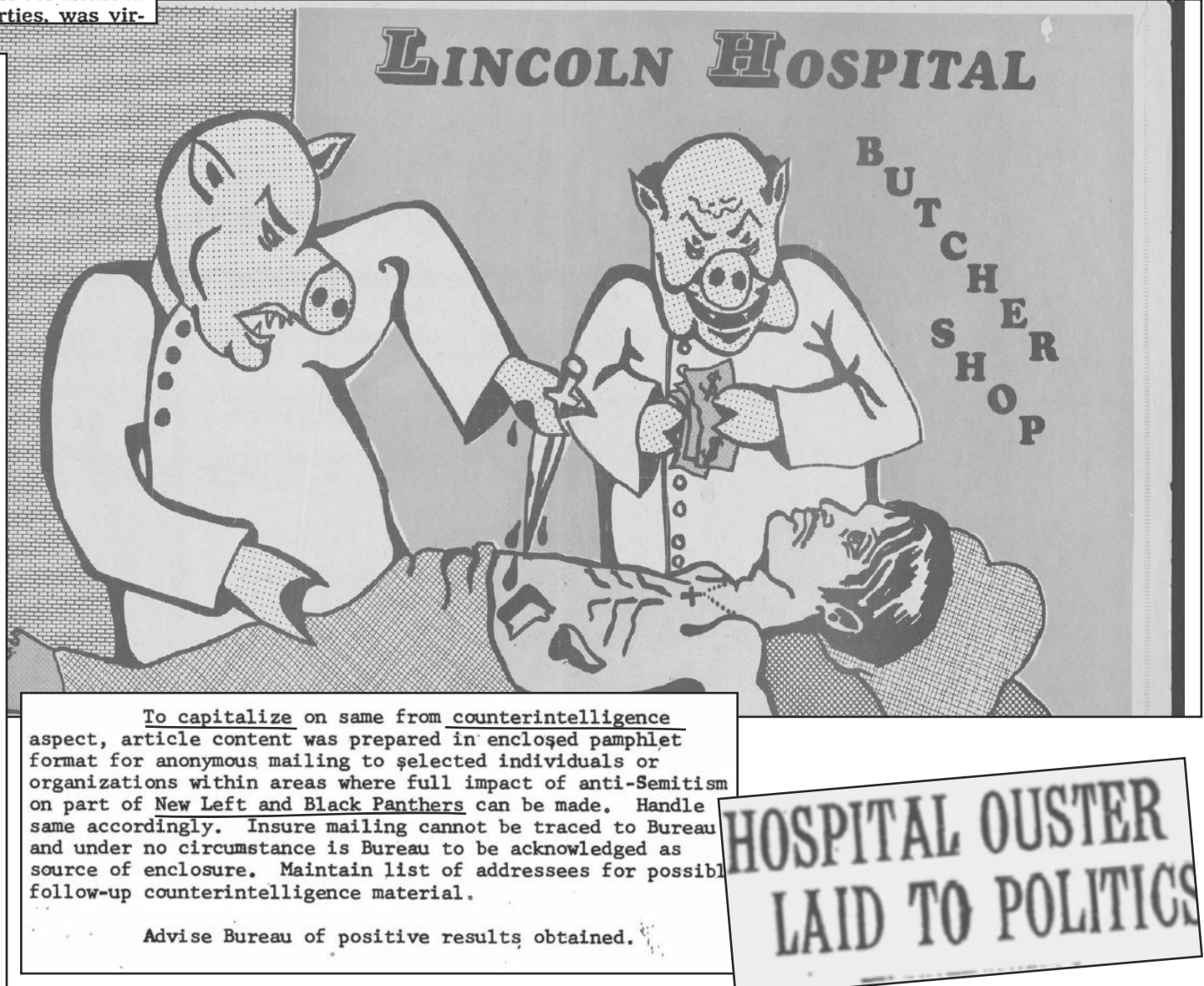
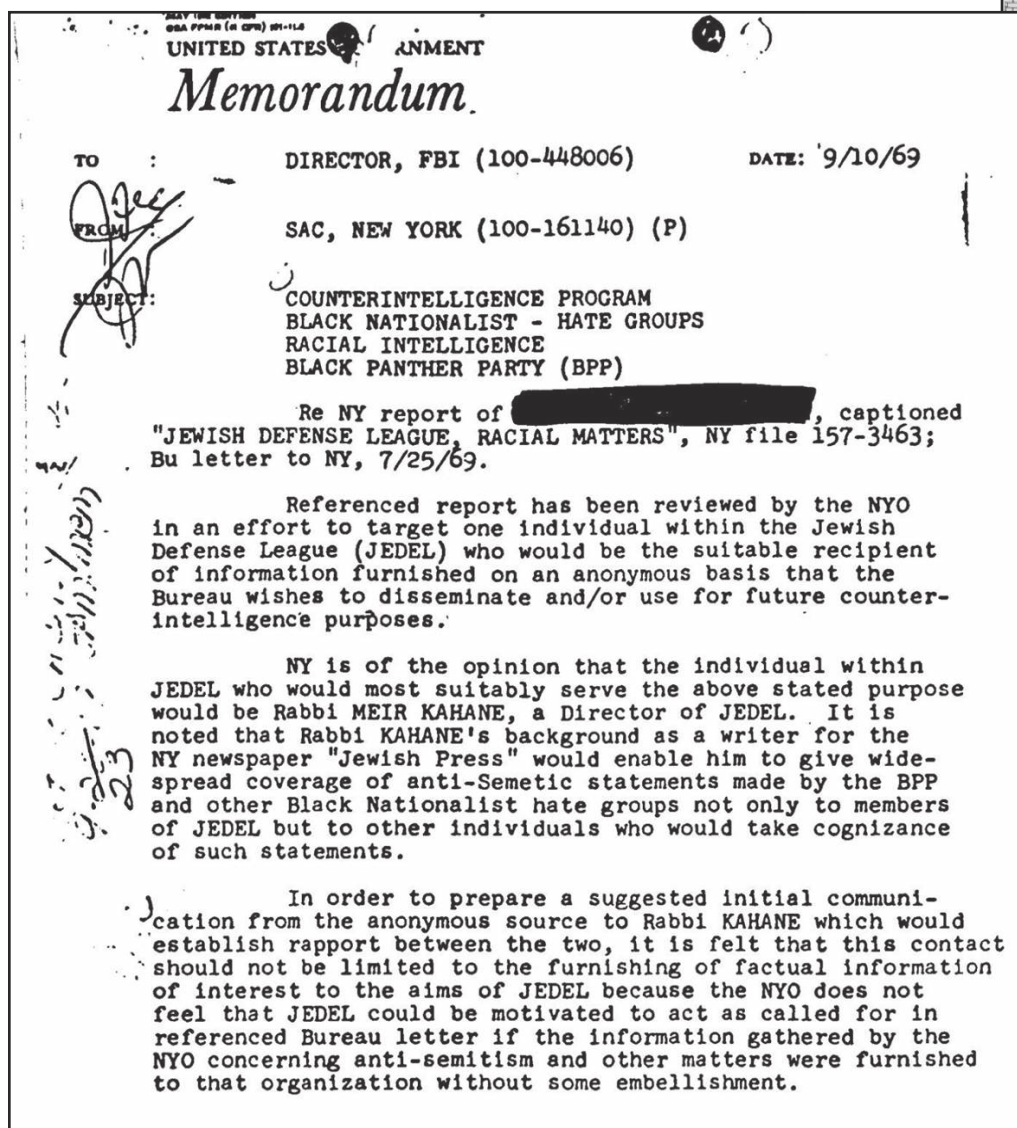
Seen," *The New York Times* published an article about a study conducted by a "major American Jewish human rights organization" showing that "a growing radical leftist movement within the medical profession posed a threat of 'disruption and instability' for medical and social service institutions." That organization was, of course, the Anti-Defamation League (formerly known as the Anti-Defamation League of B'nai B'rith), whose misrecognition of "Jewish rights" as "the right to monopolize the definition of hate crime" has augmented federal legislation — and state repression of the pro-Palestine movement — for decades.

Today, *The Times*'s alarmist headline reads as a call to action. We too must become a radical threat to the establishment by setting as our highest goal the health of our communities, of the working classes, and of all the oppressed peoples of the world.



Jews Fear Anti-Zionism of New Left

By LINDA CHARLTON Hostility to Israel in the New Left has aroused in rael to be a client and a supporter of the United States. But others maintain that such political attitudes can Paul O'Dwyer, a leading figure of the "liberal left," and a gun-runner for Israel in the nineteen-forties, was vir-



FROM THE ARCHIVES: (Counter-clockwise, right to left) 1. Memo from the desk of FBI Director J. Edgar Hoover regarding the Bureau's intention to discredit the Panthers with accusations of antisemitism, September 10, 1969; 2. *New York Times* headline from an article promoting "anti-Zionism [as] a cover for antisemitism," August 14, 1970; 3. FBI internal memo with the prior *Times* article attached, referencing its usage as a counterinsurgency tool; 4. Graphic from the "Lincoln Hospital Anniversary" issue of *Pa'lante*, the Latin Revolutionary News Service of the Young Lords Party, which also featured writing on Palestinian resistance; 5. FBI memo exposing the Bureau's plan to target the Black Panthers, 1970; 6. *Times* headline for a story misrepresenting the politics of everyone involved, November 18, 1970. 7. Fabricated letter from a (fake) Black dad alleging his (fake) son's activities in the Black Panther Party are part of an antisemitic conspiracy, 1971.

Life, By Any Means Necessary

Pediatricians at the forefront of the Palestinian struggle

By HEALTHCARE WORKERS FOR PALESTINE

Dr. George Habash, Dr. Fathi Shaqaqi, and Dr. Abdalaziz Al-Rantisi: Each was a Nakba survivor. Each was a pediatrician by training. What are we to make of the fact that all three men co-founded and led organizations that remain at the vanguard of Palestinian national liberation — Habash's Popular Front for the Liberation of Palestine (PFLP), Shaqaqi's Palestinian Islamic Jihad (PIJ), and Al-Rantisi's Islamic Resistance Movement (Hamas)? Today, as Gaza's entire healthcare system forms a frontline against genocide, the story of these doctors' politics is urgently instructive.

Habash, Shaqaqi, and Al-Rantisi represent a global movement of "revolutionary medicine," defined most fundamentally as stewarding life by resisting the violence of modern empire. The name stems from Che Guevara, who, in a 1960 speech, called for redirecting medical knowledge to the "service of the revolution and the people." Che, in fact, embarked on his path after witnessing poverty, disease, and injustice as a wandering doctor in Latin America. Other notable figures include Rudolf Virchow, whose belief in social medicine drove his taking up arms against the Prussian government, and Frantz Fanon, whose psychiatric writings reflect the years he spent as the ideologue of Algeria's *Mujahideen*. In Palestine, revolutionary medicine dates back to the Jerusalemite Christian Dr. Tawfiq Canaan. Canaan lived through the early days of Zionist settlement under the British occupation, a time when documenting what remained of Palestine's folk and Biblical heritage consumed him. Following the 1935 martyrdom of the Syrian 'Izz Al-Deen Al-Qassam in Jenin, Canaan took on a prominent political role in the ensuing Arab Revolt. His activity included calling on Arabs to take up arms, treating the injuries of the bandit Abu Jildah, and publishing two books in opposition to Zionism and imperialism. Later, during the Nakba, he worked as head of the Arab Medical Society to protect Jerusalem hospitals from the mortar attacks of Zionist militants.

What motivates such a doctor? Canaan, reflecting on a childhood before the Balfour Declaration, wrote: "We used to go with my father on ... trips all over the country [to] get acquainted with the country and the people. This continuous contact with the people nurtured in all of us, and particularly in me, love for the country and the people. This feeling of belonging and unshaken loyalty remained with me till this day." Fundamental to the practice of revolutionary medicine, then, is love of one's people.

Che Guevara possessed this same love, even going so far as to declare: "At the risk of seeming ridiculous, let me say that the true revolutionary is guided by a great feeling of love." Such love, he explained, entails solidarity with the people, caring for them, and being committed to their just treatment. In Che's life, we find an ethos of revolutionary

medicine similar to that expressed by Virchow: "If medicine is to fulfill her great task, then she must enter the political and social life ... the physicians are the natural attorneys of the poor, and the social problems should largely be solved by them." It was only natural, then, that Che would find himself visiting Gaza in 1959, when he urged its refugees to begin emulating the triumphant Cuban Revolution. "Where are the training camps?" he asked. "Where are the factories to manufacture arms? Where are the people's mobilization centers?"

What is a trained pediatrician meant to do when children are being annihilated?

George Habash was among the first Palestinians to heed Che's call. An organizer with the Arab National Movement, Habash pivoted to founding the PFLP after the Naksa setback in 1967. He believed in "leadership that remains among the workers and the peasants and lives as they live and raises their voices, carrying their pains!" And Habash felt his people's pain well, having survived the Lydda Massacre, among the most violent of all the Nakba expulsions. Zionist violence similarly scarred Shaqaqi and Al-Rantisi, with the latter citing witnessing his uncle's murder in front of him as a formative childhood moment. All three men pursued medical studies in their youth before devoting themselves to the health of their people; Habash and Shaqaqi operated clinics for the displaced, while Al-Rantisi was known to roam Gaza on foot, offering free care to the children of the poor. Displaying a diagnostic spirit of revolutionary medicine, each doctor looked beyond symptom relief to analyze the Zionist roots of their peoples' malady. Habash himself wrote a book called *Towards a Deeper and More Accurate Understanding of the Zionist Entity*, while Shaqaqi, in a 1995 interview, clarified the Palestinian struggle in remarkably few words: "We are only defending our right to live in our homeland. [...] We lived in peace with Jews for centuries. [...] I have no problem with Jews. [...] But I will fight occupation."

What, though, of the shared pediatric element? Last December, Khaled "Soul of my Soul" Al-Nabhan issued an appeal: "Stop this for the sake of the children." At one level, the resonance of his plea highlights the protected status of children — who make up most of Gaza's population — under international law. But a child is also a symbol of life itself, and of the vitality and creation that figure so prominently in Palestine's enduringly agricultural character. "And we love life if we find a way to it," wrote Darwish, "we dance and throw up a minaret or raise palm trees for the violets growing between two martyrs." Even the golden Dome of the Rock, the sacred heart of the Holy Land, rests

upon an octagonal structure; its base, a star formed by overlapping squares, evokes the fertile conjunction of Heaven and Earth. Indeed, the Palestinian cause may be seen as the forefront of a global confrontation between life itself and the death cult of white supremacy. The conditions imposed by colonization force the pediatrician into an adversarial position — Habash articulated as much, saying: "We have consistently proved that we are a people who deserve to live."

Juxtapose pediatrician-founded organizations leading the liberation of Palestine with the fact that the most common age of a verified martyr in this genocide is five to nine years old. Recall the mutilated bloody jaw of 12-year-old Mazionah from Gaza, and the countless children like her with amputated limbs and headshot wounds. What is a trained pediatrician meant to do when children are being annihilated by a deliberately genocidal movement? What is the most reasonable course of action on behalf of one's patients in this situation? Habash, Shaqaqi, and Al-Rantisi evidently concluded that care of the sick and wounded would only go so far. Seeking an ultimate cure to the Zionist terror ailing their people, they extended the premise of revolutionary medicine to its own logical conclusion: the rejection of normalization¹ and resistance by any means necessary.

All three men must be understood as patriots who defended the health, offspring, and future of the Palestinian social body. By seeing them as such, we can correctly read the PFLP's founding declaration: "The only language which the enemy understands is that of revolutionary violence, [and our task is to turn occupied Palestine into] an inferno whose fires consume the usurpers." Similarly, we can make sense of Al-Rantisi lifting a rifle into the air and shouting: "This, here, is the path!" And we can respect Shaqaqi's vow to "not give up a single weapon." Their collective conviction and principled sacrifices — Habash ended his days in poverty, while Shaqaqi and Al-Rantisi died as martyrs — remain a north star for all who share the same radical love of human life. These doctors unequivocally refused to let Palestinians' only choices be expulsion, submission to Zionism, or a polite and quiet death. They championed resistance not as an end in itself, but as a humanitarian means for justice, for a truly peaceful resolution of the Palestinian issue, and not a false settlement based on capitulation. Now, their legacies persist across Palestine and all of West Asia. May their example carry forward until liberation.

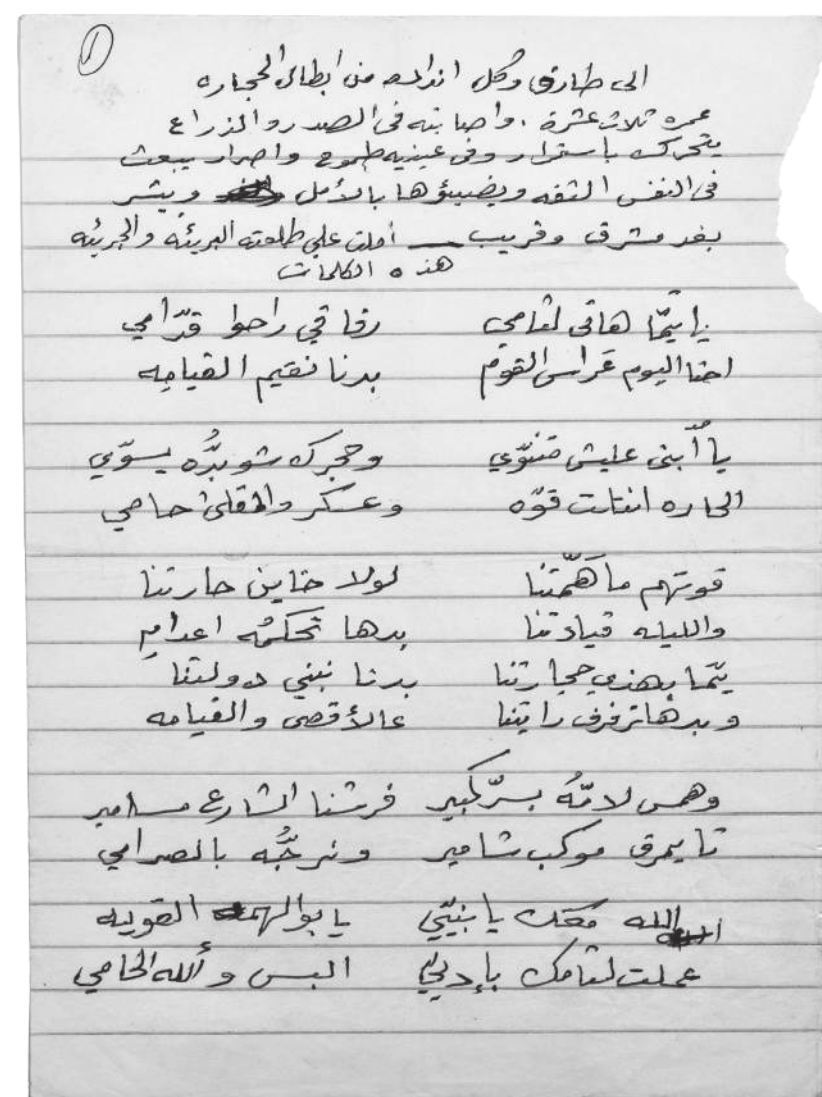
¹ The PFLP, PIJ, and Hamas joined a coalition of Palestinian organizations and intellectuals in disavowing the Fateh party for engaging in the Oslo Peace Accords with the Zionist Enemy. The Accords handed governance of the West Bank to Fateh and the "Palestinian Authority," which today is engaged in openly treasonous repression of resistance activity.



THE LION OF PALESTINE: Abdel Aziz Al-Rantisi worked as a doctor at Nasser Hospital, where he served as head of pediatrics from 1976 until being forced out by the Israelis in 1983. Beginning in 1986, he taught parasitology and genetics at the Islamic University of Gaza. The following year, at the outset of the First Intifada, he and six other men founded Hamas. Rantisi was a poet, an orator, a great politician. When asked if he was afraid of dying, he answered, "It is death, whether by Apache or by a heart attack, and I prefer the Apache." On April 17, 2004, the Israeli Air Force assassinated Al-Rantisi by firing Hellfire missiles from an AH-64 Apache helicopter at his car.



LITTLE LAMB: A wounded child recovers in a hospital during the Second "Israeli" invasion of Lebanon in 1982. Photograph courtesy of the Palestinian Museum Digital Archive.



Rajeh Al-Salfiti was born into a struggle he never forsook. At the age of 14, he joined the forces of uprising in the Great Palestinian Revolt (1936 - 1939), fighting alongside his comrades and singing for them, too. He wrote folk songs and poems in the *zajal* (oral strophic) tradition, and his voice was so beloved that he became known as the Sheikh of the Palestinian Zajals. He continued singing even after being shot in the lungs by a Zionist soldier during the Nakba in 1948.

For the rest of his life, the wound resonated. During the First Intifada, Al-Salfiti, now 66, was unwell and receiving treatment at Makassed Hospital in Al-Quds ("Jerusalem"). Among his fellow patients was a boy, Tarek, who came from Nablus with bullets in his arm and chest. Tarek was about the same age Al-Salfiti had been in the Revolt, and the boy's presence in the hospital, wrote Al-Salfiti, "was the embodiment of resilience, foretelling a radiant tomorrow."

To learn more of Al-Salfiti's life, visit the Rajeh Al-Salfiti Collection at the Palestinian Museum Digital Archive (palarchive.org).

NEW TRANSLATION 'TO TAREK AND THE HEROES OF THE STONES'

By RAJEH AL-SALFITI

Oh mother, bring me my kuffiyeh
My comrades have marched ahead of me
Today, we stand together before the nation
Prepared to summon the great reckoning

Oh son, what path are you choosing?
What could your stone ever achieve?
The alley is brimming with brute strength
Soldiers swarm, and the air burns fierce

Their power cannot break us
Only traitorousness is to fear
And tonight, the decree of death
Must echo from our leaders

Oh mother, with these very stones
We will build our homeland strong
Our flag will rise and wave proudly
Over Al-Aqsa and the Holy Sepulchre

He leaned to his mother and whispered
A secret, only she must know:
We've lined the street with nails in wait
For Shamir's convoy to meet its fate
When it comes, we'll strike with our shoes
A resounding message of our defiance

God be with you, my brave son
You who carry the weight of the nation's strength
I wove this kuffiyeh with my own two hands
Wear it, for God guards your path

And Tarek stepped into the square
Armed with stones and staffs
His kuffiyeh shining in four colors
He ran like an ostrich in the wind

Green, drawn from the lemon tree leaves
Black, carved from the ancient olive's trunk
White, born of a quiet, unyielding stone
And red, as the pomegranate blooms

A kuffiyeh, fresh and striking in form
Finer than the finest clothes
To its wearer, it lends strength and resolve
A noble spirit that cannot be swayed

His mother told him, "Strike and go
If you cross the street, stand tall
We need you to remain steadfast
A thorn in the eyes of the oppressors."

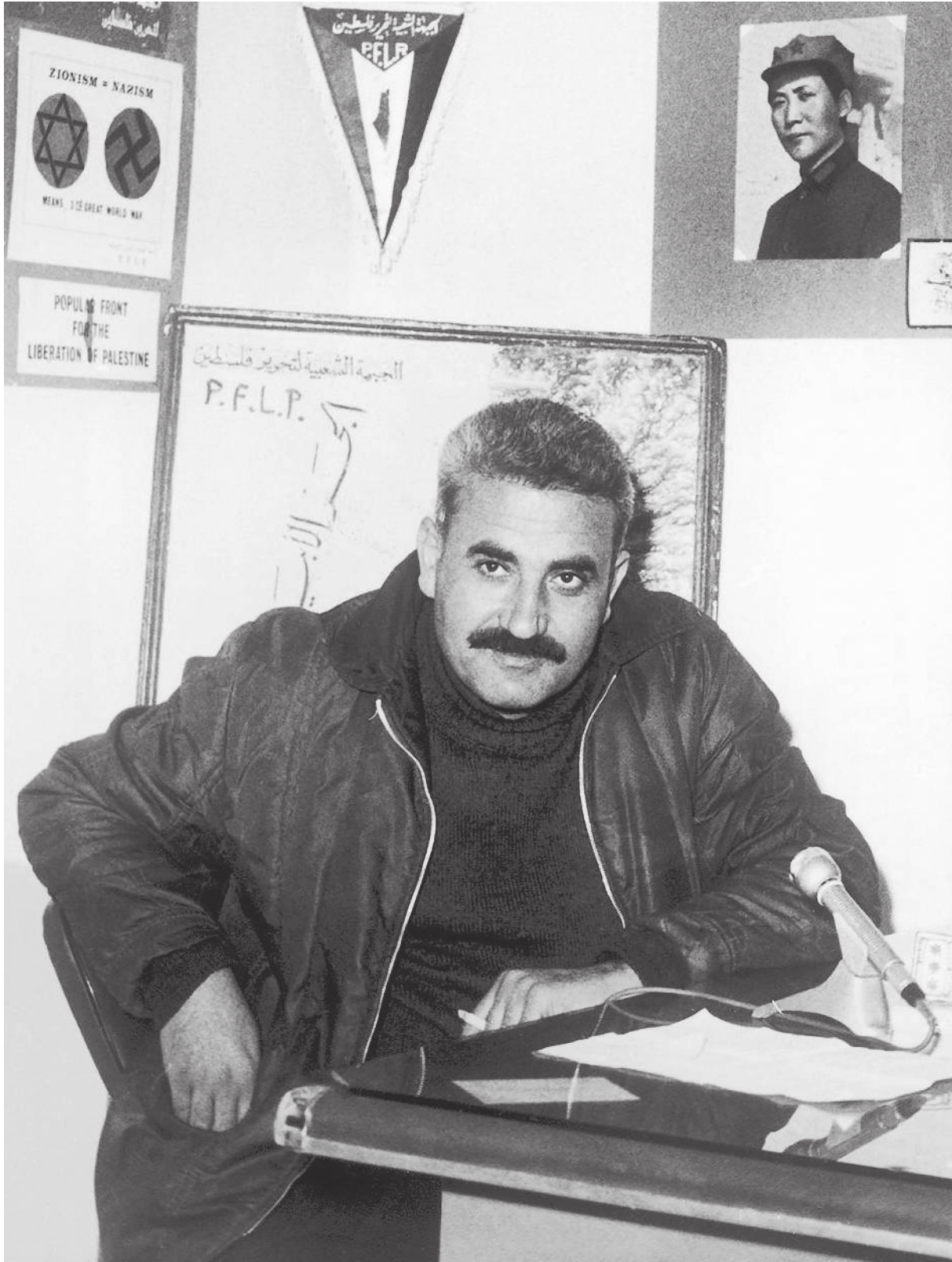
He found his comrades waiting near
Together, they descended among the orchards
When the cursed ones passed through
They rained a fiery storm of stones
One was struck square in the mouth
And, in turn, aimed his poison at Tarek
Tarek returned, drenched in blood
From his neck down to his feet

His friends came rushing to carry him
And led him to safety from the edge of death
They helped, they welcomed, they rescued
And shielded him from further harm

He returned to his mother and father
His comrades, rejoicing, embraced him
Blessed are the hands that healed Tarek
And praise to God for his safety

Translator's note: "His friends" may refer to the medics, doctors, and nurses at Makassed Hospital who helped Tarek recover from his wounds.

GEORGE HABASH ON THE PATH OF HIS DESTINY



From the Archives

In 1952, a young Palestinian doctor named George Habash graduated from medical school in Beirut and, within months, opened a free clinic for refugees in Amman. Two decades later, as the U.S.-backed Jordanian regime assaulted refugee camps across the country, Habash — now the leader of the Popular Front for the Liberation of Palestine (PFLP), which he had founded after the Six-Day War — again went to battle for his people. He and his fellow fighters took hundreds of foreign nationals hostage at two hotels in the capital, demanding that “all shelling of the camps be ended and all demands of the Palestinian resistance movement met.” Within three or four days, every hostage was released. The shelling stopped.

“I don’t believe I have ever seen the ordinary people of the camps react to a person as they reacted to Habash,” wrote the scholar As’ad AbuKhalil in a eulogy for his political hero, who died of heart failure in 2008. “Their love for him was genuine because they felt that he was genuine.”

His enemies felt it too, and lived in fear. A day after his death, the New York Times teased his obituary on their front-page index with three words: “Terrorism Tactician Dies.” (By contrast, when Yitzhak Rabin died they described him as a “soldier turned peacemaker.”)

Habash’s character was even harder to assail than his person, as the Zionists who tried both kinds of assassination can attest. “We will defend ourselves and our revolution by every way and every means,” he told the hostages in Amman, “because our code of morals is our revolution.” (A true communist, he never missed an opportunity for political education.) His honor, sincerity, and nerve continue to animate the heart of every struggler for Palestinian liberation.

In a 1997 interview, excerpted below, the revolutionary doctor recalls the events of fifty years earlier, when the Nakba tore apart his homeland, his family, his entire world — and made him an Arab nationalist for life.

Mahmoud Soueid: Was it at AUB [American University of Beirut] that you became involved in politics?

George Habash: I was immersed in my studies then but was deeply affected by certain landmark events. The 1947 UN partition resolution, for example. It

was difficult to conceive of my homeland divided. And when Palestinians began to be driven out in 1948, I started wondering: Since the Arab world is large and great, how can it be defeated by a handful of gangs?

Then, at the beginning of my second year of medical school, a classmate named Ma’tuq al-Asmar, who came from Nablus, told me about closed seminars of twenty to twenty-five students being organized by Professor Constantine Zurayk, who was talking about Arab nationalism, the Arab nation, and the need for a renaissance. I began to attend. Ma’tuq also wanted us to meet with an AUB alumnus named Ramiz Shihadeh to discuss how to achieve Arab unity and save Palestine. But by that time, I was determined to return to Lydda, so the meeting never took place.

Soueid: You returned to Lydda during the 1948 war?

Habash: It was June 1948. The academic year was over, and the university was closed. By that time, the Zionist forces had expelled the population of Jaffa, and the exodus from Palestine was at its peak. Many had fled to Lydda, including my parents. They were fairly well off — my father had a store, you could call him a merchant — and they had sent me money, wanting me to stay in Beirut. My mother was always worrying about me. So they were very surprised when I showed up in Lydda. They didn’t believe I could be of any use under the circumstances. I thought about it. Could I fight? Since I had already started to study medicine, I thought I could be of service in this area. There was a doctor at Lydda Hospital, from the Zahlan family. I began to serve as Dr. Mustafa Zahlan’s assistant.

Soueid: What was the situation in Lydda like at the time?

Habash: There was an extraordinary anxiety, like in the other towns and villages that hadn’t yet fallen to the Jews. Air raids had the population terrorized, and the town was overflowing with refugees from the surrounding areas that had been attacked by the Zionist gangs. The Lydda branch of the Arab Higher Committee headed by Hajj Amin al-Husseini urged people to stay put and even tried to prevent them from leaving. Some took comfort from the presence of an Arab Legion force

near Lydda, thinking it would save the city when the Jewish forces launched their massive assault.

Soueid: Where were you at the time of the attack?

Habash: I was at the hospital, helping Dr. Zahlan. The place was overflowing with dead and wounded, and the situation was quite terrifying.

I was totally occupied when my mother’s maternal aunt came to the hospital looking for me. She wanted me to return home, saying my mother was worried about me. Of course I refused. Finally she had to tell me that my sister had been killed, my older sister whom I loved dearly [he pauses to control himself]. As I rushed through the streets, there was great confusion. Dead and wounded, some of whom I knew, were strewn along the side of the road.

We buried my sister near our house because we could not get to the cemetery. Three hours later, Jewish fighters stormed the house, screaming: “Out! Out! Get out!” My mother and my sister’s children — including a small child we had to carry — ran out, as did other relatives and neighbors. We had no idea where to go, but the Jewish soldiers ordered us to get moving. So we walked. It was a hot day in Ramadan. Some people around us were saying it was the Day of Judgment, others said we were already in Hell. When we reached the outskirts of town, we found a Jewish checkpoint where those leaving were being searched. We had no weapons. But our neighbor’s son, Amin Hanhan, apparently had some money concealed on him and wouldn’t let them search him. A Zionist soldier shot him dead right in front of our eyes. His mother and sister rushed to him, weeping. His brother, Bishara, had been in elementary school with me and we were friends. We used to study and play together... [again, he is overcome with emotion].

You wonder why I have chosen this road, why I became an Arab nationalist. This is what Zionism is about. After all this, they talk about peace. This was the Zionism that I knew, that I saw with my own eyes.

Excerpts from an interview conducted by Mahmoud Soueid, director of the Institute of Palestine Studies in Beirut, in 1997. Originally published in the Journal of Palestine Studies XXVIII, no. 1 (Autumn 1998). Reprinted without permission.

INTERVIEW WITH AN AUDIOLOGIST

‘It’s enough when you see the smile on a child’s face’



Stills from Rehab Nazzal’s *Vibrations From Gaza* (2023), about the experiences of deaf children living under routine bombardment.

Raja Sharaf is an audiologist and speech-language pathologist from Gaza, and the former head of the audiology department at Gaza’s Hamad Hospital. She and her colleagues were displaced to Egypt as a result of Israel’s genocide. She spoke to The New York War Crimes about the effects of Israel’s sonic terror — the drones, the planes, the explosions — on the auditory health of her patients.

New York War Crimes: Tell us about your experience as an audiologist in Gaza before the war.

Raja Sharaf: My institution provided complete hearing tests for adults or children, or even for newborns, since we had very advanced equipment. The equipment in Gaza is considered among the most advanced in the world. We’ve seen huge developments in the field of audiology. The hearing aids were imported from abroad, but we had our own lab doing maintenance. We used to prepare all the ear molds. Very few institutions had these capabilities, so of course we provided our services to many people.

NYWC: Could you talk about the obstacles you faced in your work before October 7?

Sharaf: The materials that we needed for the ear molds, hearing aids, or spare parts for the devices all had to come through the Erez Crossing. The Israelis would deliberately delay their entry under the pretext of security inspections. Of course, these kinds of items had entered Gaza many times, so their nature is well-known. We would provide the Israeli side with detailed lists of what was being shipped, and they would approve them. The delays seemed to serve no purpose other than to hinder the provision of services.

During the period before October 7, in your estimation, how many people would come in with hearing problems caused by explosions and Israeli airstrikes?

Sharaf: The intensity of the explosions, airstrikes, and repeated wars on Gaza — which happened multiple times a year — contributed to an increasing number of people with hearing impairments or injuries, including both children and adults.

We worked with children who lost their hearing due to explosions or adults who were directly targeted by Israeli forces in Gaza, whose cars or homes were bombed. Additionally, young people participating in peaceful

demonstrations would go to the border between us and the Israeli side. The Israeli forces would directly target these youths and open fire on them. Most of the injuries we encountered were to the head, which can lead to complete deafness.

How has the nature of your work changed since October 7?

Sharaf: Services have significantly decreased for all patients. I remain in constant contact with my patients because many consult me online about issues: “There are no batteries,” or “My hearing aid is broken,” or “I’ve lost my hearing aid.” They’re already suffering from displacement, loss, deprivation, fear, and hunger. At the same time, hearing-impaired individuals face the additional hardship of being unable to communicate with those around them. Many people in Gaza who used to work in the centers can provide services. But there are no batteries. If there are no batteries, how can a hearing aid function? If the hearing aid is broken, there are no spare parts, so the hearing aid is lost.

What’s the fate of the center you were working at — the building, the space, the employees?

Sharaf: I was working at two institutions, and most of [the employees] were from Gaza. Currently, most of our team is based in Cairo. Our center in Gaza has now completely stopped operating. We are currently technically unemployed, but we still try to offer support remotely. Patients can contact us, and we do our best to provide psychological support. And if we can offer support through individuals in Gaza who used to help us with repairs or those working in other institutions there, we coordinate to connect them to patients so they can give them limited services based on what’s available.

It’s hard when, after working almost 25 years and giving as much as you can in Gaza for your patients and staying in constant touch with them, you’re left sitting without work. And when you love your job, and you give, and — I mean, it’s enough when you see the smile on a child’s face. When I would fit a hearing aid for a little child and they responded to the sound and they smiled at me, that was worth the entire world to me. I’ve been deprived of all of that.

From your perspective as an audiologist, could you tell us more about the use of sound as a systematic tool of war?

Sharaf: Regarding the drones, they were present even before the war, almost nonstop in Gaza. They would fly in the middle of the night, or during the day. The continuous sound is very disturbing. You couldn’t sleep because of those sounds. They would also use sound explosions without any actual ballistics.

And of course, now the amount of these explosions and drones has increased, specifically to scare people.

Many people, as a result of these explosions, even if they weren’t directly targeted, have had their auditory nerve affected. This is one of the causes of hearing loss — exposure to loud sounds and explosions. The number of people with hearing loss increased significantly due to these daily explosions.

What about on the psychological level? How do people deal with the fear?

Sharaf: People no longer have the strength to hear good words. They can’t even bear it when you ask them, “How are you?” They get upset and they say, “What are you thinking when you ask us? Do you not know our situation?” So now people push you away, they can no longer even receive psychological support. They’ve lost their stamina, and soon they will lose their minds because they can’t take it anymore. I don’t think anyone

can bear this.

Even before October 7, we didn’t have a smooth life, a peaceful life, or a life with security, safety, or economic prosperity. Still, October 7 was a turning point in how the war affected people psychologically. I don’t know how people will interact with each other after the war, because everyone is psychologically drained, everyone is mentally ill, and everyone needs psychological support. The pressure they have been under for over a year, the deprivation? Can you imagine — leaving your home to live somewhere else? Your home where you used to live comfortably, and now you live in a tent, your children are freezing?

One of my friends tells me, “I can’t sleep all night, I feel like my children might die from the cold.” She worries about how to feed them tomorrow. The most basic necessities of life are nonexistent.

Can you imagine the scale of the tragedy?

Do you have a message for your colleagues working in the U.S.?

Sharaf: It’s easier for foreign nationals to enter Gaza than for anyone else. They can go to Gaza and bring devices with them — hearing aids, batteries. They can provide psychological support to people with hearing disabilities and provide them with things they need to reduce their suffering.

What’s your vision for the future of healthcare in Gaza?

Sharaf: I have a vision that Gaza will return better than before, but this will take a long time. I expect that the health sector, and the people of Gaza, who are strong, resilient, and capable of bearing the pain they’ve suffered and endured, will stand together.

Interview conducted in Arabic and translated into English by members of the New York War Crimes collective. Questions and answers have been edited for length and clarity.

‘WE WILL REMAIN’ سوف نبقى هنا

سوف نبقى هنا كي يزول الألم
سوف نحيا هنا سوف يحلو النغم

We will stay here until the pain fades away
We will remain and the melody will be sweet

موطني موطني ذا الفدا موطني
موطني موطني يا أنا

My homeland, my homeland, my redeemer
My homeland, my homeland, oh my self!

فلنقم كلنا للدواء والقلم
كلنا عطف على من يصارع الألم

Let us arm ourselves with medicine and study
Let us care for those suffering from illness

ولنواصل المسير نحو غاية أهم
ونكون حقاً خير أمة بين الأمم

Let us strive together toward the highest goal
And we’ll be the best among nations

سوف نبقى هنا كي يزول الألم
سوف نحيا هنا سوف يحلو النغم

We will stay here until the pain fades away
We will remain and the melody will be sweet

Lyrics from a popular protest song as sung by the medical staff of Al-Awda Hospital on October 26, 2023, in a video posted by Middle East Monitor. At the time of printing, Al-Awda is the only hospital in northern Gaza that is still — partly — functional.

Translated into English by members of the New York War Crimes editorial collective.

On Witness & Despair

A conversation between Noor Hindi and Fargo Tbakhi



In his 1972 essay, "Photographs of Agony," the critic John Berger reflects on the internal contradictions that arise from the act of witnessing a mediated atrocity. Berger writes, "We try to emerge from the moment of the photograph back into our lives. As we do so, the contrast is such that the resumption of our lives appears to be a hopelessly inadequate response to what we have just seen."

Corresponding over email in late 2024, Palestinian poets Noor Hindi and Fargo Nissim Tbakhi respond to the question of witness — its utilities, its limitations, and its potential.

Noor Hindi: When I think of witness, I often move into a place of despair. I keep thinking "these images should stop the world," but in truth, they have barely stopped mine. How many times have I scrolled through Instagram and seen severed limbs or the bodies of children strewn to bits before sending another work email? How often can one move from hearing the wail of a bereaved mother to making dinner before the witnessing feels like an act of violence in and of itself?

In Christina Sharpe's book *In the*

Wake: On Blackness and Being, she argues that the repetition of these "cruel and unusual violences" does not lead to "sympathy or something like empathy." In fact, "Such repetitions often work to solidify and make continuous the colonial project of violence." Then she asks, "What kinds of ethical viewing and reading practices must we employ, now, in the face of these onslaughts?"

So rather than beginning and ending this conversation with the idea of witness, which is already making me feel powerless, I'd like to instead think with you on what it might mean for us to grapple with the despair of living in this moment? How can witnessing lead to something greater than despair?

Fargo Tbakhi: "Witness" and "despair" feel to me like twinned positions in this moment; they feed into and recreate one another. As Mary Turfah puts it, "This shrunken understanding of 'witness,' akin to paralyzing despair, takes different forms that meet at the same self-facing nothing — this cannot break the siege; this will not stop the bombs; this will not return the people to their land." Witness moves us into despair and vice versa, and eventually these two

poles might seem to be the only places we can be. But their contradictions can reveal alternate answers to the question that has remained for more than a year, more than a century — "What do we do now?"

One way to read both witness and despair is as a relinquishing of agency. Witness, as a Western paradigm for engagement with brutality, tells us that all we can do is watch, share, amplify, document, archive. Yet watching and sharing effects no material change in the frequency or scale of that brutality. Without alternative forms of action inside the given paradigm, this knowledge moves us into despair, an affective state of learned and reinforced helplessness. The despair compounds our feeling that there is no way to intervene, giving our affective responses to seeing constant images of Palestinians subject to exterminatory violence beyond language nowhere to go. As Turfah further points out, "The accompanying guilt, even as it floods the senses, is not a productive emotion if it does not transmute into something kinetic, like anger, appropriately channeled." These feelings fester, and that is all we let them do.

But despair is more complicated than some of our thinking might suggest. Despair can offer an analytical framework. We have failed, inasmuch as there is a "we" who could be said to have been trying at all. We are confronted with our powerlessness. But that powerlessness has a context; it exists within a particular framework of things we have tried and assumptions we may hold about what is thinkable. If, for instance, our framework remains trapped within electoralism or a broader belief in the malleability of political actors, and those beliefs fail to enact change, or if we believe mass rallies will change things and they fail to do so, despair inevitably follows — unless we give up those frameworks, or change those beliefs.

Faced with this failure of thinkable tactics, despair is a natural place to land — but it is only one possible place, and does not need to be the final one. Despair and its attendant analytics might then offer, as Nouri Ghana suggests in his excellent book *Melancholy Acts: Defeat and Cultural Critique in the Arab World*, "a rare and genuine occasion for introspection and contemplation — really, for repurposing and finding a direction, an orientation, and a horizon for individual or collective action." Put another way: Despair is a call to find a different path, to radically expand our thinkable tactics. I don't know if witness can be similarly recuperated, but considering despair — as both a natural feeling in response to monstrosity that we are unable to adequately describe and a wake-up call to force more pathways to intervention into being — is a way to break the cycle we've been trapped inside.

Noor: I've been sitting with the idea of despair as only one possible place, and not a final one, as you say. Perhaps our despair feels like a trap door because we have failed to imagine or enact other possible modes of exit. This feels particularly true when we've committed ourselves to a sticky cycle of witness and a repurposing of imagery that inevitably leads to that "affective state of learned and reinforced helplessness," as you state.

Fourteen months into this iteration of the genocide, I'm thinking about all we lose, and continue to lose, on this flimsy idea of raising awareness, of arguing our humanity to people who want us dead, on organizing around an electoral system built on refusing us, and on protests and gatherings organized in correspondence with the very powers enabling this genocide. As my friend Aya said today, it all feels like a cheapening of our blood.

I want to see greater investment in disruption and divestment from the systems keeping us complacent with falsities around "peace." No one should be at peace right now. I have been inspired by protesters blocking weapons manufacturers, student encampments demanding divestment, and every small and large way people are standing in front of the war machine.

So, how do we move from witness to disruption, to helpfulness from help-

lessness, to action rather from hopelessness? What tools do we need? How do we keep each other safe?

One way to read both witness and despair is as a relinquishing of agency

Fargo: These questions of witness tend to be oriented toward what we are to do with images of annihilation, holocaust, mass brutality. As we try to think through why the reproduction and consumption of these images generally don't lead to action on the part of those who receive them, I think it's also important to remember that these are not the only images produced by this long moment.

Palestinians have created a growing set of counter-images: Al-Aqsa Flood's impossible prison-break; ordinary Palestinians running up to tanks to plant

of Palestinians' steadfast resistance to act as a kind of choreography for ourselves, images we might labor to replicate. So our obligation, when it comes to images of real resistance and care, is to work tirelessly to *recreate or support the recreation of these images and what they depict*. Witnessing these other images reminds us of their possibility, and offers us (if we let it) the chance to begin the work of remaking our own bodies, communities, and spirits such that we might create those images where we are, too. We have an obligation to run towards what an anonymous writer, reflecting on women's protest spaces in Iran, calls "an intuition born of experiencing a gap: a gap between viewing photos and videos of protests online, and presence in the street." The best possible way to witness images of resistance is to consider them a potential future for our own bodies. "The space between me and the images I had desired had grown very small. I myself was those images," the writer continues. If we choose to *desire* these images of resistance, we too can begin closing that gap, wherever we are, within whatever circumstances.



XANDER OPIYO

explosives; Sinwar expending the last breaths of his body to hurl a piece of wood at a drone. Images of world-burning tenderness and care: medics digging by flashlight to rescue those still living under the rubble; caretakers miraculously gathering enough resources to make food for each other; journalists relentlessly documenting the particular atrocities so that the world cannot as easily pretend it did not see them.

Within the imperial core, I think the actions you're pointing to emerge when we allow these counter-images

If we are to witness images of beloved kin being burned alive, crushed by the stones of their own homes, shot without a second thought by a person whose soul is rotted — if we are to witness these images, they must make us seek out, and let in, those other images that remind us liberation is possible, that we can feel it in our own bodies if we are brave enough to follow its choreography. This is the only form of witness that could begin to honor the enormous debt we owe the dead.

This conversation has been lightly edited for length and clarity.

newyorkwarcrimes.com



MAEN HAMMAD / INSTAGRAM: @MAENSTER

"Our thanks and all our feelings to our people in Gaza. We offer our assurances that they started in the path of God and God will not let them down. Amid all the torture and suffering we experienced in prison, our concern was for the war on Gaza to stop."

— **Bara'a Fuqaha, a 25-year-old medical student at Al-Quds University and a freed political prisoner**

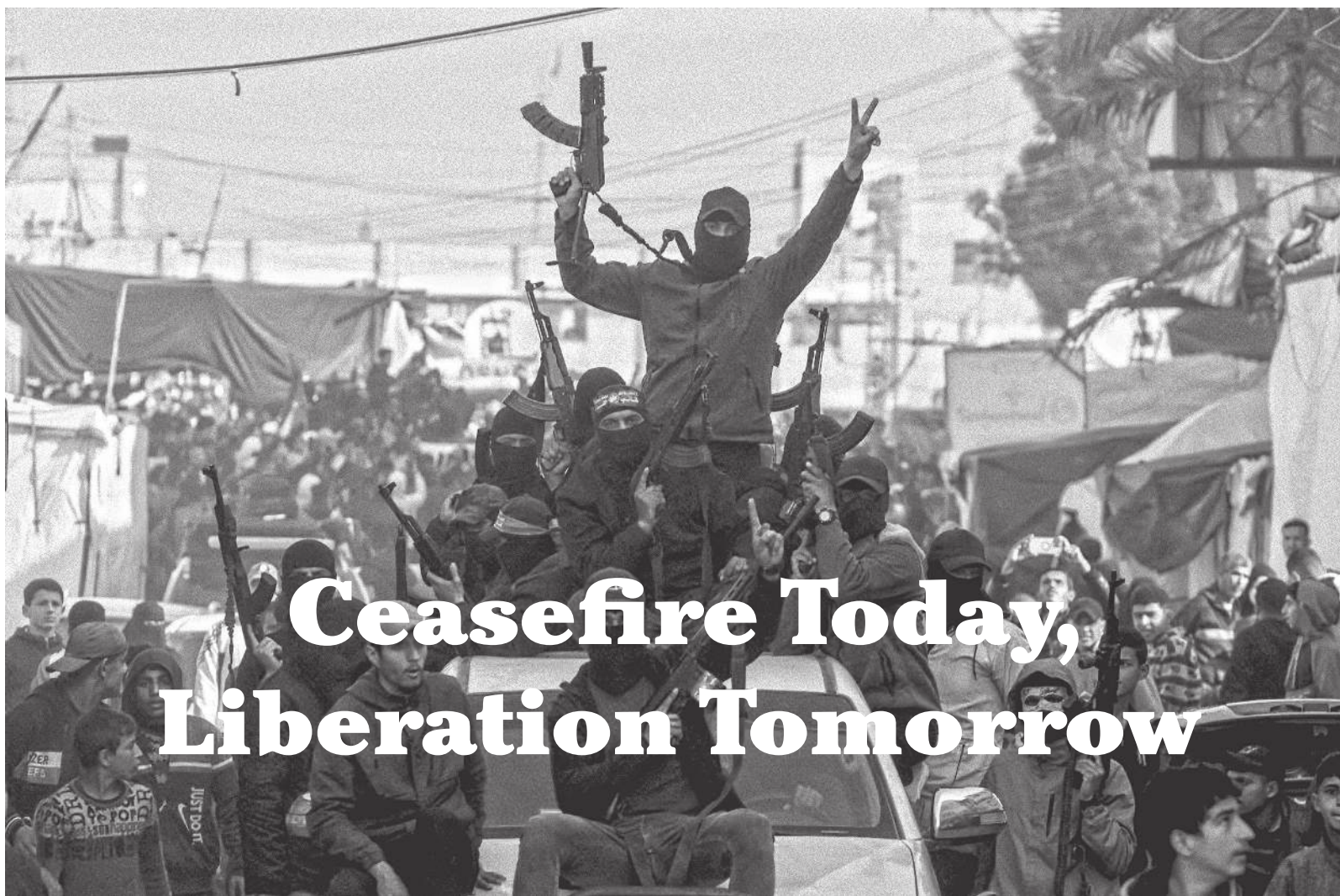
A PUBLIC DISPLAY OF JOY: On Monday, Jan. 20, at 1 a.m. local time, 90 Palestinian prisoners were released to the occupied West Bank as part of the ceasefire deal struck between the Islamic Resistance in Gaza and the Israeli occupation. On camera, immediately upon release, many of the newly free sent messages to the people of Gaza.

Images of prisoners being released hold revolutionary potential. It's why they are so acutely policed: Israel bans "public displays of joy" when Palestinians are freed on their own occupied land.

Zionist prison operates on a dual register. Israel abducts and detains Palestinians in a network of smaller, built prisons within a larger, superstructural prison — a prison of siege and surveillance. Breaking free of the border fence on October 7, resistance fighters took 250 Israelis hostage in a bid to secure the release of thousands of Palestinian prisoners, and, one day, all of them.

This first phase of the ceasefire will see the release of over 1890 Palestinians: all of the women and children in detention, 1000 prisoners currently serving life sentences, numbering almost 300. These include political leaders like Khalida Jarrar of the PFLP and Ahmad Barghouti of the Al-Aqsa Martyrs Brigades.

As negotiations continue, future stages of the agreement will see the release of more prisoners, the return of the bodies of Palestinian martyrs — held hostage in death — and with the end of the third stage, the lifting of Gaza's brutal blockade.



Ceasefire Today, Liberation Tomorrow

By WRITERS AGAINST THE WAR ON GAZA

A boy emerges from the rubble after an Israeli airstrike on his home in December 2023 and addresses the camera. "My mother and sisters were martyred, may God have mercy on them!" His face is bloodied, his hair grey with dust. As he speaks, his voice rises. "May Allah protect you Gaza," he says, pinching his thumb and index fingers together to create a circle. "It's this small, but the entire world can't defeat it!"

After 471 days of livestreamed genocide, Hamas and the Israeli occupation have reached a ceasefire agreement.

This news is, first and foremost, a cause for celebration. Every Palestinian in Gaza is a survivor, not only of the past 15 months of genocidal aggression, but of successive massacres, incursions, and sieges extending back to 1948. For 76 long years, the Zionist occupation has mangled and obliterated Palestinian family trees, land, and memory. Yet the struggle for liberation continues, with Gaza at its beating center.

The ceasefire agreement is a victory. Despite the vast destruction and mass death wrought by the Zionist entity and

its American conspirators on the Strip, the Palestinians of Gaza remain rooted to their land. Israel failed to achieve a single military goal over the past year, while the Islamic Resistance has reportedly replaced every martyred fighter with a fresh recruit. Al-Aqsa Flood succeeded in its goals of liberating Palestinian hostages from Zionist dungeons and putting the Palestinian cause back on the global stage. Per the terms of the ceasefire agreement, over 3,000 Palestinians will be released from prison over the coming months, 250 of whom

had life sentences. This is a massive achievement for a movement that has long been led by its prisoners. The dream of Palestinian statehood, once crushed by the signing of the 1993 Oslo Accords, is alive in the heart of every child in Gaza flashing the victory sign at a camera.

Israel's defeat is not merely a military and political failure, but a narrative one. The old bromide that the Zionist entity is the only democracy in the Middle East, a legitimate and rational actor committed to upholding

the values enshrined in international law, rings hollower now than it has at any other point in the ethnostate's contemptible history. So too does the notion that its army possesses any degree of morality, let alone a superlative one. Even its foundational sense of victimhood ("Israel has the right to defend itself") is falling apart.

The brave journalists of Gaza should be credited with the final undoing of this myth. For more than a year, they have documented the genocide of their people while they themselves faced displacement, constant airstrikes, and incalculable grief. In particular, the reporters who remained in northern Gaza to report on Zionist-engineered famine, the Occupation's repeated sieges on hospitals, and the targeting of their own colleagues with sniper drones demonstrated before the world the difference between dying for one's people and killing for someone else's land.

The end of the Zionists' latest genocidal onslaught is only the beginning of a new phase in the Palestinian struggle for liberation. On the cultural front, we must recommit ourselves to the fight. We are already seeing imperial tabloids like *The New York Times* try to whitewash their own coverage of the war on Gaza, publishing stories like "Estimated Gaza Toll May Have Missed 25,000 Deaths, Study Says," as if people in Gaza have not been saying the same thing for months. We will see international reporters enter the Strip and write reports that their craven bosses will pretend are the first revelations of the true extent of the horror, despite the fact that journalists on ground risked everything to deliver the truth every day for 466 days. We will continue to see so-called advocacy groups like PEN America celebrate "the freedom of expression" of Palestinian writers while decrying any and all actions taken in service of the freedom of Palestine itself. (That is, unless the board of PEN America learns a lesson from the organic boycott movement that ended the tenure of its Zionist CEO, Suzanne Nossel, late last year.) American non-governmental organizations in every sector will try to profit from the very genocide they refused to let their employees name, let alone organize against, for over a year. We must resist these twin forces of denial and revisionism.

Indeed, the past 15 months have laid bare the lie of American liberalism, exposing every institution that prizes notions of "free speech," "justice," and "humanity" yet offers nothing to a child ripped limb from limb by American munitions. The work of exposing these contradictions will only grow from now on, since the ceasefire will merely slow, not end, the genocidal project. While liberals sigh their relief, we sharpen our tactics. We have not spent 15 months organizing for the right to say "free Palestine." We know our task is to make war unprofitable and normalization untenable — and, in so doing, to support the Palestinian resistance, by whose unceasing efforts freedom will come.

"We are continuing," said Leila Khaled, the great Palestinian fighter, in an interview one year ago. "If the enemy believes that under the constant bombardment they will displace people, our people said that we will not be displaced after '48."

"This is a unified word: we will not be displaced, we will die on our land with honor and we will not leave, this is what everyone repeats. Although they cut off water, electricity, food, and everything else from Gaza, to put pressure on its people until they are displaced, they will not [leave]."

"Everyone says that even if our homes are destroyed, we will rebuild them. This is the people's position. [...] They will not emigrate while their children are still under the rubble. How will they emigrate when they have not taken their women out from under the rubble? How will they migrate? Not possible. These people [...] are not the same generation that left, about which Golda [Meir] said: 'The old die and the young forget.' This fourth generation is stubborn and carries the idea and is moving towards achieving it."

We must not tire. There is a world where Gaza is rebuilt, where its orchards once again bear fruit. There is a world where the siege is lifted, where Zionist gunboats disappear from the Gaza sea, a world where all Palestinians are able to pray at Al-Aqsa Mosque unimpeded. We owe it to the people of Gaza to continue building toward this world, toward a free Palestine within our lifetimes.

Until the coming victory, Gaza lives.

THE HOUSES THAT DEATH BUILT

All around us live the executives of Elbit Systems Of America — the U.S. division of the Israeli arms firm. Here are ten of their home addresses.

LUKE D. SAVOIE
President and CEO
7604 Hanover Street
McKinney, TX

ROBERT (BOB) O. FIORENTINI
Chief Operating Officer
6249 Pecan Orchard Court
Fort Worth, TX

ERIK LYNN FOX
Vice President and General Manager,
Warfighter Systems
614 Forest Lawn Drive
Moneta, VA

TED R. FORDYCE
Vice President
1418 N Rhode Street, Apt. 411
Arlington, VA

CRAIG COLLINS
Chief Financial Officer
212 Saint Tropez Drive
Southlake, TX

LISA NORTHUP
Senior Vice President and
Chief Human Resources Officer
5008 Fry Lane
Colleyville, TX

BENJAMIN J. KOHR
Senior Vice President and General Counsel
4026 Hockaday Drive
Dallas, TX

DONNELLY ANNE BOHAN
President and CEO, Spartan, and
Vice President Maritime Systems (Elbit subsidiaries)
942 Victoria Hills Drive South
Deland, FL

RICHARD M. FRUZZETTI
Corporate Development and M&A
3660 North Oakland Street
Arlington, VA

MATTHEW BERNARDUS STEENMAN
Chief Technology Officer
269 Snowden St.
W. Franklin, TN

Only when the IOF turns to their stockpiles and finds them depleted will there be an end to the genocide. Not because they have decided not to kill, but because they will no longer have the means.

In the first weeks after Al-Aqsa Flood, debate within the pro-Palestine (or anti-genocide) movement unfolded over the question of demands. Who were we targeting? What were we demanding? Some of the fighting took the form of questions around the "liberal" character of the demand for a ceasefire — in the wake of the historic operation by Al-Qassam Brigades and the unfolding catastrophe, shouldn't more be asked for? The debate settled. The unifying necessity of the demand won out. From Gaza, to European and American capitals, to press podiums and Congress, from every participant in the widening movement, the same demand could be made. A ceasefire states the obvious: The bombs must stop; war only ends with a political agreement on both sides.

From the point of view of the Western onlooker, whose will and imaginary participation seemed needed for the demand to become reality, ceasefire represented a simple, moral call to stop the bombs. This meant the demand — fitted to the immediate and spectacular crimes of the Zionist project — could be a vehicle for the broadest-ever wave of institutional recognition of the Palestinian question in favor of Palestine. From the point of view of the Palestinian resistance, a ceasefire would represent military victory. This made the demand coherent as a project of solidarity with the Palestinian struggle. From the point of view of "Israel," a ceasefire represented military defeat. This made the demand a threat — hence its subsequent co-optation and weaponization, in the decades-long tradition of "peace process" obstructionism. As in the previous negotiations, the demand for a ceasefire became a way to prolong the carnage.

Historically, it is rare for divestment campaigns to have direct and immediate material consequences. The famed movement to divest from apartheid South Africa, which still stands as a model for organizing in the core against a client nation's policy, barely grazed the pocket-lining of pro-apartheid companies. But in making claims against pecuniary complicity in apartheid, these campaigns signaled a widening radius of refusal — they showed how intimately the struggle of the rebels reverberated through the institutions of empire.

But ideological and political cover is part of the material of empire. A given institution's investments may be replaced swiftly by another, but the edifice of unyielding material support is built with unyielding political consent. The threat of divest-

ment is the threat of crumbling that consent, pillar by pillar, throughout elite institutions. Following the fracturing of consent comes the fracturing of material support.

This spring, the demand for an arms embargo overtook the demand for a ceasefire. It did so in the wake of the latter's co-optation by liberals and in the recognition that the diplomatic charade was a screen for the U.S.'s support to continue unabated. (Neither "progressive" Democrats nor American leftists were going to achieve a ceasefire. It was always going to be a battle of patience for the resistance to win.) It did so, too, in the wake of the explosive call for divestment that spread through student encampments across the country. Like divestment, the demand for an arms embargo represents an understanding of leverage: where the connections

to the chain of command are and how to strike at them.

The chain is complex. Whether through direct commercial sales approved by the government, or through foreign military financing — the latter comprises the majority of U.S. aid to "Israel": the U.S. supplies "Israel" with money that it uses to purchase U.S.-made weapons — some combination of the State Department, the Department of Defense, Congress, and the immense prerogative of the White House are party to the bloody decision tree. An embargo would mean putting a block somewhere in the chain.

People who know nothing will claim that "Israel," with its advanced technology and manufacturing base, could pursue its military aims without the flow of U.S. arms. These people probably also thought Biden was "conned" by Netanyahu into sending Israel 2000-pound bunker buster bombs to use in Beirut suburbs. Over 65 percent of the Zionist entity's weapons come from the United States — a figure that may be outdated for this year given the reportedly large quantity of off-book transfers (of precision-guided munitions, small-diameter bombs, bunker busters, and guns and other small arms) made since the escalated genocide in Gaza began. Another 30 percent come from Berlin. All of the Oc-

cupation Forces' planes are Made In America. An interruption — indeed, the threat of an interruption — to the flow of these arms would be existential for the occupation, especially now as it flees from Gaza to expand its fronts.

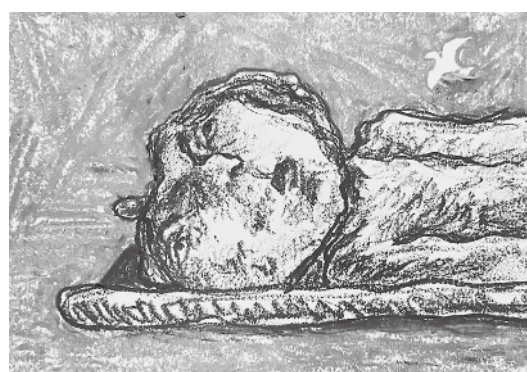
Congressional legal instruments exist to force the U.S. to comply with its own laws regarding arms transfers to criminal states. Rhetorically, the arms embargo can be argued in pursuit of a ceasefire: If you want one, the only way is to force "Israel" to the table by choking off American supply lines to the Zionist slaughter. Politically targeting the supply chain — in sabotage and pressure campaigns against firms like Maersk and Elbit, or by denying port of call to "Israel"-bound weapons shipments — builds the pressure to stop the flow of the bombs. And the comrades of Pal Action — "we're just normal people, we've never done anything like this" — have shown that direct action can disable nodes in the chain. No one is an onlooker: There are those who consent, and those who resist.

Munitions are not the only American domestic industry propping up the Zionist regime. As "Israel" unleashes its newly approved \$150 million hasbara budget, the manufacture of consent will grow apace — unless we intervene. "Their words were as dangerous as bullets," the Palestinian journalist Shuruq As'ad said when asked, by one of our members, what she thought of Western media coverage post-October 7th. We address *The New York Times* in our work because the paper has so long served as a bulwark for the Zionist project on the narrative front. But calling for arms embargoes, even from allied nations, is within its capacity. We know because they have done it before: on apartheid South Africa, Saudi Arabia, and the United Arab Emirates. In these moments *The Times'* editorial board saw that their role could unlock some diplomatic deadlock, tipping the scale against State Department and presidential preference. "South Africa might not budge in the face of sanctions; what's now indisputable is that it will not budge without them," they wrote in 1986, against Reagan's "apologias" for Pretoria. If this was indisputable in 1986, why not today?

Failing to crush the resistance in Gaza, "Israel" is expanding its target bank across the region. Only when the IOF turns to their stockpiles and finds them depleted will there be an end to their brutality. Not because they have decided not to kill, but because they will no longer have the means.

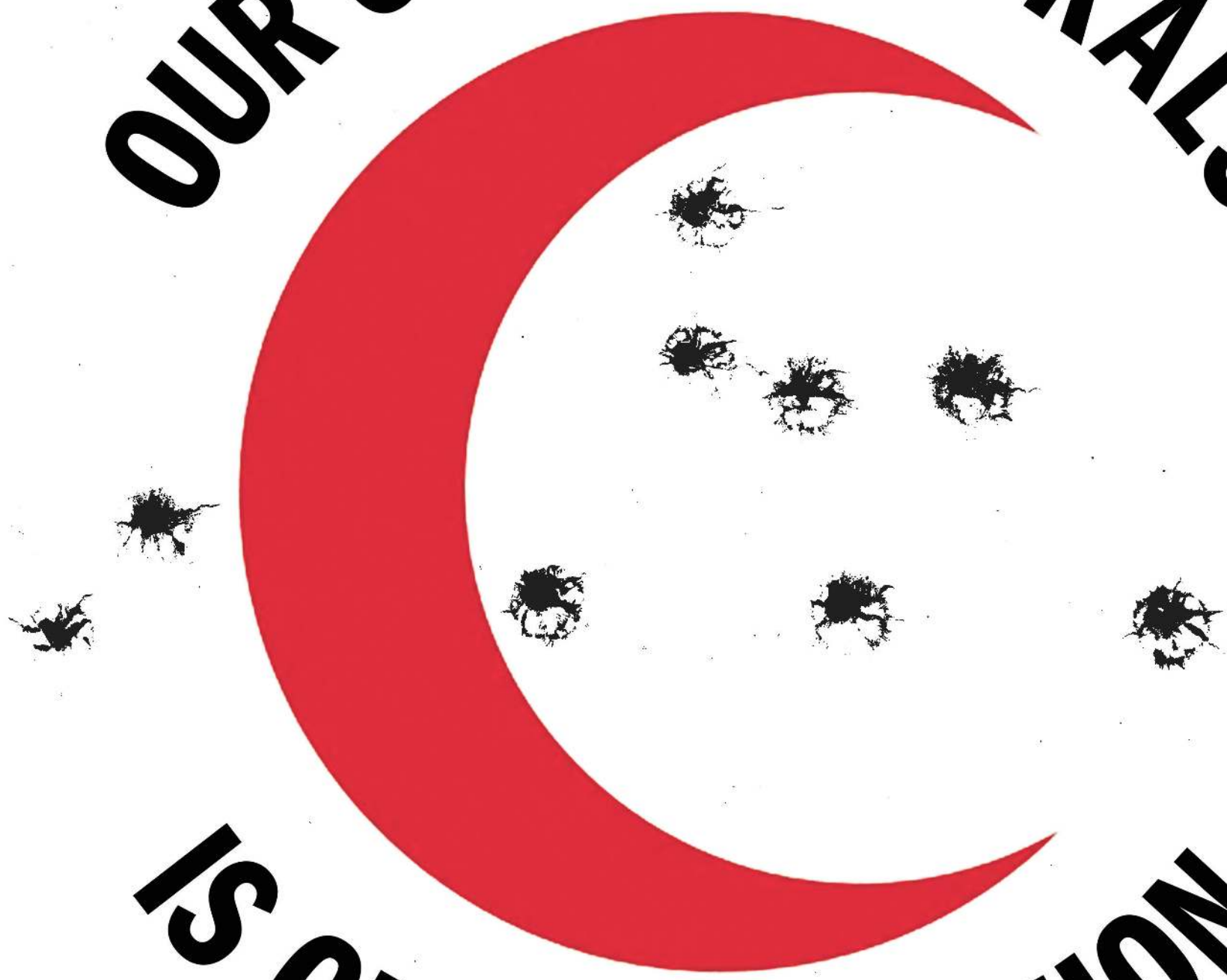
Arms Embargo Now

By
THE NEW YORK WAR CRIMES
EDITORIAL COLLECTIVE



HAMADA EL KEPT

OUR CODE OF MORALS



IS OUR REVOLUTION

