

‘The First Thing a Doctor Wants to Do Is Ease Someone’s Pain. In Gaza, That’s Impossible’

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Dr. James Smith saw the same scene several times a day: residents of the Gaza Strip carrying casualties from Israeli bombings, wrapped in blankets, and laying them on the hospital floor. “Until we unwrapped the blankets, we didn’t know if the person inside was wounded or killed,” he said in an interview 10 days after he returned to London. He worked in Gaza as a volunteer in late December and early January.

“People also brought the dead, so their deaths would be recorded and they would be buried,” he said. “And because they are usually [found among the rubble](#), they’re all covered in dust.”

Smith came to Gaza as part of an emergency medical delegation jointly organized by Medical Aid for Palestinians (MAP), based in London, and the International Rescue Committee (IRC). Dozens of medical personnel like him enter Gaza each week. The volunteers all go back to their countries with the same conclusion. Out of all the war zones where they’ve volunteered, including Syria and Ukraine, it’s in Gaza where their ability to save lives is the most constrained.

Smith, an emergency medicine specialist, has also worked for Doctors Without Borders. But [“the catastrophe in Gaza is worse](#) than anything I’ve seen in the past,” he said. This merely increased his motivation to return to Gaza despite the constant frustration.

“The first thing a doctor wants to do,” he said, “is to ease a person’s pain. But without sufficient personnel, equipment and medication, mainly the pain relievers that Gaza’s sick and wounded need, that’s impossible.”



Treating the wounded at Nasser Hospital in Khan Yunis. Credit: MAP/IRC

The doctors' helplessness was traumatic for all, he said. "We're going through a double crisis - the scale of violence itself and our inability to respond and provide for people's most basic needs," he said."

"The global media is fixated about aid, and this creates the false impression that the situation is improving. But inside Gaza, everyone knows that as long as the war continues and there's no cease-fire, no access to humanitarian aid worthy of the name is possible."

Smith, 35, is also a lecturer in humanitarian policy and practice at University College London. He spent all his working hours in Gaza in the emergency room at Shuhada al-Aqsa Hospital in Deir al-Balah.

He quickly discovered that the wounded brought to the hospital hadn't received first aid before being loaded into an ambulance or personal vehicle. Because of the risk of the Israeli military bombing an area or building a second time, the rescuers had to rush the wounded to the hospital without stabilizing them at the scene. Numerous died on the way to the hospital as a result.

There have been several mass casualty incidents every day near or inside Deir al-Balah. When Smith was there, the hospital was so overcrowded that the wounded could only be treated on the floor.

Many patients were brought to him because the preventive medicine system had completely collapsed. Bombing has destroyed clinics; medical personnel have been displaced, killed, or wounded; and medications are in short supply. The ER was also flooded with people who were ambulatory but complained of some pain or illness.

"We gave all of them very basic first aid, because the staff was swamped with work," Smith said. "We sent them to hunt for medicine in pharmacies." But it was never certain that they

would find any.

The hospital held 650 patients when he was there, almost triple the number of beds, 250. And because people felt the building was safer than a tent or school, many continued to stay there after treatment. They were joined by their families and people displaced after the military ordered them to leave their homes. The hospital rented several nearby buildings as a result. But those sheltering there found that neither the hospital nor the rented buildings were safe amid the approaching battles and frequent bombing.

The doctor's first day at the hospital was December 27. "I can't remember what happened on that day," he said. He did remember, of course, that there was a mass-casualty incident.

During his first few days in Gaza, he was unable to remember what had happened the previous day. "I got angry with myself, because I felt that maybe this forgetting was a kind of disrespect for the patients," he said. But the initial shock, chaos, and incessant buzzing of drones provide a better explanation for his forgetfulness.

"The disquieting drones' buzzing was the first thing I noticed, and I quickly understood the threat it represented," he said. "Sometimes, two drones would circle over a certain area, and my colleagues, who were used to it, speculated that the place would be attacked soon. Adults, [like children](#), knew how to distinguish between the different types of bombs and shells."

"What we saw there was unlike anything I have experienced as a medical doctor in my career so far"

Dr. James Smith, an emergency medical doctor who recently returned to the UK from Gaza, describes the grim reality of Gazan hospitals <https://t.co/TSX4ipl0l4> pic.twitter.com/g9znluZEpY

— Anadolu English (@anadoluagency) [February 6, 2024](#)

His difficulty in remembering probably also stemmed from sleep deprivation during those first few days, as airstrikes shook the entire building. They were especially intense at night and almost incessant. "I remembered this number very well - 374 medical workers had been killed in the Israeli airstrikes," he said. But in the end, exhaustion won out, and he managed to fall asleep.

Despite these problems, a few incidents are engraved in his memory. There was, for example, the volunteer for UNRWA (the UN agency that aids Palestinian refugees) who "lay on the floor, bleeding, and asked for water all the time. His legs were amputated. Amputated limbs due to being hit by a missile or bomb shrapnel are very common.

"I remember that I bent over and held his hand. I think we had a little morphine for him. He lay there for several hours. But they didn't manage to take him for an operation, and he died. There were others who died because they weren't brought into the overburdened operating room in time."

He also remembers a woman who was admitted with open wounds and a compound fracture in her leg. "She was constantly asking, 'What happened to my leg? What happened to my leg?' What we were able to do was give her pain relievers and liquids and clean her eyes so

she could see.”

He remembers the wounded screaming in pain. “Often, when the wound is especially bad, the patients aren’t completely conscious,” he said. “In particular, children with serious wounds were quiet, because they had lost consciousness. In triage, you learn that you have to pay attention to the quiet patients. The people who scream aren’t necessarily in the worst condition.”



Inside Nasser Hospital in Khan Yunis.Credit: MAP/IRC

In one mass-casualty incident, a 6-year-old boy was brought to the hospital, wrapped in a colorful blanket, and placed on the floor. “There were people around him, so I assumed they were his relatives and that he was being cared for,” the doctor said. When a patient’s relatives are with him, Smith said, they’re able to prod and demand treatment. Their intervention is especially welcome when the ER is chaotic because “it’s terribly hard to pay attention to everyone when there are hundreds of people.”

After a while, one of the surgeons entered the ER by chance and suspected that the boy wasn’t getting any care. They went over to him. He suffered from burns on his face and a bubbling wound on the right side of his chest that meant it reached his lung. “The boy was operated on, and when I left the hospital, he was still alive,” Smith said.

His last patient was a 12-year-old boy who had been shot near the Nuseirat refugee camp. “His brother found him and brought him in a cart harnessed to a donkey,” he said. “He had terrible open wounds in his pelvis, on the right side. He had lost a lot of blood and was very pale. We gave him a blood transfusion; he received the necessary first aid and was moved to a bed outside the emergency room. He seemed to be recovering. I knew that he would eventually need grafting”.

“I didn’t see him for a few hours. But shortly before I left the hospital, I examined him again. He was very pale, again. And then I discovered a pool of blood in the depression in the bed underneath his back. His father stood next to him and wept.”

The doctors bandaged the wound (there was no gauze) and searched for more blood to give him. “I told his father, ‘the second we get blood, he’ll be OK.’ His father kissed me.”

Smith also saw many patients who “in any other situation, wouldn’t have been sick, or whose condition wouldn’t have deteriorated so much, because they didn’t see a doctor, didn’t find medicine, didn’t eat enough for days, or drank polluted water ... People came with chest pains, others had a heart attack.

“I saw a man of 50 or 60 who was brought to the hospital dead. His family said he simply fell down and died in the middle of the street. I saw two kidney patients who had missed their regular dialysis treatments.” The Israeli military had surrounded the hospital where the treatments were given.

He saw people with diabetes who hadn’t received the necessary medicines or hadn’t received the correct dosage. “In a situation of hunger – and [everyone who came to the hospital was hungry](#) – the dosage is completely different,” he said.

“What remains unknown is the sheer scale of indirect morbidity- that has been developing during the war and will erupt afterward – chronic diseases that haven’t been treated, the effects of the hunger and thirst and malnutrition on people’s health,” he added. “This will become clear only in the years to come.” On top of these, there is the phenomenon of Post-Traumatic Stress Disorder, that we even failed to discuss.

Smith noticed the signs of trauma as soon as he entered Gaza. He saw it in the expressionless faces and in a sort of stillness amidst all the chaos. “This wasn’t acceptance, but collective shock”, he said. “One doctor in the hospital came up to me on the second day after I arrived, a doctor who had worked nonstop for 10 weeks. He asked where I was from, and then asked me, ‘Why does the world hate us Palestinians?’ For me, that summed up the general despondency and draining”.

Additionally, the non-wounded children suffer from incessant anxiety. It was made obvious by the nervous habits they developed. “The child of a member of the local medical staff we lived with in the same compound once helped his mother prepare dough,” Smith said. “He insisted on making it in the shape of a tank. Young as they are, this war will always punctuate these children’s lives.”

Amid all the chaos and the collective shock, the Palestinian doctors were always there, he continued, even though their number had decreased to around a quarter of what it was before the war. “They received some kind of salary, something like \$100 a month, worked almost nonstop and didn’t leave the hospital.”

“On the second or third day, we met a doctor who had left the hospital in Khan Yunis where she worked because it was already unsafe. She showed up at Al-Aqsa’s emergency room and volunteered to work with us.

“She said her family had been displaced and was living in a tent. One day she didn’t show up, and she told us later that she had to look for water and food for her family. She told me about her fierce yearning for her previous life and her friends, and said she was afraid that

‘this would be the new normal and we’re the next in line to die.’”

Like every foreign doctor who has volunteered in Gaza, Smith is awed by the Palestinian medical workers. Their dedication to the sick and wounded is phenomenal, he said.

His team had to leave Gaza earlier than planned, to his regret. On January 6, they were informed that the IDF had dropped leaflets ordering everyone living in the buildings around the hospital – many of them already displaced – to leave the area.

The medical volunteers lived in a residential complex in the tiny Al-Mawasi area south of Deir al-Balah, along with the families of the Palestinian employees. They would travel daily to the hospital through neighborhoods that had been tagged for Israeli bombing. Moreover, as in other places, it was clear the next step would be the encirclement of the hospital itself and a demand that everyone staying there leave.

Consequently, the entire emergency medical delegation he volunteered in never returned to the hospital. Local medical staff were also prevented from going, even though hundreds of patients remained inside. One was a MAP employee who had been wounded in an airstrike that hit the building where she and her family had been staying since they were displaced. Some of her relatives, including three sisters, were killed in the bombing.

Relatives of other local MAP and IRC staffers were wounded on January 18 when an airstrike hit this very housing complex in Al- Mawasi. The complex was damaged and had to be evacuated. Six foreign employees were forced to leave Gaza, and their mission was shut down for several weeks. After investigating for around two weeks, the organizations issued a press statement stating explicitly that the shrapnel had come from ammunition that only the Israeli military had.

The IDF Spokesperson’s Unit said the coordinates of the complex provided by Haaretz (which it received from MAP) were outside Al- Mawasi and were in an active combat zone that the military had asked residents to evacuate.

MAP rejected this claim, saying the complex, which flew the MAP and IRC flags, had gone through “deconflicting” – a process of informing and authorization that is meant to keep humanitarian staff and installations immune from attacks.

The British Foreign Office and the British Parliament were also involved in trying to get answers from the Israeli authorities. However, Israel provided various explanations for the strike on the complex, Haaretz was told. A military source told Haaretz that the building wasn’t struck but that a technical problem led to ammunition landing at the site.

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Featured image: A Red Crescent worker carries a child to the hospital after a bombing in Deir al-Balah, December. Credit: Palestine Red Crescent Society

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