

Transcript¹ of Palestine Children's Relief Fund (PCRF) Webinar with

Dr Ghassan Abu-Sittah

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President and webinar host: Steve Sosebee

[Link to Recording](#)

Q: Can you please give us an update on what the situation is currently in [Al] Shifa [hospital] and the health system in the northern Gaza Strip and in general in Gaza?

A: So, there is a complete collapse of the system. Al-Ahli Baptist Hospital, that had been targeted at the beginning of the war, really took destruction of the majority of the functioning aspect of the hospital. Initially, we managed to fix the two ORs and the ground floor ward, so that we could run an orthopaedic and plastic surgery service, and we were taking patients from Shifa. All of this changed when Shifa collapsed. Al-Ahli Baptist Hospital now is the only functioning hospital in the whole of Gaza City. So it's only us [Al-Ahli Hospital] and the Indonesian Hospital in all of the northern part of the Gaza Strip. We have over 500 wounded. There are only 3 surgeons here, in 2 operating rooms, with two anaesthetists. We don't have an x-ray technician, and we don't have access to a blood bank. The blood bank has been destroyed, and Shifa Hospital, as you know, has fallen. It's completely surrounded by Israeli snipers who are firing into the windows, and so all of the patients that are remaining, and the staff, are in the corridors of Shifa. They've killed a couple of the young doctors today, and they fired missiles into a couple of the buildings. And so Shifa is completely out of the question. We can't even save the people inside. And today, Shifa announced that its intensive care unit patients have all died, because of a lack of oxygen. The Israelis literally hit the oxygen pipes.

Now, the reason why I was keen for us to speak, is we need you, on the outside, to start thinking about the day after. There has been a systematic -- not just destruction -- but uprooting of the health system in Gaza. And once this is over and every nightmare has come to an end, we rely on you to be able to bridge that gap until the health system -- both in terms of people, and in terms of institutions and resources -- are able to get back on their feet. And because we don't know what's going to happen, we need you to do two things:

We need you to do multiple scenarios where you figure out how you would behave in outcomes. So, the first scenario is that there is no clear-cut ceasefire, but a humanitarian corridor with a lot of the patients who will be moved into Egypt. And so, a lot of you are Egyptian of origin, or have access to friends who have license to practice in Egypt, and so we need you to start thinking about the potential of what would happen if that were the case. And the most needy of these 23,000 wounded so far, [would] need to be treated in Egypt. And so organizations like PCRF, and other organizations, need to think about maybe figuring out, now, reaching out to the Egyptian Ministry of Health, reaching out to some of the hospitals offering the potential for aid.

The second scenario, which is that there is a ceasefire, and there is the ability to bring in teams, hopefully not just through air but also through Rafah [crossing]. There needs to be more than missions. The scale of the destruction, the number of patients is overwhelming. And this is not an issue of sending a few missions every couple days, or every couple weeks, or every couple of months. And so, yet again, we need to figure out a way in which

¹ Some questions are abridged in transcription but Dr Abu Sittah's replies are transcribed in full.

maybe, some of the existing hospitals are taken over and turned into permanent treatment centers for the war wounded -- particularly those who will need second stage surgeries and who will need reconstructive surgeries. But in order to do that, you will need to be aware of the following: the destruction to the human resource aspect of the health system has been so systematic. What you will find when you come to Gaza...you will find colleagues from the nursing, physiotherapy, surgical, medical teams who have had personal loss that is immeasurable. And those who have not, have been exhausted both emotionally and physically. And so you will need to come with an idea that you will need to carry the system. And by that I mean that the teams need to come fully equipped with ward nurses, with OR nurses, with mental health specialists, with people capable of running resterilization machines, *and* with surgeons, so that that aspect of it is sorted. You will not find anybody with any energy left at the end of this war to be able to help. And so, we need you to start thinking about plans -- contingency plans -- how you are going to do this. How you are going to screen the patients, and then the next aspect of this is the non-war related medical care that has also been destroyed. So as you all know, the ophthalmology hospital has been destroyed, the cancer hospital has been destroyed, all of the pediatric hospitals have been destroyed, and so there also needs to be a parallel plan for the most urgent, non-communicable disease care that is out there. So that those patients are not left to die while the system tries to recuperate. The situation is beyond dire. I mean, at the moment, we are in a hospital that served as a hospital during the first World War for British soldiers. And I'll tell you today, that the conditions that we were working in were not that dissimilar to the conditions that they were working in. I did major changes of dressings on children with nothing today -- with no [UNCLEAR], no ketamine, no morphine, not even tramadol. And so, it's just now been reduced to this kind of brutalization. We have a few [UNCLEAR] in the compound, close to where the missile landed, when they hit the hospital and we're just basically making do. We have no CT scans, we have no neurosurgeons, there are 3 of us, there is myself - a plastic surgeon, 1 orthopaedic surgeon, and 1 general surgeon. And today we were lucky that there is an obstetrician-gynaecologist who joined us, because there was a pregnant woman with a penetrating abdominal wound, that we believe had a uterine injury and luckily we found [the OBGYN] and he was able to come and give the general surgeon a hand. But that's about it. We don't have access to blood. We did a tracheostomy today, my first tracheostomy in over 15 years, because there was no one else to do it. So...that's what we need from you; is to think of these two scenarios and figure out a way to systematically hit the ground running, when this is over, in whatever state or form it's [in when it is] over.

Q: Regarding the second scenario...where teams can come in: from watching, what about the infrastructure? How can they work? Do we need to bring in equipment with us? Not just simple things, even the big stuff, because I don't know how equipped [you are] for these teams to be able to work anymore.

A: Well in terms of consumables, you're going to have to bring everything. Everything has been almost-- I mean by the time you do come, there will be nothing left. In terms of equipment, some of the equipment has been damaged, some of the equipment hasn't been, and I think all of these organizations will need to kind of have an advanced teams to kind of get in and quickly assess the situation so that the teams come in-- I'll leave that to the emergency logisticians of each of these organizations. What you need to do now, is, within your sub-specialties and specialties...try to figure out who are the local contacts that you have. A lot of them now are just completely dispersed, and so you need to figure out where they are, and start to try to figure out how to be ready to be in touch with them immediately when this finishes so that you have all of the information available to you. I also need to tell you: 47 percent of all of the injuries and the deaths and the wounded are in the southern part of Gaza. So the situation in the southern part of Gaza is just as complex. The Nasser and European Hospitals have not been destroyed like the hospitals [in the north] but that does not mean that that will not happen. The European Hospital is running short on everything,

and I think the dilution of resources of hospitals is equal in the north and the south. It's just that the destruction and the neutralization of the system in the north has been complete.

Q: In addition to our basic expertise and our respective specialties, you're someone who's very experienced in war care -- what can we do to prepare and plan before we come to you, if we've never been in a war zone, in an area that's been destroyed to that extent, so that at least we will be ready by the time we can be there?

A: So the idea is that you are coming to aid basically a place where there's nothing left. And that is everything from the ET tubes to the right size of cannula to the right bandage, to the right sticker, to the medications, to the nursing staff -- everything that you can imagine has been consumed by over 23,000 wounded. And over 37 days with no real resupply of the system. I mean, the couple of hundred trucks that came in...they were just a drop in the ocean. So it has not made a difference...My advice is to get a keen and friendly resident or student to make a daily list of every insignificant item that you take for granted, so that you have that available to you when you get in. What happened is PCRf, and organizations like it, when this war started, used their financial resources to buy whatever was in the private sector in Gaza, and gave it to the hospital. And so, not even the private sector in Gaza will have anything to give you. Everything has been consumed...and one of the buildings that was hit by the Israelis today, was the storage building in Shifa hospital. And so, the very little there is probably also gone.

Q: Can you comment on the Jordanian military -- if their air-drops [of medical supplies] are having an impact on the health sector?

A: Very very little because the hospital...movement between hospitals is now almost impossible and it's a small field hospital. I mean today one of the poor girls that I had to do a major change of dressing on, her uncle is the Director of the Jordanian hospital and he was on the phone trying to get some ketamine for me to use on her sister and he couldn't find a way to get me ketamine for his own niece. So those who live around and have access to that small hospital have benefited from it but it's not large enough to be able to make a dent and movement is really restricted now. You don't know where these, and, I mean the whole thing is so diabolical - there are these quadcopters, that are these new drones that fire at people and so you no longer need snipers to shoot at ambulances. There are these quadcopters that are going around the streets in Gaza and will fire at the ambulances and fire at people who are trying to get out.

Q: I would like to suggest the recruit two mercy ships and put them close to the shore and with a secure evacuation route that could be policed by the United Nations or even the Israelis. The other alternative is to request some of the other large military armies that are in Muslim countries like Saudi Arabia to provide us with a field hospital. Again to place the hospital in a neutral territory with an evacuation route and that way we can initiate the preparation of the phase two of the trauma victims to be prepared for more definitive surgery later on.

Answered by Steve Sosebee (PCRf): Dr. Ghassan I can actually answer that just because we are involved in dealing with logistics of getting patients out of Gaza. That's something we have been doing for cancer patients. We now have over 15 children who have been evacuated out of Gaza for paediatric oncology and we were able to get the girl out who you sent me with the significant arm injury (Jihan) - Dr. Ghassan thank you for referring that case to us. I'll do my best. I promise you we will put a full effort into getting any children you refer out for treatment. The Sinai desert is controlled by the Egyptian army and only they are going to permit any field hospital to be established in the Sinai. Furthermore, they only

through the Egyptian military will allow their own physicians to operate on those patients in field hospitals. I think what Dr. Ghassan is speaking about and I appreciate his point of view on this which is the next phase, the rebuilding phase that is required. The mercy ships, people are talking a lot about that – if that's something that's possible – I don't know but right now, if that's possible that's obviously an important thing but for getting kids out or patients out on a large scale into the Sinai into Egypt that is something that will hopefully take place but right now we're just trying to deal with an acute phase I think.

Q: I just received a call this morning that a group of people in London Ontario are working and trying to get the preterm children who are in the incubators outside of Gaza to hospitals in Egypt. And I think they have the logistics to do that and so he said that there are emergency cars from some organization, Kuwaiti organisation, who are ready to transfer these children. And there are physicians or there are hospitals actually in Egypt that will take care of these preterm children. I think what he was asking about the logistics- they have concern that if these cars started to go out of (Al Shifa hospital), how much security will they have? How much logistics do they need to go out of Gaza strip? [incomplete]

A: At the moment a couple of my colleagues working here have siblings who are still in the Shifa. The buildings around the Shifa hospital especially the high rise buildings that are around Shifa hospital have snipers stationed that have been firing into the windows at anything that moves and so all of the staff and the patients have been moved into the corridors. Several of the buildings have been hit including the cardiac surgery building and the Israeli soldiers are in the premises of the compound, now where exactly we don't know. So the idea that this is going to be allowed to happen, and safely, is another question. There was talk that they've allowed the wounded out of Al Quds hospital in trucks, in trailer trucks, but that is not confirmed. At the moment what I need you to concentrate on is really is the day after. At the moment the Israelis have not shown any kind of humanitarian inclination, any kind of humanitarian inclination. You know there is nothing. I mean they cannot...the brutality of what is happening defies any kind of logic that violence. The kind of, you know, it is beyond belief and so to think that the Israelis are going to allow one thing to happen. Even though the first thing they when they got to Shifa is hit the oxygen pipes... none of these are realistic. What Gaza needs from those outside is the thinking of the day after. Because the whole aim of what is happening now, and this is why this is part of the 1948 war, is to make Gaza uninhabitable. So that those who have not left during the war and as a result of the war will leave soon after. That's the aim of this destruction and this brutalisation is to empty Gaza of its population or a big part of its population and leave the rest destitute and just fending for survival and that's what we need people on the outside to be thinking about. The second phase of this war, which is the war of ethnic cleansing by making Gaza into an uninhabitable place.

Q. Are any international organisation, US, medical organisations have they been involved or could we get them involved?

A. Now with regards to, that's the lobbying you guys need to be doing, with regards involving the British Medical Association, the Royal College of Surgeons in Canada and the UK, the American Medical Association, the Arab American Medical Association, they need to use this time to start mobilizing for that day after. We cannot, it's obvious that there is no intervening in this war in terms of what is happening now but at least once this is over we need to be able. The worst possible thing is that after these wars people are destitute for six months and a year by the time someone sends a consultant to do a field study and write their report and then someone else moves and then a logistician goes and writes their report. You need to focus on hitting the ground running the minute this is over because the second wave will be the destitution.

It's critical that you have a plan. The most important thing is for us not to be caught off guard when this is done, and then start thinking, and then start preparing.

Additional context from Steve Sosebee (PCRF): There is no opportunity to take the injured from Gaza to the West Bank. They would have to go through Egypt, through Jordan, then cross the bridge. The corridor opening through air is not happening and not going to happen anytime soon. So, despite all of the various aspects of registered American organizations and so on, it's not possible to get injured people to the West Bank at this time.

Q: I'm currently working in Telehealth and I just want to ask: Is there any setup, I mean it's for the future, I know right now in Gaza it's not possible, but is there any camp or any sort of a field hospital where Telehealth can be helpful?

A: That's another way to kind of think about what is going to happen. At the moment, I mean, I couldn't even join Zoom. At the moment, no, but afterward, that's a possibility. All of the tools available to us have to be used. This is a war on a scale that has not happened since the second World War. This is 37 days that has killed over 13,000 and has wounded 23,000 -- of whom the kids are 7,000 dead and the wounded are 11,000 children. This is a scale that is beyond a single tool and a single mechanism to deal with. And therefore...every one of us who is comfortable doing a "way" will be called on, because no single "way" will be able to kind of...I mean this girl, that Steve managed to sort out, she's gonna need a free fibula neurovascular, a free flap. And then she's going to need tendon transfer and a nerve graft. All I could do for her is put a [UNCLEAR] wrap on the defect that was then graftable. In the hope of stabilizing her enough to get her out before she ends up with infections, or osteomyelitis of whatever remnants she had. And so you know, she's just one of many..anything that we managed to do, we managed to stabilize patients, because the numbers were so overwhelming that you could not afford to spend that long on-- we were just doing limb-saving surgery. That's it. And so, everything that you can imagine...thousands and thousands of external fixators on limbs that will need internal fixation and bone graft, or even worse. There are thousands of patients who have upper limb injuries that will need complex hand reconstruction. All of this is-- and then, a society that has been destroyed, that will need primary health care, and will need *good* primary health care, because of what it has undergone. There's over a quarter of a million houses that have been demolished. These people will now spend the winter out in the open, because there is no possibility that you will be able to get 250,000 prefabricated homes into Gaza. And so all of the problems, all of the catastrophes that you can imagine with all of these people, living in schools, with regards to infectious diseases, dermatological infections, we have malnutrition now in Gaza, we have dehydration. There is no paediatric services, so a lot of the kids with chronic illnesses are destitute. All of these things will need to be sorted out. What needs to happen is-- you need to think about what you are able to do. Make sure that...you are on the matrix of one of the organizations for the services and the specialties that you can. So that when the plan is rolled out, you are able to be there, in whatever shape or form.

Q: Can you describe the kind of injuries you are seeing and what you believe the long-term impacts of these injuries are? And also, how are hospitals able to handle the rising death toll? Are people able to bury their loved ones?

A: They are all blast injuries and some of them are kind of weird and wonderful new weapons that get tested on Gaza as the case is. One of the new ones I've seen is this new hellfire missile that fires like the old-style flechette bomb that fires darts but this fires discs. So I've been seeing wounds that have no soot or burns on the edges but have a serrated edge...and so it seems that these missiles fire, these flechette they fire darts [UNCLEAR].

And these clean amputations, like guillotine amputations that we're seeing. And then the traditional blast injury you know, the burns, the blast, the gravel in the wounds, the dirt, the dust, big chunks of soft tissue, bone mass, and then people taken out from underneath the rubble and were crushed underneath the rubble. The long-term effect is devastating because these weapons are, not only are we going to face a problem with the initial injury. We are going to face a problem with the fact that a lot of these treatments have been delayed. The overwhelming majority of wound infections-- I looked at 7 cases and managed to get microbiology swabs sent out. They are all multidrug resistant. So all of these wound infections are multidrug resistant. So the consequences of this delay in treatment, means more complex reconstruction, more surgery, and more residual disability at the end of this complex reconstruction. These people are looking at years and, as Steve knows, decades in the case of children, children's war injuries need reconstructive surgery until they stop growing at adult age. And then again when they start aging, they start another cycle of the aging war-wounded body. And so all of these injuries are going to have an out--(connection cuts out). A whole generation has been permanently damaged and disabled, and I don't even think about the mental health aspect. These are kids who have seen their families killed in front of them, they have seen their siblings killed in front of them. They have been buried under the rubble for days. You know, I did an amputation on a 6 year old yesterday; her arm and her leg, and then you know, yeah. It's just going to be overwhelming. And then I discovered my colleagues who were working in the other room on a kid with a shrapnel in his abdomen...my colleagues told me that he has no surviving family. And so now the family in the bed next door, next to his, are looking after him. I mean all of these-- there are 120 of these kids in Al-Shifa. I have no idea what happened to them. You can hear the bombing now, it started again. I have no idea what's happened to these kids. What is happening is on a scale...I've not seen before. Not even [19]82. This is worse than '82. We always thought that '82 was the worst war that the Israelis have ever launched. But this is much worse than '82. And my only worry is that, like '82, once this is finished, the coup de grace will be another Sabra and Shatila massacre.

Q: Can we get an update on the neonatal babies that are in the incubators? How are they doing? And my second question is we've been seeing reports of triage systems being implemented across hospitals in Gaza due to staff shortage. Is that something that's happening in Al-Shifa at the moment?

A: Well I'm at Al-Ahli Hospital. I was stopping between Al-Shifa and Al-Ahli, until 3 days ago, when Shifa basically collapsed. My understanding talking from some of my colleagues who have siblings that work in Shifa is that it's complete darkness, the oxygen pipes have been destroyed the minute the Israeli Land Forces arrived, and that there are no survivors in either the intensive care units or the incubators. As for us, we don't have an x-ray technician here. There's just 3 surgeons here; 1 plastic surgeon - myself, an orthopaedic surgeon, and a general surgeon. We don't have intensive care. I mean, this was an elective hospital. We don't have intensive care to look after critically ill patients, they are sent back to the ward, we don't have access to the blood bank, because the Israelis hit the blood bank, and when Shifa was destroyed and surrounded, we have no access to Shifa. And so we really are kind of surviving a rudimentary service here. But we are the only show in town, and we're just having to do our best in whatever circumstances we have...Now the thing about Gaza, and please attest to this... is that community solidarity that is here, that sense of belonging that is just... you know, my family comes from here and I've been through all of the wars in Gaza. You have some of-- we were joined by nurses from Shifa Hospital today, who just walked in because they heard that this is a functioning hospital. We had a gynaecologist join us today, because he heard that we're still open and he could no longer go to Shifa, so he came here. And I know my colleagues who just moved south, moved their families and just joined the nearest hospital available to them. And it's that community, there is that solidarity, that as bad as things are, has stopped them from being even worse. People literally are sharing

everything. When you have lived in a kind of individualist, capitalist society long enough, you forget what communal living looks like. But literally, people share mattresses, and share food, and share space with each other. There's almost a kind of total communal living as people are just relying on each other to help. It makes you in awe of all the people that are able to rise up in their humanity, at a time where they are being so brutalized, to live an exemplary life, the way they do.

Q: I do not have a question, I just want to thank you, Dr Ghassan. This is personal to me. I did my internship at Shifa Hospital in Gaza. So, on behalf of myself, my family, and all the families in the US from Gaza: We thank you so much. We owe you big time, and you are a hero, and just take care of them. And thank you, thank you so much.

A: Thank you. You know, today I was thinking, this is a continuation of what our parents went through in 1948. The people who are being killed and driven out of their homes are the children and the grandchildren of those who survived the same kind of elimination that their grandparents and parents went through. And it's bizarre to be reliving this, as a child of a survivor of Al-Nakba. To almost relive that same catastrophe. But, at the same time, my family lives in London, and they were telling me that between 700,000 and a million went out on the march yesterday. At the same time, despite all of this bleakness, despite this unimaginable pain, we are closer today than before...

Thank you very much. Thank you very much. We just need you to keep this anger. Keep this outrage. And channel it positively so that people-- because you know that wars, they don't stop when the bombs end. Wars really start when the bombs end. And the war that will be waged on Gaza once this war ends is going to be more vicious and even more insidious than this war.

[End of Q&A]