

The collapse of Gaza's Health Care system

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Gaza's health care system has collapsed. But how and why in the 21st century can a region the size of a quarter of London, that serves a population of 2.3million people just no longer be able to serve its population?

The crippling siege on Gaza over the last 17 years has decimated the health care system, in turn, negatively impacting the health of the population. During that period, Gaza's health care was reliant on international support, however, since October 7th, the health service in Gaza has been faced with the unimaginable, and how do you begin to write about that? How is it possible in the 21st century to witness the a health care system collapse in real time?

The whole of Gaza's health care system has collapsed due to the pressures placed upon them. Clinical staff have been working endlessly without breaks, themselves exhausted from the conflict, grieving for loved ones, and traumatised from the sheer number of horrific injuries and bodies that are filling up the hospitals. Stories abound of clinical staff who are operating and end up seeing their loved ones in the operating theatre. All that is complicated by the blockade enforced on Gaza, with no basic resources coming in. To put things into perspective, on average, Gaza used to receive 500 trucks in aid daily. The recent humanitarian 6-day pause allowed minimal supplies (100-200 trucks/day) to a warzone, of which included food, water and tents. Any medicines that did enter were like a drop in the ocean, and so the suffering of Gaza was allowed to continue. In a time of war, more resources are needed, not less, but the scarcity of supplies has left the population of Gaza staring into the abyss.

Under international humanitarian law, health facilities, medical staff, ambulances and patients, are meant to be protected from attacks. They are sanctuaries, and targeting these facilities can be considered a war crime. These are the laws written to protect humanity. But in Gaza it seems, international law does not apply. Health

care facilities have been attacked and destroyed; between the 7th October and the 5th December, there was a total of 212 attacks on healthcare, which led to the death of 565 people, 732 injured people, whilst 35 ambulances have been destroyed (1).

With cases of patients and medical staff being forced to evacuate leaving premature babies, intensive care patients and those not able to move with no one to care for them. In one hospital, 5 premature babies were left to die alone, and their bodies were discovered many days later having decomposed. Gaza's 2 paediatric hospitals are non-functional, as are the only dedicated cancer and psychiatric hospitals. People who need specialist care are not receiving it.

On the 5thDecember, the WHO announced 51 of the 72 (71%) primary health care providers were no longer functioning, with the remaining only partially operational. In addition, 24 of the 36 hospitals (67%) are damaged, and 19 (52%) are not operational at all (2). The remaining hospitals are nothing more than first aid centres and morgues. It is also important to note that Al-Shifa Medical complex is the largest health provider in Gaza which used to provide 40-50% of all surgical procedures in Gaza. Now, Al-Shifa is trying to function as a first aid centre, but even that is difficult due to the restrictions placed upon it and lack of staff.

Patients with chronic diseases no longer have the most basic medicines. Asthmatic patients have died due to not having inhalers, diabetic patients no longer have insulin, cancer patients no longer have chemotherapy and palliative end of life patients are in crippling pain due to not having painkillers. These patients are essentially facing delayed death, painful death sentences.

They can see death coming, they know they can't access the care and medicine they need but they face excruciating pain knowing there is nothing that can be done. Their suffering is indescribable.

There are 50,000 pregnant women, with approximately 180 births per day. The rate of premature births has rocketed due to the trauma of the current war, C-sections are being carried out without anaesthetic and simple complications are being managed through undertaking hysterectomies. Mothers and babies are discharged almost immediately. They have no shelter, food, warmth or sanitation. Diseases are now emerging within the population due to the living conditions, with skin diseases, respiratory infections (54,866 cases) and diarrhoea being the most rife. Diarrhoea amongst children under 5 years has increased from 2000 per month prior to the war, to just under 34,000 cases reported cases, with many unreported (3).

The current situation has led to a major public health disaster in Gaza. There is no electricity, clean drinking water, no functioning sewage system, and no rubbish collection. In addition, due to the extent of bombing and limited facilities, many decomposed bodies remain under the rubble. People are crammed into makeshift living quarters. Hepatitis A has already started spreading with no treatment or a way of controlling the spread; whilst the risk of diseases such as TB, cholera, and other communicable diseases will rise in a matter of no time, creating a secondary health crisis which will lead to thousands more dying in avoidable deaths.

Furthermore, there is the additional suffering of the conflict. Over 46,000 (75% children and women) innocent people have been injured. Hospitals are not able to deal with such numbers. Patients are lying on dirty floors, and if they are lucky may have a blood stained mattress. Amputations are being carried out on the floor in unsterile environments with no anaesthetic. The fact that amputations are even being resorted to due to the lateness of dealing with treatable that have subsequently become infected and have been left is heart-breaking. There have been over 900 children with amputations, and countless adults.

At this moment in time, no matter how small and insignificant an injury is, it can be life threatening due to the high risk of infection. Patients, in many cases, are fully awake, with patients dying as a result of the shock. Tom Potokar from the International Red Crescent describes hospitals as having the stench of rotting flesh, with maggots creeping out of the wounds. But what can be done? With the lack of sanitation and simple medication, a simple cut can become life threatening. During this period, Gaza has not only had the aggression of bombs, but also white phosphorus, which causes severe burns. There have been cases of patients with

over 90% burns. However, there are no staff and supplies to provide patients with the care they need. There are no pain killers to help ease the pain of burns, and patients are left in agonising pain.

In the words of Prof. Ghassan Abu Sitta, “wars don’t end when the bombs stop”. Where do you begin with the rehabilitation of the children that have been amputated, some of whom have had multiple limb amputations. As for the mental health impact and trauma caused by the lived experience, I’m not sure if and how that can be tackled. The Palestinian people are resilient; after all they have been dealing with occupation for over 70 years. But there are limits, and it will take gargantuan effort from the international community to help the Palestinian people rebuild their lives.

WHO Director General Tedros Adhanom Ghebreyesus said “the World cannot stand silent whilst hospitals, which should be safe havens, are transformed into scenes of death, devastation and despair”. We, as Doctors must continue to defend what we swore to do, to protect human life and do everything we can to call for a ceasefire now to prevent further tragedy.

I end this with the hope that the 21st century sees all human life is valued and respected, and that international law can truly be upheld to ensure the sanctity of humanity.

References

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