

Introduction 'From Beirut to Jerusalem' 2009 **- The Wounds of Gaza**

I returned to Gaza in January 2009 when it sustained the worst attack since the Six Day war in 1967. The Christmas week of 2008 was rudely interrupted by shocking scenes of Gaza being bombed by land, air and sea. In just three short weeks, 1,400 Palestinians were killed, nearly half of them children. In this tiny part of Occupied Palestine, there were 5,450 casualties, severe enough to require operations; many remain in a critical state today. Over 21,000 homes were destroyed, 4,000 of which were flattened to rubble by the deployment of implosion bombs. Other buildings were not spared – 40 mosques, hospitals, clinics, schools, even United Nations ware-houses. The scale of attacks matched that meted out to the Lebanon in 1982, or indeed, during the 2006 invasion, with similar intensity, ferocity and breaches of international law.

I have known Gaza since the days of the first 'Intifada', twenty years ago. Indeed, '*From Beirut to Jerusalem*' was written during the six months I had to spend waiting for the Israelis to grant my first visa into Gaza. A surgeon was urgently needed to treat the untold injuries sustained by unarmed Palestinians during that uprising, and I volunteered.

The enforced wait proved productive; it enabled me time to pause my work in Beirut, produce these memoirs and then head for the Gaza strip when the visa finally came in 1988. I spent the next six months as the only foreign orthopaedic surgeon in the Anglican hospital of Al-Ahli in Gaza city.

I first met Palestinians in 1982 when I responded to an international appeal for help following Israel's invasion of the Lebanon. I was warned by my Church these people were 'terrorists' and the Philistines of the Bible. In the refugee camps of Beirut, however, I found camp people who were warm and generous and who kept telling me of a home their young had never seen. Of a place called Palestine they were forced to flee in 1948. And of their determination to return one day. From Beirut, they would return to their Jerusalem. That their wish to exercise their right of return remained undimmed through the passing years and that the Palestinian nation was indivisible. Those in the diaspora was one with those under occupation.

They told me the hospital they named 'Akka' in Shatilla camp was to remember the coastal city many came from. And 'Gaza' the hospital in Sabra camp I worked in was named after the tiny strip of land just 147 square miles in Palestine.

In September of that year, thousands of unarmed men, women and children of the camps were massacred in Sabra and Shatilla. That massacre forced me to acknowledge Palestinians existed and their story of exile was true. This book was written in dedication to those who died and to all survivors who remained steadfast in their determination to return to Palestine.

I returned to Beirut many times and was there in 1987 when news of the Intifada emerged. Palestinians rose up in an uprising of civil disobedience against the Israeli occupation of the West Bank and Gaza. The Israeli army responded brutally to put down the uprising. Many of my friends in the Lebanon were anxious for their families who remained behind and did not flee in 1948 and 1967. But they were also proud it had finally happened after decades of occupation. I told my friends I would go to Gaza and promised to report back on a Gaza most of them had not seen.

They were full of hope that morning in 1987. The Uprising was a declaration to the whole world of the refusal of Palestinians in the West Bank and Gaza to live under Israeli occupation. TV coverage worldwide showed Palestinian children confronting Israeli armoured cars and tanks with stones. Women and old folk were not afraid anymore. It was David and Goliath, my favourite Bible story. Occupied Palestine was telling the world, "We will die standing; we will not live on our knees". Their courage captured the sympathy and imagination of the world.

To crush the Uprising, tear gas was fired into unarmed demonstrations, into homes, schools and hospitals. 'Plastic' bullets and 'rubber' bullets were fired at very close range into the eyes and heads of demonstrators, causing blindness and death. Israeli soldiers were filmed on TV beating a captured Palestinian to death. As Yitzchak Rabin, the then Prime Minister boasted openly that when Israel was through with the Palestinians, they will be a nation of cripples.

Because of the large numbers of casualties, the UN asked for an orthopaedic surgeon. I responded and left the Lebanon for Gaza a year later. Despite UN sponsorship, Israel took six months to allow me in.

I remember how I first heard of the news of that uprising. I was on a routine morning round with 'Mamma' Rita, an 80 year-old retired German ambulance driver and paramedic who volunteered with our charity Medical Aid for Palestinians. We were doing a daily morning milk round, providing milk, basic medical care and advice for the homeless in Beirut. Each family was partitioned from the other by a blanket and had to contend with a living space of 3 metres by 3 metres. Thus a small basement garage was shared by dozens of families. You could smell the overcrowding. I remember that December morning in 1987, wet, cold, dark and damp. The floors of the shelters were flooded; there was no electricity and running water. Here you saw despondency and their sense of helplessness was palpable.

The intervening years gave no respite to the suffering of the people of the camps who survived the massacre. Indeed, their conditions deteriorated and morale sank to a low. These were people who had little to look forward to, the children had lost their smiles and laughter, their homes were destroyed in the camp wars of the mid-80s and many families were sheltering in abandoned car parks and basements.

But that December morning, something was different. Glued to their radio, they heard the first news of the Intifada. Explaining in broken English to me, I saw a

sparkle in their eyes as they spoke of the Intifada. Their smiles began to return. They were beginning to regain their dignity.

They told me their grandparents said Gaza was very beautiful. They could only imagine and dream of going to live there one day. They were told of the olive and orange groves and the blue Mediterranean sea. They wanted me to confirm Gaza's beauty. They were indeed correct; Gaza, despite the suffering and devastation, is a truly beautiful place.

In the course of that first Intifada, hundreds died, thousands more were injured and tens of thousands imprisoned.

I worked in the Al-Ahli hospital in Gaza city. It was a small hospital founded in 1891 by Christian missionaries and was the only independent medical centre not under Israeli control at that time. In all the other Israeli controlled hospitals, wounded Palestinians brought in for treatment were open to scrutiny and subjected to arrest. Doctors had to report stone throwers shot by the Israeli soldiers. It was understandable why wounded demonstrators preferred the security of Al Ahli.

As we refused the Israeli Defence Force automatic access to our hospital, we were hostilely treated. If they wished to arrest one of our patients, they would surround the hospital with armoured vehicles. Soldiers would take up positions on our rooftops pointing at us with loaded automatic weapons, ready to snipe into the hospital. Indeed, my clinic was shot into. Ground commandoes would advance into the hospital. Sometimes soldiers would storm in while women were in labour.

On one such occasion, I was finishing an operation on a patient who was shot in the shoulder. Soldiers marched straight into my operating theatre – guns and all – and demanded I surrendered him for interrogation. I refused to let them do so. Taken aback, they promised to return later to take him once he recovered from his anaesthetic. They had probably never had to contend and row with aggressive Chinese women before!

They did return that night but could not find the patient. Except for the foreign doctors' rooms, the whole hospital was searched to no avail. My foreign anaesthetic colleague had hid him in his room. Our patient escaped but the hospital saw no end of harassment for the next few days. But the staff continued to plough on, treating and operating on more and more wounded.

The entire Gaza Strip was regularly put under curfew. These curfews were prolonged and often lasted for weeks on end. Children were locked up in their homes and not allowed to go to school. They were not even allowed to look out of the window. They risked being shot at if they did so.

May 1989 was an abnormal month for me. Israel was celebrating its Foundation Day and placed the whole of Gaza under military curfew. I was out in Jerusalem to buy medical supplies and, as a UN official, was exempted from the curfew. As I drove through, I saw how Israel was decked out with blue and white flags, and preparations for celebrations were well in advance. There was an atmosphere of gaiety in Israel but as I advanced back into Gaza, my heart was heavy. Gaza had remained silent, like a ghost town. There was a curfew, no music was allowed, no one was allowed out of their homes. My ambulance was the only moving object as I drove through Gaza city. It was eerie.

I remember only too vividly 6 May, 1989, a day of blood. It was Eid – the ending of the Muslim fasting month of Ramadan – and it was usually a time when everyone broke their fast, visiting each others' homes, showering gifts and offering well wishes. But as worshippers emerged from their mosques, Israeli helicopters appeared and started firing live rounds at them. Children and young men angrily responded by stoning the ground Israeli soldiers. They responded by shooting back. In that few minutes, 343 injured Palestinians were brought into our tiny hospital and 6 of them died while awaiting treatment. We operated on the wounded all day and throughout the night and into the next morning. As I emerged at dawn, I was told to go off for a shower and have something to eat.

It was then that I had a distinct sense of deja vue. At 7am, 18 September, 1982, years before, I was ordered out of the basement operating theatre of Gaza hospital in Beirut's Shatilla camp. I walked into the bright sunlight and learnt the truth and scale of what happened over the previous three days. I was a witness and survivor of the Sabra-Shatilla massacre.

But on that 6 May 1989 morning, something was different. As I left the hospital operating theatre that morning, the tree in the hospital courtyard greeted my eyes. Overnight it had put out pink blossoms. Against the bright May sky, it looked bizarre and beautiful. When I reached my quarters on top of the hospital pharmacy, I knelt down and burst out into sobs. Memories of that earlier massacre in Beirut and what I experienced the night before in Gaza and my six months there overwhelmed me.

The tear gas and the shootings, the sheer humiliation forced upon families, the open cess-pools, the realities of life under occupation. "God, are you still there?" I asked. But then I looked out of my window. The tree in full blossom seemed to tell me that he had not forgotten. Spring was in Gaza, as beautiful as it always was.

When Israel withdrew its settlements from Gaza in 2006, it created a large prison for all one and a half million people. It put Gaza under military siege. No one was allowed to enter or leave Gaza without Israel permission and a blockade arose.

Visitors, especially those from the West, usually visit the West Bank and tend to bypass Gaza. It was for a start, logistically difficult, given the extra security

ringed around Gaza by the Israeli army. Personally I had spent hours at the Israeli Eretz checkpoint trying to gain entry into Gaza in the intervening years. Likewise there was no guarantee I could get out at a chosen time after each visit. This belied the myth that Israeli withdrawal at that time gave Gaza unprecedented freedom. Many westerners also believed Gaza was poor and uninteresting and teeming with Islamic zealots and suicide bombers. This belief is untrue.

When the latest attack on Gaza started in December 2008, Dr Ghassan Abu-Sita, a young Palestinian surgical colleague of mine in London, became concerned about the level of destruction and the fate of his family. Ghassan comes from a distinguished Gazan family and was desperate to go there to assess the medical needs and plan for long-term medical help. While we were both surgeons, we realised our role was not to perform operations – Gaza had superb and skilled local Palestinian surgeons. What they needed was medical supplies and further training. We wanted to know what the best way of supporting them was.

Throughout the 22 days of bombardment, Gaza was hermetically sealed off by Israeli troops. We figured that we had a narrow window of opportunity to get into Gaza from the south, at the Egyptian-Rafah checkpoint. The normal entry through Israel was hopeless as too many visitors found to their cost. But the Egyptian side in the south also proved difficult as Egypt could not open the Rafah crossing without Israeli authorisation. Our hunch was correct. As we had anticipated the Israelis declared a temporary unilateral ceasefire on the eve of President Obama's inauguration. The Israeli general election was also due to take place soon. We left London for Egypt.

The road from Cairo to the border at Rafah was punctuated by at least ten Egyptian military checkpoints. Despite many of them being unmanned, it still took more than five hours to reach Rafah. Along the route, various trucks heading for Gaza were turned back. One of these was a truck with cement; building material was not allowed for Gaza. The bombed out hospitals, schools and homes must remain ruin and rubble. The crossing had just been open for doctors to go to do humanitarian work. A long convoy of trucks with medical supplies and equipment were held up in line at a separate goods crossing near us. Each truck's contents were carefully searched, causing enormous delay.

The British Embassy in Cairo warned us it was reckless to go and that we were going against the advice of the government. Everyone was nervous about the prospect of being allowed in. The previous day saw dozens of medical doctors turned away. So it was rather surreal that three hours of frustrating wait finally ended and we were waved on to the bus taking us into Palestine.

Once we entered Gaza, it felt like a home-coming. The atmosphere was completely different. The Palestinians meeting us carried our luggage without wanting any tip and we had our passports stamped with Palestine entry visas. Thirteen Palestinian young men who wanted to leave Gaza were turned back by the Egyptians and were denied permission to leave Gaza. At least 25

Palestinians were denied exit permits to study abroad, despite all being awarded international scholarships to do so.

A Palestinian health ministry liaison person came to meet us. We said we came from Britain to assess the medical needs of Gaza for a medical charity. He was very pleased and arranged an ambulance to take us to the taxi-stand at Rafah. That evening, Gaza radio announced that the first British medical team had arrived. Ghassan thought it very funny, what with him being a Palestinian from Gaza and I a Chinese. Fortunately, we were joined by Dr Sonia Robbins, a British plastic and hand surgeon, the next day. So, with her, we now had an Anglo-British component, a truly rainbow coalition.

We stayed with Abdel Daim, Ghassan's father-in-law who came to pick us up at Rafah. I had been on the road leading from Rafah in the south to Gaza city in the north many times during the first Intifada. I remember the road being crowded with buildings and shops on either side. But this time, as Abdel Daim drove us I was surprised the road was flanked by open spaces – fields and clear areas. It was apparent that since the second Intifada in 2001, many buildings were destroyed by Israeli military action. As Gaza had been under siege most of the time, rebuilding was not possible, so these clear spaces became fields over time. Further north, there were recent bombed-out buildings – heaps of rubble, collapsed concrete, mangled cables – the devastation of the latest invasion. This was very much like Beirut in 1982. And what Al-Jazeera TV in London was showing during the preceding three weeks - factories, schools, playgrounds, petrol stations, mosques and homes bombed out and gone.

I looked at Northern Gaza – how often have I driven down Sal-Uddin Road, the main road from Gaza City leading to the Israeli Erez Checkpoint, in 1988 and 1989. I remember every turn and corner. I know the citrus orchards, the farms and the homes of people with beautiful gardens. Often I would stop my ambulance to give a ride to the farm workers and they in return would give me freshly picked lemons and oranges. I now see it completely laid waste by Israeli explosives. Northern Gaza 2009 resembled the nuclear devastation of Hiroshima after the Second World War. The entire area was obliterated.

“Look at our petrol stations!” Abdel Daim exclaimed. “Where?” I asked. There by the road-side was a man squatting. Surrounding him were several jerry cans – plastic containers for carrying water – filled with petrol instead. “From the tunnels”, remarked Daim. The tunnels also brought in food, medicines, cigarettes, coca-cola and other items. Ghassan bought a can of Coke still covered with tunnel sand.

As he drove, Daim continued, “They pound us from the sea, shelled us from their tanks, bombed us with F16s and helicopters – they have killed and wounded so many. But they have not recaptured one inch of our territory. Welcome to Free Gaza!” Wow! I thought. What a defiant spirit. He went on, “I will not leave. If they want to, they can come and kill me on my land.”

Yes. How can I forget? In the first Intifada, I spent six months with them and found the same steadfastness and courage. I had completed *From Beirut to*

Jerusalem and wanted to share with them the story of their Palestinian relatives in the Lebanon. I had brought along only six copies with me but the nurses in the hospital carefully spliced the book into four or five sections and shared it out among the others so more could have access to the book. They were hungry for news on the Lebanon. While the Beirut hospitals were named after places in Palestine, those in Gaza, in turn, named their places after Telazater and Shatilla, in honour of the refugee camps in the Lebanon. There is no better example than this to prove that the Palestinian people are one and indivisible, that there is no distinction between those under occupation and those in exile.

Daim turned off the main road and into a narrow road with several pot-holes. On the one side was a cemetery. “You remember Mohammed – the little boy killed by the Israelis at the beginning of the Intifada? The picture of him being cradled in his father’s arms was seen on world TV. He is buried here as this is where he lived”. Beyond the cemetery were olive groves and destroyed houses still occupied by people. . It was off the beaten track with donkey-drawn carts as the main form of transport. Yet everyone seemed to know Daim and they waved at him as he drove past

On the left side was a field with two peacefully grazing ponies. Yet another turn brought us closer to the olive trees. Daim pointed to a large field, “The Israelis came one night and destroyed all the olive and apricot trees on 60 *dunums* of land. Most of those trees were over 50 years old and planted by my mother. The area is named after my mother, Magbule, who dug the first well here. She came at the age of 17 years from Jordan to marry my father, the Municipal Judge in Khan Younis.” Daim later took us to the graves of both his parents on his farm and the grave of his olive trees. The remains of the olive trees were neatly piled together, the huge trunks reminiscent of those in the Garden of Gethsemane in Jerusalem. On his farm, even murdered olive trees deserved a grave.

When we finally reached Daim’s home, flanked by palm trees, bougainvillea flowers, hibiscus, jasmine and honeysuckle, I found it difficult to believe such a beautiful garden stood in the midst of such destruction. An arrogant cockerel made his presence felt. But he was outdone by a peacock that fanned out his tail in huge grace and glory. “Oh, we have 30 of them in the farm,” explained Daim. The house is a bungalow with a flat roof top. I started to climb to the roof but was immediately stopped by Daim as there were Israeli drones (robot spy aircraft equipped with rockets and mechanical snipers) surveying the area. Anything that moves would be shot at. I did not need convincing as I beat a hasty retreat.

Daim is a tall dignified Palestinian of about 60 with silver grey hair, moustache and long eyebrows to match. Beneath the stern appearance, was a kind man with a great sense of humour. He had been arrested and imprisoned four times, and although tortured, never betrayed his friends. He came from a Bedouin family in Beersheba and they were renowned for their strength and loyalty. The family was driven out and became refugees in Gaza. Aida, his wife, is a young looking and attractive lady, who decorated their home with beautiful Palestinian embroidery pieces. I first came across such embroidery in Beirut in 1982, in Shatilla camp. Each village has its distinct motif. Women sat on the floor

embroidering colourful and ornate motifs. each village distinct from the other. Despite the demolition of their villages, memory and heritage lived on through these colourful silk threads sewn on black cloth. It is very labour intensive, but soon I was able to pick the various motifs like the Star of Bethlehem, the Rose of Jerusalem, the Cedar tree, the Olive branch, and the rich red and orange of the Bedouin communities. Now in Aida's home, I saw all these once again displayed on cushion covers, pictures framed on the wall, cloth covering tables, the sofas and wrapped around vases. The beauty of the embroidery and the garden brought to life the real beauty of Palestine. Diaspora Palestinians always told me their Palestine was beautiful. I always dismissed this as mere sentimentality. But on this farm house, I know it is.

Although their home was spared total destruction, every single window pane was shattered. Many neighbouring buildings were also destroyed. Aida had tried to seal off the home from the cold, wintry Gaza air by pieces of polythene. When the cold wind blows, the polythene 'curtains' flap and sends a chill across the house.

The family's warmth and generosity also concealed the dark history of Khan Younis. One evening, Aida's mother told me of the massacre of Khan Younis in 1956 under the command of Ariel Sharon. Nearly all men were killed, resulting in the women and children having to dig their graves.

How can I repay such hospitality of this Palestinian family? Each morning, before we embarked upon our visit to the hospitals, there would be Arabic coffee, home baked pastries, cheese and bread waiting for us. When we returned, there would be a cooked dinner. Just days ago they were eating bread with salt while Gaza was pounded by bombs. One day, we found that they had killed one of their turkeys and two chickens for us. As if it were not enough, Daim would leave one morning to buy us fresh fish. He could not allow us to leave Gaza without tasting their famous fish. It was extremely delicious, but I remember Gaza's fishermen were often shot at or even killed by Israeli gunboats if they strayed outside the three-mile waters of their own coast. My eyes still brim with tears as I recall that fish dinner.

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We managed to visit all hospitals and saw the extent of damages to schools, clinics and UN buildings. We introduced ourselves as the 'British' medical team. We spoke to the medical personnel and administrators whom we found to be extremely disciplined and dedicated. Like the parting of the Red Sea some thousands of years ago, we left in time before the barriers were lowered and Gaza was once again sealed off from the world.

In Gaza, we wrote a quick report of our findings. We wrote it on a morning when Israeli bombs fell hard and fast in southern Gaza. We put the facts down and sent it out immediately. It was our witness and was published in the medical journal, the *Lancet Global Health Network*. It attracted a great deal of attention.

Excerpts read:

“THE WOUNDS OF GAZA -

The wounds of Gaza are deep and multi-layered. Are we talking about the Khan Younis massacre of 5,000 in 1956, or the execution of the 35,000 prisoners of war by Israel in 1967? Yet more wounds of the first Intifada, when civil disobedience by an occupied people against the occupiers resulted in massive wounded and hundreds dead? We also cannot discount the 5,420 wounded in southern Gaza alone since 2000. Hence what we are referring to below are only that of the invasion as of 27 December 2008.

Over the period of 27 December 2008 to the ceasefire of 18 January 2009, it was estimated a million and a half tons of explosives were dropped on Gaza Strip. Gaza is 25 miles by 5 miles and home to 1.5 million people. Prior to this, Gaza has been completely blockaded and starved for 50 days. In fact, since the Palestinian election, Gaza has been under total or partial blockade for several years...

On the first day of the invasion, 250 people were killed. Every single police station in Gaza was bombed killing large numbers of police officers. Having wiped out the police force, attention was turned to non-government targets. Gaza was bombed from the air by F16 and Apache helicopters, shelled from the sea by Israeli gunboats, and from the land by tank artillery. Many schools were reduced to rubble, including the American School of Gaza, 40 mosques, hospitals, UN buildings, and of course, 21,000 homes, 4,000 of which were demolished completely. It is estimated that 100,000 people were made homeless.

A) Israeli weapons – In addition to conventional weapons and high explosives, four categories of unconventional weapons could be identified –

i) Phosphorus shells and bombs - eyewitnesses speak of bombs exploding at high altitude scattering a large canopy of phosphorus bomb lets which cover a large area.

During the land invasion, eyewitnesses describe the tanks shelling into homes first with a conventional shell. Once the walls are destroyed, a second shell- a phosphorus shell is then shot into the homes. Used in this manner the phosphorus explodes and burns the families and the homes. Many charred bodies were found among burning phosphorus particles.

One area of concern is the phosphorus seems to be in a special stabilising agent, resulting in the phosphorus not completely burning out. Residue still covers the fields, playground and compounds. They ignite when picked up by curious kids, or produce fumes when farmers return to water their fields. One returning family returning to water their field met with clouds of fumes producing epistaxis. This makes the phosphorus an anti-personnel weapon against children.

Surgeons from hospitals are also reporting cases where after primary laparotomy for relatively small wounds with minimal contamination find on second look laparotomy increasing areas of tissue necrosis at about 3 days. Patients then become gravely ill and by about 10 days those patients needing a third relook encounter massive liver necrosis. This may or may not be accompanied by

generalised bleeding, kidney failure and heart failure and death. Although acidosis, liver necrosis and sudden cardiac arrest due to hypocalcaemia are known to be complications of white phosphorus it is not possible to attribute these complications as being due to phosphorus alone.

There is real urgency to analyse and identify the real nature of this modified phosphorus as to its long term effect on the people of Gaza. There is also urgency in collecting and disposing of the phosphorus residues littering the entire Gaza Strip. As they give off toxic fumes when coming into contact with water, once the rain falls the whole area would be polluted with acid phosphorus fumes. Children should be warned not to handle and play with these phosphorus residues.

ii) Heavy Bombs – the use of DIME (dense inert material explosives) was evident though it is unsure whether depleted uranium was used in the south. In the civilian areas, surviving patients were found to have limbs truncated by DIME, since the stumps apart from being characteristically cut off in guillotine fashion also fail to bleed. Bomb casing and shrapnel are extremely heavy.

iii) Fuel air explosives – Bunker busters and implosions bombs have been used. There are buildings especially the 8 storey Science and Technology Building of the Islamic University of Gaza which had been reduced to rubble no higher than 5-6 feet high.

iv) Silent Bombs – People in Gaza described a silent bomb which is extremely destructive. The bomb arrives as a silent projectile at most with a whistling sound and creates a large area where all objects and living things are vaporised with minimal trace. We are unable to fit this into conventional weapons but the possibility of new particle weapons being tested should be suspected.

B) Executions – Survivors describe Israeli tanks arriving in front of homes demanding residents to come out. Children, old people and women would come forward and as they were lined up they were fired upon and killed. Families have lost tens of their members through such executions. The deliberate targeting of unarmed children and women is well documented by human rights groups in the Gaza Strip over the past month.

C) Targeting of ambulances – 13 ambulances have been fired upon killing drivers and first aid personnel in the process of rescue and evacuation of the wounded.

D) Cluster Bombs – Dropped on the Rafah border crossing with Egypt. The first patients wounded by cluster bombs were brought into the Abu Yusef Najjar Hospital after the ceasefire. Since more than half the tunnels in the border with Egypt have been destroyed, Gaza has lost part of her life-line. These tunnels contrary to popular belief are not for weapons, though light weapons could have been smuggled through them. They are the mainstay of food and fuel for Gaza. Palestinians are beginning to tunnel again. However it became clear that cluster bombs were dropped on to the Rafah border and the first was accidentally set off by tunnelling. Five burn patients were brought in after setting off a booby trap kind of device.

E) Death toll – as of 25 January, 2009, it is estimated 1,350 were killed with the numbers increasing daily. This is due to the severely wounded continuing to die in hospitals. About 40 percent killed were children.

F) Severe Injuries - The severely injured numbered 5,450 with 40 per cent children. These are mainly large burns and poly-trauma patients. Single limb fractures and walking wounded are not included in these figures.

Through our conversations with doctors and nurses the word holocaust and catastrophe were repeatedly used. The medical staff bear the psychological trauma of the past month living through the situation and dealing with mass casualties which swamped their department and operation rooms. Many patients died in the Accident and Emergency Department while awaiting treatment. In a district hospital, the orthopaedic surgeon carried out 13 external fixations in less than a day.

It is estimated that of the severely injured, 1,600 will suffer permanent disabilities. These include amputations, spinal cord injuries, head injuries, large burns with crippling contractures. There are 400 amputees of which 88 are bilateral.

SPECIAL FACTORS TO CONSIDER- the high death and injury toll is due to several factors

No escape - Gaza is sealed off by Israeli troops. No one can escape the bombardment and the land invasion. There is simply no escape. Even within the strip itself, movement from north to south is impossible as tanks have cut off both halves. By contrast, it was possible for people in the Lebanon in 1982 and 2006 to escape from an area of heavy bombardment to an area of relative calm. Gaza does not have this option.

Gaza is densely populated – The bombs used by Israel have been precision bombs, they have a hundred percent hit rate on buildings which are crowded with people, such as the central market, police stations, schools, the UN compound used as a shelter from bombardment, mosques (40 of them destroyed) and the homes of families who thought they were safe as there were no combatants in them. In high rise flats, a single implosion bomb would destroy multiple families. The pattern of consistent targeting of civilians make one suspect that the military are but collateral damage, while civilians are the primary targets.

Quantity and quality of the ammunition - as described above.

Gaza's lack of defence - against the modern weapons of Israel. Gaza has no tanks, no planes, no anti-aircraft missiles against an invading army. We experienced that first hand in a minor clash of Israeli tank shells versus Palestinians AK47 return fire. The forces were simply unmatched.

Absence of well constructed bomb shelters for civilians – Unfortunately even if these were present they would be no match for bunker busters possessed by the Israeli army.

CONCLUSION

The next assault on Gaza would be just as disastrous. The people of Gaza are extremely vulnerable and defenceless in the event of another attack. If the international community is serious about preventing such a large scale of deaths and injuries in the future, it will have to develop some sort of defence force for Gaza. Otherwise many more vulnerable civilians will continue to die.”

The report stayed on the *Lancet Global Health Network* for 28 days – from 2 February to 2 March 2009... It was taken off the website due to massive pro-Israeli protest accusing it of factual inaccuracies. However, in those 28 days, it had found its way into many other publications and as of March 2009, has been translated into 10 languages.

*Swee Chai Ang.
March 2009*