

Living through the war in Gaza: An autoethnographic account of psychological, humanitarian, and physical suffering of Gaza's inhabitants during the war in Gaza

Hatem Yousef Abu Zaydah¹

¹ PhD in Neurophysiology, Palm Strategic Initiatives Centre, Gaza Strip.

Abstract

Introduction: This paper presents an autoethnography from a Gaza-based scholar who documents, in real time, the war's effects on himself and his family. It situates a personal trajectory—bombardments, repeated displacement, injury, bereavement, and the collapse of essential services—within the broader humanitarian emergency, arguing that first-person evidence is indispensable to grasp lived experience and cumulative harm. *Materials and Methods:* Using an autoethnographic case-study design, the author combines contemporaneous field notes, direct observations across hospitals and shelters, and family narratives with publicly available situational reports. Narrative analysis is applied to episodes of displacement, rescue and burial operations, access to health care, and day-to-day survival under siege, to derive thematic patterns of risk, harm, and adaptation. *Results:* The account documents: (i) continuous exposure to airstrikes, artillery, and drones; (ii) direct physical harm to the author (tank-shell blast injury with persistent symptoms), (iii) family losses—the death of a son, a brother, and the disappearance and later recovery of his detained daughter—as well as the discovery and burial of his mother; (iv) health-system collapse (closures, staff shortages, lack of imaging and essential medicines) that intensified preventable morbidity and mortality; (v) repeated displacement through overcrowded shelters and hazardous checkpoints; and (vi) resource deprivation (famine conditions, unsafe water, disrupted transport). These stressors produced profound psychological distress, exhaustion, and functional impairment, exemplifying cumulative, multisystemic impacts on civilians. *Conclusions:* Autoethnography provides granular evidence of civilian burden that aggregate statistics cannot capture. Lessons for readers and practitioners include: protect health facilities and corridors; prioritize family-centred psychosocial care after bereavement and detention; pair needs assessments with first-person testimonies to detect hidden harms; and design humanitarian responses that address cumulative risks (safety, nutrition, water, mobility, and continuity of care) rather than siloed needs. The narrated events engage potential violations of international humanitarian and human rights law; therefore, responses should pair humanitarian relief with accountability: independent investigations with evidence preservation and survivor protection; avenues to justice (domestic courts, universal jurisdiction, ICC where applicable); and reparations. The narrative underscores the ethical and scientific value of survivor-authored documentation in conflict settings.

Keywords: Gaza, Humanitarian crisis, Trauma, Civilian casualties

* The views expressed are those of the authors and do not necessarily reflect those of the Journal, the Publisher or the Editors

Introduction

The Gaza Strip, considered part of the historical Palestinian territories, came under Israeli occupation in 1967 (Ben Naftali et al., 2005). Following the Oslo Accords signed in 1993 between the Palestine Liberation Organization (PLO) and Israel, Israel partially withdrew from the Strip, and the Palestinian National Authority (PNA) was established as a step toward the formation of an independent Palestinian state on the occupied territories (United Nations Special Coordinator for the Middle East Peace Process [UNSCO], 1993, Annex II).

In 2006, legislative elections were held in which Hamas, a movement that opposes the peace settlement process, secured a majority (Agha et al., 2024, p. 4; Khalidi, 2020, p. 285; Scholey, 2008, p. 131; The Carter Center, 2006). In 2007, Hamas took control of the Gaza Strip, leading to a significant weakening of the PNA's authority (Khalidi, 2020, p. 288). Subsequently, a blockade was imposed on Gaza¹, and the territory was subjected to several Israeli military operations, most notably in 2008–2009 and 2014².

- 1 Following the imposition of the blockade on Gaza, the entry of goods was severely restricted, exports halted, and fuel supplies cut (Euro-Med Human Rights Monitor, 2023). Movement in and out of the territory became rare, and according to Human Rights Watch (2022) this blockage turned Gaza into an "open-air prison." By 2022, 81.5% of the population lived below poverty line, unemployment rate reached 46.6%, electricity was only available for an average of 11 hours per day and 95% of the population did not have access to clean water (Hassoun et al., 2024; United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2022)
- 2 Israel conducted devastating military operations in the Gaza Strip during 2008–2009, known as Operation Cast Lead (Baconi, 2018, p. 155), and again in 2014, known as Operation Protective Edge (Cohen et al., 2017, p. 5). According to different reports (AI, 2008, HRW, 2008), during Operation Cast Lead (Dec 27, 2008–Jan 18, 2009), the Israeli Air Force carried out close to 3,000 air missions and released roughly 1,000 tons of munitions over Gaza (Finkelstein, 2018). Israeli forces repeatedly used air-burst white phosphorus (WP) munitions over densely populated areas of Gaza, causing civilian deaths, injuries, and fires; documented strikes included the UNRWA compound and al-Quds Hospital, where the UN Fact-Finding Mission found Israel failed to take feasible precautions and violated IHL in its choice of weapons and methods. Independent field investigations by Human Rights Watch concluded Israel's use was unlawful given foreseeable incendiary effects in populated areas, and Amnesty International (2008) reported "clear and undeniable" evidence of widespread WP use. While WP is not per se banned under treaty law, using it as an air-burst in urban settings can breach the LOAC principles of distinction and proportionality. The assault combined intensive strikes from the air, artillery, and naval shelling, as well as the deployment of tanks on the ground. Israeli

In the years preceding the most recent escalation, Hamas invested in strengthening its military capabilities (Francona, 2007). On October 7, 2023, the group launched a large-scale attack on Israel, citing violations at the Al-Aqsa Mosque and the ongoing blockade of Gaza as motivations for the assault (Bubola, 2023; Byman & Holtz, 2023).

In response, the Israeli government initiated a wide-scale military operation in the Gaza Strip (Central Intelligence Agency, 2025; Kunichoff et al., 2024). Reports by international and United Nations bodies have characterized the war as highly destructive, highlighting the sharp rise in casualties and the rapid deterioration of humanitarian conditions. The International Criminal Court (ICC) also opened a preliminary investigation into allegations of serious crimes, including accusations of genocide, following a formal request by South Africa (International Court of Justice, 2023).

According to the World Health Organization (WHO) (2025) the official count of Palestinian casualties, which includes both fatalities and injuries, in the West Bank and Gaza from October 7, 2023, to the end of March 2025, was approximately 174,371³. Just in Gaza alone the recorded number of fatalities were 50,423 and 114,638 reported injuries. Furthermore, more than 70% of Gaza's buildings were reported to have been destroyed, resulting in widespread suffering among the population, whether directly or indirectly affected⁴.

Methodology

This study falls within the domain of qualitative descriptive research. Given its focus on a personal experience and an analytical narrative of the everyday lives of Palestinians during wartime, which reflects the profound suffering and pain endured by Gazans on a moment-to-moment basis, the case study method-

military offensives in 2008–2009, 2012, 2014, and 2021 led to significant civilian casualties and lasting destruction in Gaza. Alongside the ongoing blockade, which the United Nations has repeatedly warned is making Gaza "unlivable," these assaults have intensified the humanitarian crisis (United Nations [UN], 2018). The United Nations Human Rights Council (2015) reported that Israel had engaged in actions amounting to war crimes.

- 3 See WHO (2025) for daily casualty and injury statistics since October 2023
- 4 United Nations News (2025) stated that around 92% of housing units (about 436,000 homes) in Gaza have been damaged or destroyed by April, 2025. Only 40% of buildings in all of Gaza are standing in March 2025, with only 28% of the infrastructure in the north still intact (Lavin et al., 2025). The war has destroyed major infrastructures in Gaza such as medical facilities, water and sanitation facilities, displacement camps, schools etc. (Médecins Sans Frontières [MSF], 2024).

ology—complemented by narrative analysis—was deemed the most appropriate method. This methodological framework enables a nuanced exploration of the phenomenon in its natural context, offering a more accurate depiction of reality and a deeper understanding of the socio-political environment surrounding the subject of the study: the war in Gaza.

This combination provides a detailed understanding of the daily experiences of Palestinians in Gaza during present Israeli Army military operations. To ensure a thorough analysis, personal narratives are placed within their socio-political context. This is achieved by integrating qualitative data with statistical information, reports, and historical documents. This approach links personal experiences to the larger conflict, offering a comprehensive understanding of the war in Gaza.

Positionality statement

I write as a former contributor to the Journal, now a survivor of Gaza bombings, speaking from within the destruction that has engulfed my family and me. This testimony is likely shaped by trauma and displacement, yet remains guided by the same ethics of accuracy and dignity as my earlier work.

Findings

The campaign known as “Swords of Iron,” encompasses all dimensions: its objectives and military means; the targeted categories, including combatants and civilians of all ages; and critical infrastructure (United Nations International Children’s Emergency Fund [UNICEF], 2025; United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA], 2025, July).

The Israel Defense Forces (IDF) have employed every conventional weapons and munitions at its disposal, with the sole exception of their nuclear arsenal, which is estimated in 90 nuclear warheads⁵ (Nuclear Threat Initiative [NTI] (2024); Stockholm International Peace Research Institute [SIPRI], 2025) Although the principal force of the assault was delivered mostly by air, armed drones and by medium-range 155 mm artillery, the IDF has also deployed armoured units, massive D9 bulldozers, ground forces including sniper teams, and a full intelligence apparatus for surveillance and detainee interrogation

(Amnesty International, 2024; Brumfiel, 2023; Gray, 2025; Stamatopoulou-Robbins, 2024).

This vast application of military tools inflicted enormous destruction and heavy human losses, resulting in sustained suffering and pain of varying degrees. Victims endured the loss of first and second-degree relatives, direct physical injury, repeated displacement with all its attendant hardships, severe shortages of basic food supplies, and extreme difficulty in accessing adequate healthcare. The constant threat of bombardment or injury—compounded by the incessant sound of explosions and overflights of combat aircraft and drones—deeply undermined any sense of security.

Moreover, everyday life became increasingly untenable due to prolonged power outages and the loss of all other energy sources; disrupted or severely limited communication; and the absence of transportation, as Israel prevented the entry of fuel (Human Rights Watch [HRW], 2024).

The daily hardships and agonies experienced by the Palestinian people in Gaza—reflected in my own personal observations—are shared, in varying degrees, by the vast majority of the territory’s residents.

The sounds of bombardment, gunfire, and air force

The Gaza Strip has been subjected to intense and continuous bombing since October 7, 2023. Incessant detonations, the roar of combat aircraft and drones, and small-arms fire have dominated the soundscape (Bishara, 2024; Human Rights Watch, 2023). To understand the scale of the bombardment, it is important to examine the specific types of attacks and their impact. The Israeli Air Force (IDF) has conducted hundreds of daily airstrikes, with over 592 craters from 2,000 lb Mark-84 bombs recorded in just the first six weeks (Kunichoff et al., 2024; Stein et al., 2023). Among these, the most terrifying are the close-range blasts caused by strikes from fighter jets and, on occasion, attack drones—whether within a few kilometres or at greater distances.

These explosions inflict massive energy, as the guided munitions used range in weight from approximately 100 g to 950 g (Kunichoff et al., 2024). Their primary targets are typically inhabited residential structures or agricultural land, as well as personnel directed drone missiles audible across several kilometres.

The devastating effects of these attacks are evident in specific incidents. For instance, on October 25, 2023, six one-ton bombs dropped on the Jabaliya Camp killed hundreds, mostly women and children (Gritten, 2023; ISPT0783⁶, 2025).

5 Israel have not yet signed or ratified the 2017 United Nations Treaty on the Prohibition of Nuclear Weapons (TPNW) and the Non-Proliferation of Nuclear Weapons Treaty (NPT) and it opposes the Fissile Material Cutoff Treaty (FMCT) (NTI, 2024) and they do not participate in the Middle East Zone Free of Weapons of Mass Destruction UN conferences that sets the norm for countries to commit to not use nuclear weapons (SIPRI, 2025, pg. 13)

6 <https://airwars.org/civilian-casualties/ispt0783->

Figure 1. Map with different locations mentioned in this paper.

Map generated with OpenAI, Oct 13, 2025.

The nearest explosion I experienced occurred on 30 October 2023, when two missiles struck the home adjacent to ours (Muḥarram) family residence from the southern side without any prior warning, killing two occupants and nine neighbours in surrounding houses. On the evening of 17 November 2023, I experienced another explosion where two more missiles hit the home of the Zayn family on the western side of our street—

merely eighteen meters from our own house—resulting in 16 civilian fatalities, predominantly children, women, and an elderly man. These events align with reported large-scale air-strikes across northern Gaza during this period (UNRWA, 2025, January 4).

The accompanying red flash of these detonations was as horrifying as the sound itself, illuminating the surroundings like lightning, while dust and smoke engulfed the area for no less than fifteen minutes.

Occasionally, aerial bombardments produced “carpet bombing” effects⁷, whereby fighter air forces saturate entire city blocks or dispersed dwellings with heavy rockets weighing between half a ton (1000 pounds) and one ton each (2000 pounds) (Kunichoff et al., 2024; Office of the United Nations High Commissioner for Human Rights [OHCHR], 2024-a; Qiblawi, 2023; Stein et al., 2023).. Carpet or area bombing refers to the use of massive quantities of bombs over a wide area, intended to devastate infrastructure and break civilian morale (Douhet, 1921/2019; Bonura, 2011). Such practices are prohibited under Article 51 of Additional Protocol I to the Geneva Conventions, which forbids attacks targeting civilians (ICRC, 1977). On 25 October 2023, six one-ton rockets were dropped on a residential block east of Jabalia Camp—according to Israeli military sources—resulting in hundreds of casualties, the majority of whom were women and children. A similar assault occurred on 1 November 2023 against the (Abu ‘Aida) family quarter west of Jabalia Camp, claiming 96 lives, mostly women, children, and the elderly. Israeli military statements claimed both strikes targeted high-ranking leaders within Palestinian armed factions, though the stated objective of the second attack has not been officially disclosed (Al-Mughrabi & Rose, 2023; Bertrand & Lillis, 2024; HRW, 2024).

Artillery barrages and armoured Units: Artillery fire ranks second in both intensity and terror. Usually, Howitzer artillery of 155 mm calibre delivered salvos of three to six shells at intervals of several minutes, typically from positions within 1,000 m of Israeli troop concentrations—either to shield those forces or to “prepare” populated areas by warning civilians ahead of armoured advances. Artillery rounds include nonlethal sonic and smoke projectiles used as final warnings. Each shell produces three distinct sounds: the launch from the gun emplacement near Gaza’s eastern or northern border, the whistle of the projectile in flight, and the impact explosion at the target. The launch is the loudest, while the whistle instils the greatest dread, mainly when the target lies nearby.

⁷ See Douhet (1921/2019), Bonura (2011), and ICRC (1977) on the doctrine and prohibition of area bombing

Armoured tanks likewise fire a variety of projectiles during their advances, and their heavymachine guns sprayed continuous fire in all directions—even when stationary—contributing further to the permanent sound of explosions.

Low altitude aircraft and unmanned aerial vehicles (Drones): Low-flying combat aircraft induced additional terror, their approach raising fears of imminent strikes, often compounded by “dummy raids” that sent entire neighbourhoods into panic at the prospect of incoming missiles. Reconnaissance drones—locally known as “Alzanana”—added a perpetual droning sound, broken only by inclement weather; multiple drones frequently patrolled simultaneously at varying altitudes, heightening anxiety over potential anti-personnel missile launches.

Geographic Scope of Audibility: Given the compact geography of the Gaza Strip (approximately 360 km² in area, some 41 km in length, and between 6 km and 12 km in width), the reverberations of explosions and aircraft is being exacerbated and can be heard by a large proportion of Gaza’s population, whether in the northern or southern regions, creating a continuously terrorladen soundscape that never relents.

Exposure to direct and indirect harm

By the end of March 2025, the number of Palestinian casualties resulting from Israeli military operations in the Gaza Strip had reached approximately 50,000 fatalities and over 110,000 injuries, including around 17,000 children and 11,000 women. According to WHO (2025), since October 7, 2023, an average of 91 individuals are killed in Gaza daily, comprising 28 children, 15 women, and 7 elderly, with a child being killed every 52 minutes. The WHO Global Health Cluster (2025) reported that, on average, approximately 200 individuals sustain injuries daily. Reports indicate that more than 10,000 of the injured individuals lost one or more limbs (Save the Children International, 2024, p. 3). According to the Palestinian Central Bureau of Statistics (PCBS), the number of individuals who sustained permanent disabilities and now require ongoing medical care has reached no less than 26,140 by the end of 2024⁸. Among them are an estimated 13,455 to 17,550 with severe limb injuries, and between 3,105 and 4,050 amputation cases, the majority involving lower limbs (PCBS, 2024).

These figures suggest that nearly every family in the Gaza Strip has experienced the loss or injury of at least one member. WHO (2024) reported that all children in the Gaza Strip have either endured multiple psychological traumas or are ex-

hibiting symptoms of post-traumatic stress disorder (PTSD). The magnitude of these losses becomes more staggering when contextualized against Gaza’s population of approximately 2.2 million by the end of 2023 (Al-Kilani, & Abu-Rass, 2025).

On the morning of November 17, 2024, Israeli surveillance aircraft dropped warning leaflets over my residential area, located west of Jabalia refugee camp in northern Gaza, urging residents to evacuate southward. This was accompanied by artillery shelling with smoke munitions; three shells landed in a wooded area near our home. Despite the warnings, there was no visible mass displacement, and I remained at home. At 10:23 p.m., our neighbourhood was subjected to heavy bombardment, with missiles directly hitting the home of our neighbours—the Al-Zain family—located just 15 meters from our house. The strike resulted in massive destruction, despite the fact that, to my knowledge, the targeted family had no political affiliations or links to any Palestinian factions. Fortunately, the damage to our home was limited to shattered windows and broken doors, and there were no physical injuries among my family members.

Figure 2. The remains of our family house after three bombings in four months (source: author).



⁸ In less than 23 months since the conflict began, 21,000 new instances of disability, both permanent and temporary, have been reported (Euro-Mediterranean Human Rights Monitor, 2025)

I rushed out to participate in rescue efforts, despite a total communication blackout. One resident used a bicycle to alert civil defence teams. Despite the danger and proximity to the strike site, some neighbours began retrieving the wounded and the deceased. Half an hour later, a second wave of shelling forced rescue teams and volunteers to retreat, although several individuals remained trapped under the rubble.

Subsequently, the nearby area known as “Al-Tayyeb Hall” was targeted in an airstrike using the “fire belt” technique. At that point, we realised that a ground invasion was imminent. I decided, along with my family, to relocate to my brother’s nearby home and take shelter in the ground-floor apartment, which we assumed would be safer. Several family members joined us, while my 80-year-old mother chose to remain in her home. Artillery and aerial bombardments continued past midnight, accompanied by massive explosions and flying shrapnel, causing widespread panic—especially among the children.

At dawn, we decided to flee to Palestine School, run by UNRWA, which appeared to offer relatively greater safety. A neighbour already taking shelter there welcomed us and offered us some food, despite the scarcity of resources. Later, the

rest of our family joined us, while others headed to shelter centres or relatives’ homes.

That same day, I returned to our home to retrieve our vehicle and essential supplies. I noticed traces of blood and shell fragments near the house, confirming the imminent danger. I quickly gathered what I could and left via side streets (Figure 2).

While staying with family at a relative’s home, a massive explosion occurred during the afternoon prayer, followed by two additional blasts within seconds. This caused a partial ceiling collapse and rubble to fall on our heads. We soon discovered that my 15-year-old son, Mohammad, was trapped under the debris, along with an 11-year-old girl and a 47-year-old woman—both of whom were our relatives. After approximately thirty minutes of rescue efforts, all three were found. Tragically, Mohammad had died due to a skull fracture (see Figure 3).

We were taken to Al-Awda Hospital, which was severely overcrowded and lacked sufficient medical staff. Despite ongoing bombardment, I decided to remain at the hospital overnight to await the burial ceremony the following day.

The death of my brother and the disappearance of my mother: On the morning of November 19, 2024, I went to the Indonesian Hospital, where the number of casualties had dramatically

Figure 3. My family before the war. Since then, my elder son has been killed, my second and third boys have been severely injured and will have permanent sequels for their entire life, my elder daughter was detained and interrogated for four months and my younger daughter saw one of her kinder friends die and has not been able to sleep since (source : author).



increased. Families were gathering to say their final farewells to their loved ones in an atmosphere of profound grief. During the burial ceremony, I learned of the death of my brother, Muneer (aged 53), after his body was found in an orchard near his home. This occurred while my siblings were searching for our mother, who had gone missing the previous night after leaving the shelter centre.

As we left the cemetery, an artillery shell landed approximately 150 meters away, confirming that the ground invasion of the camp was drawing near.

The collapse of healthcare infrastructure in Gaza

The escalation of hostilities in Gaza following October 7, 2023, has precipitated an unprecedented collapse of healthcare infrastructure, transforming an already compromised medical system into one characterized by near-complete systemic failure.

Pre-conflict healthcare infrastructure: Baseline vulnerabilities

Gaza's healthcare system prior to October 2023 demonstrated significant structural deficiencies that positioned it for potential systemic failure under stressful conditions. The Palestinian Central Bureau of Statistics (PCBS, 2024) documented a healthcare infrastructure comprising 35 hospitals with 2,614 beds, yielding a ratio of approximately 1.3 hospital beds per 1,000 population. This metric represents a critical deviation from international standards, where developed nations typically maintain three to eight beds per 1,000 people (OECD, 2023), indicating pre-existing capacity constraints that fundamentally compromised the system's resilience. Healthcare workforce distribution further illuminates systemic vulnerabilities. While 7,088 registered physicians and 12,195 registered nurses served Gaza's 2.2 million residents, resulting in a physician-to-population ratio of 2.8 per 1,000 (PCBS, 2024), this workforce operated within a fragmented infrastructure of 29 government hospitals and 64 non-governmental facilities (PCBS, 2024). The operational context was further complicated by demographic pressures, including high population density (5.5 people per household) and significant socioeconomic challenges, notably a 45.3% unemployment rate among those aged 15 years and over (PCBS, 2024). These baseline conditions established a healthcare system operating at the margins of functionality, with limited capacity to absorb additional stressors.

Systematic destruction and infrastructure degradation

Following October 7, 2023, the Israeli army systematically targeted most healthcare institutions across the Gaza Strip, including major and private hospitals, primary healthcare centres, and

paediatric and maternity hospitals⁹. By mid-2025, WHO reported 640 attacks targeting health facilities, 197 impacting medical transports. At least 301 health workers and 70 patients were killed or detained by Israeli forces (WHO, 2025). By July 2025, no fully functioning hospitals remained in Gaza, with only one Health Service Delivery Unit still operating (WHO, 2025). Ninety-four percent of hospitals were reported damaged or destroyed, neonatal care capacity collapsed by 70%, and shortages became acute: 70% of essential medicines were depleted, and half of all medical equipment was damaged (WHO, 2025; UNFPA, 2025).

This deliberate targeting significantly increased the number of casualties whose lives could have been saved had appropriate medical care been available. It also contributed to a rise in indirect mortality rates, particularly among pregnant women and children, due to malnutrition and the lack of basic healthcare services¹⁰. The Ministry of Health in Palestine reported that by August 2025, there have been 235 malnutrition-related deaths, which includes 106 children. Every single child in Gaza is at risk of famine, which is more than 930,000 children. By July 2025, over 5000 children under the age of five have been admitted to a hospital due to severe malnutrition, and 18% of them have life-threatening complications from malnutrition (WHO, 2025, July 27). The catastrophe has further exacerbated by the prevention of medical supplies and medications from entering the Strip, except for brief ceasefire periods during which the World Health Organization was permitted to deliver limited shipment.

The healthcare system collapse has exhibited distinct epidemiological patterns that disproportionately affect vulnerable demographic groups, creating long-term public health implications that extend beyond immediate conflict trauma. Paediatric populations have experienced particularly severe impacts, with over 12,000 children sustaining injuries requiring long-term rehabilitation services, including more than 1,000 who lost one or both legs within the first two months of intensified conflict (Nabulsi et al., 2025).

Testimony on the healthcare system collapse

Between December 16 and 24, 2023, I personally conducted multiple field visits to the emergency and reception department at Al-Shifa Medical Complex, the largest hospital in the Gaza

⁹ See WHO (2025), OHCHR (2025), and UNFPA (2025) for data on attacks against health and the collapse of Gaza's medical system." UN experts have termed this targeted destruction of healthcare "medicide" OHCHR, 2025).

¹⁰ See OCHA (2025) and WHO (2025) for data on malnutrition and famine-related child mortality.

Strip, located in northern Gaza Governorate¹¹. By July 2025, WHO (2025, July 1) reported that Al-Shifa hospital was operating at bare minimum capacity, overwhelmed by 100–150 trauma patients every hour. With beds full, many are treated on the floor, and some die in the emergency room or on the operating table. Fuel shortages and lack of electricity have shut down the dialysis unit, while ICUs and operating rooms rely on small generators.

At the time, I had been residing in the hospital as a displaced person for over a month. The emergency department represented a microcosm of the broader humanitarian suffering resulting from the brutal war.

The department was reopened on December 16, 2023, under extremely limited conditions. It operated with only a modest supply of medical equipment—barely enough to fill one-third of a truck—provided by the World Health Organization and staffed by volunteer medical personnel numbering no more than 20 to 30 individuals per shift. During my visit on December 24, I witnessed the department overflowing with the wounded, lying across beds, floors, and hallways. Some suffered from severe or moderate injuries, while those with minor wounds were left unattended for hours, as priority was given to life-threatening cases.

Nurses moved constantly between patients while the cries of the injured and groans of pain echoed throughout the facility. Desperate pleas for assistance from patients' companions were constant. What struck me most—and left me deeply disturbed—was the large number of wounded children, including three suffering from severe burns, whose moans of pain never ceased.

At the far left section of the department, patients with head injuries were being treated in what was referred to as the “Neurology Unit.” While waiting for the only available doctor, who was shuttling between Al-Shifa and Al-Ahli (Baptist) hospitals due to the acute shortage of medical staff, a relative of a patient informed me that the man in the adjacent bed had not responded for several hours. When the doctor finally examined him, it was sadly confirmed that he had passed away, despite the initial appearance of a minor injury—a small fragment lodged at the back of his head.

No food or drink was available for patients, their families, or even the medical teams, and everyone had to find their own means of sustenance. Adjacent to the department's entrance, a small room was designated for the preparation of deceased bodies for burial. I never saw it empty during any of my numer-

ous visits, reflecting the ongoing and relentless death toll across Gaza City and its surroundings.

My injury: A near-death experience:

On the first day of 2024, I survived a life-altering injury from an Israeli tank shell—one of the painful surprises any Palestinian in Gaza might experience. After learning that Israeli forces had withdrawn from the Al-Shati area, I left my shelter at Al-Shifa Complex to search for my cousin in Al-Shati Camp, having lost contact with him following intense airstrikes in November 2023.

En route, I helped an elderly woman injured during the war—who had lost several family members—reach a field clinic for her medical appointment. I then continued north through streets lined with overwhelming destruction, eventually finding my cousin's house damaged but without casualties, which eased some of my fears.

As I headed toward Jabalia Camp via Al-Quds Open University, heeding warnings about snipers near the Al-Muqawasi and Al-Fayrouz towers, a massive explosion from an Israeli tank shell hurled me through the air amid heavy gunfire. Despite being hit, I remained conscious. A few young men cautiously helped me reach the emergency department at Al-Shifa.

Dr. Saeed Al-Saudi, one of only two physicians on duty at the time, could examine me. I was heavily wounded in the head, left shoulder, lower back and spinal cord. I had tinnitus, dizziness, partial cognitive disorientation, and a severe headache, but there was no way to make a diagnosis of the injuries, as any image test was unavailable due to the destruction of the imaging units during the Israeli army's incursion into the hospital in November 2023.

Direct engagement with the wounded and the dead during evacuation, rescue, and burial operations

The ongoing conflict in Gaza has placed unprecedented psychological and physical burdens on civilians directly involved in rescue, evacuation, and burial operations. In many cases, people risk their own lives by entering unstable, bombed-out structures and working amid ongoing bombardment to pull survivors from beneath the rubble¹². These efforts take place in condi-

11 See WHO (2025) on Al-Shifa hospital's critical conditions in July 2025.

12 Humanitarian workers, healthcare personnel, paramedics, medical transportation and civilian rescue workers have repeatedly become targets for both airstrikes and direct gunfire in Gaza (Wajahath et al., 2025). By August 2025, Gaza had lost 408 humanitarian workers to violence—among them 280 from the United Nations Relief and Works Agency and 34 from the Palestine Red Crescent Society (Amnesty International, 2025). Article 15 of Additional Protocol I of the Geneva Convention (UN, 1977) and the Statute of the International Criminal Court (UN, 1998, Article 8, b[xxiv], e[iii]) states that intentional

tions characterized by systematic infrastructure destruction, extensive displacement, and the collapse of formal emergency response systems.

The seventh day of the war—Friday, October 13, 2023—marked one of my most psychologically and physically harrowing experiences, not only during this conflict but across my entire existence. After a night filled with the relentless sounds of shelling and explosions, I received a call on my mobile phone at around 6:00 a.m. The caller was my cousin, who is also the husband of my late sister, who passed away from illness in 2008. I immediately sensed that something tragic had occurred within the family or among those close to us. This was confirmed when he informed me, in a trembling and subdued voice, that the home of his elder brother, Ibrahim “Abu Ahmad,” located in the Al-Yarmouk neighbourhood in western Gaza City, had been struck in an air raid. The attack resulted in the death of Ibrahim, his wife, and three of his grandchildren, as well as three daughters of my deceased sister, one of their wives, and her young daughter. He also told me he was currently at the emergency department of Al-Shifa Hospital, accompanied by seven-year-old Ahmad, who had sustained severe injuries, and my niece Ruba (18 years old), who was critically wounded.

Attempting to ease his evident state of shock, I assured him I would come as soon as daylight allowed—within two hours. However, he called again about an hour later, deeply distressed, to report that Anas, my eldest nephew, was still missing. I immediately set out for the hospital. On the way, near Al-Jalaa Street, I briefly stopped to inspect the scene of the strike. It turned out that the neighbouring house, belonging to the Al-Dalu family, had been targeted. It was reduced to rubble, and all its inhabitants were killed in their sleep at approximately 2:30 a.m. I later learned that my cousin’s family, including the slain children of my sister, had arrived at the house only an hour before the airstrike, having just evacuated from Al-Shati Refugee Camp.

Upon arriving at the emergency and reception department, I was confronted with a horrific scene that embodied the catastrophic reality of war. The bodies of the deceased were stacked in front of the building and inside an adjacent tent. Dozens more were laid out in front of the mortuary and the adjacent shrouding room. The wounded filled every bed, while others lay on the floor due to the overcrowding. After a strenuous search, I found my cousin at the end of a corridor, attending to young Ahmad, who was in a deep coma from a skull fracture, and Ruba, who could barely respond to my questions. My cousin

in appeared completely exhausted and informed me that only one relative was available near the deceased, and he asked for my help in identifying the bodies.

A Ministry of Health employee accompanied me during the identification process. I was able to recognise my three nieces: Reem (22), Rasha (17), and Nadia (14). However, I could not immediately identify Alaa (25) due to severe cranial damage. Initially, I refused to identify my cousin’s wife, Um Ahmad Sarhan, because of our close familial ties. Instead, I sent a message to my wife, asking her to find a relative to assist with the identification. Unfortunately, due to communication and mobility restrictions, this was not possible. During my search for Anas, who remained missing, I examined severely charred and dismembered remains that were impossible to identify.

There was only one person available to help transport the bodies, but he was preoccupied with searching for his own family. When I requested assistance from the medical staff, they provided me with only one stretcher to transfer the bodies, one by one, to the morgue, several dozen meters away. With the help of some young men who had lost family members, I managed to transport five bodies. However, I collapsed from exhaustion while carrying the last one.

Upon returning to the reception department to finalise the official procedures, I was approached by several grieving individuals. One informed me that one of the five bodies was his daughter—not my cousin’s wife—who had mistakenly been buried alongside the deceased from the Al-Dalu family. I allowed them to identify the body to confirm its identity. About an hour later, with the help of passersby, we returned the bodies to the shrouding room. There were 12 corpses ahead of ours in the queue, and each had to be processed individually. During this process, I fainted again from severe exhaustion.

Repeatedly, I tried to contact my family and friends to help coordinate the burial, but communication networks were down. Around the same time, Israeli aircraft dropped leaflets over Gaza and the northern region instructing residents to evacuate southward via Wadi Gaza. This added significantly to my distress and deepened my sense of disconnection from my family. Amid these difficult circumstances, I managed to find a funeral transport vehicle. The driver, moved by my situation, agreed to take the bodies to Al-Batsh Cemetery in the Shuja'iyya neighbourhood without requesting any payment, only asking for prayers for himself and the *martyrs*.

I unloaded the bodies at the cemetery alone, but residents from the nearby neighbourhood quickly responded to my call for assistance. They brought tools, water, and clay to help with the burial. We buried the *martyrs* two per grave, and I ensured that my nieces were laid to rest according to their ages. While

attacks on civilian or military medical personnel and medical transportation is a war crime under international law.

burying one of them, I fainted for a third time, prompting the young men to complete the burial in my stead.

On my way back to Al-Shifa Hospital—on foot due to the absence of transportation—I witnessed mass displacement along Salah al-Din and Al-Jalaa Streets. The scene resembled a new Palestinian exodus, one possibly more traumatic than those of 1948¹³ and 1967¹⁴. Despite the Israeli military's designation of the southern region as a "safe zone," they targeted three convoys of evacuees on Salah al-Din and Al-Rashid Roads, killing more than 70 civilians—most of them women and children—and injuring over 200 others.

On October 23, 2023—the 17th day of the war—a deadly massacre took place in my own neighbourhood, wiping out entire families. At precisely 11:45 p.m., less than a minute after an Israeli reconnaissance drone ("Quadcapter") launched a projectile, a massive explosion shook the area like an earthquake. It was later confirmed that an airstrike had targeted the four-story home of the Al-Laddawi family, completely levelling it. Several of my close friends lived in the building. I participated in the search for survivors and the recovery of bodies. I found a young man in his twenties trapped under the rubble. I reassured him and assisted in evacuating a *martyr* whose identity I could not determine at the time—he was later identified as my niece's husband. I also helped rescue an injured woman who was still alive beneath the debris and covered another deceased woman before evacuating her body.

Elsewhere in the neighbourhood, I found the remains of my friend Raed "Abu Al-Fahd," whom I recognised by his smile despite his shattered body. With the help of local youth, we managed to retrieve him with incredible difficulty. I also assisted in rescuing another injured woman from the Musa family's home, who, despite her injuries, was able to walk. The following morning, with the participation of civil defence teams and local residents, more victims were recovered, though three individuals remain missing as of this writing.

The massacre claimed the lives of 35 people—23 from the Musa family and 13 from the Al-Laddawi and Al-Najji families—including 28 women and children. Twelve others were injured, with several suffering limb amputations. Seven residential units were completely destroyed, 12 neighbouring apartments were damaged, and the area's infrastructure was heavily impacted. What transpired on that dreadful night has been occurring daily—often more brutally—across towns and cities throughout the Gaza Strip, exacerbated by the collapse of the healthcare and civil defence systems, the destruction of equipment, and the complete blockade on fuel entry since the first day of the war.

Repeated displacement and movement between shelters

According to a UNRWA (2025, June 27) report, over 90% of Gaza's population have been displaced since the conflict began¹⁵. Many were forced to flee more than ten times. Displacement in Gaza, amid a suffocating blockade and critical shortages of basic necessities, has become a daily ordeal¹⁶. This suffering is exacerbated by the need to evacuate homes or shelters abruptly, often without prior warning, leaving residents unable to carry essential belongings¹⁷. Frequently, displaced individuals could only take with them whatever could be packed in a few minutes—typically light clothing and small bags.

Displacement destinations varied and included shelters in schools and health centres operated by the United Nations Relief and Works Agency for Palestine Refugees in the Near

13 In 1948, during the creation of Israel, over 700,000 Palestinians were uprooted from their homes and displaced across West Bank, Gaza Strip and other Arab nations. It is referred by Palestinians as Nakbah or the "catastrophe" (Pappé, 2006)

14 Since 1967, Israel's occupation of Gaza has imposed military control and policies of "de-development" (Roy, 2016) that stripped Palestinians of land, water, and labor resources (Finklestein, 2018). The occupation has been maintained through force, repression, and daily intimidation, leaving Gaza under conditions of continued dispossession and denial of basic rights and freedoms (Finklestein, 2018).

15 Data from Internal Displacement Monitoring Centre (IDMC) (2024) found that 1.7 million Palestinians in the Gaza Strip had been displaced by the end of 2023. However, individuals displaced who did not move outside their governorate were unaccounted for in IDMC's data collection.

16 Since the conflict began people in the Gaza Strip have been forced to leave their homes either due to bombardments, complete depletion of resources due to the blockade or sudden evacuation orders from Israel. By May 2025, evacuation orders or "no-go" designations from Israel had covered 281.9 of Gaza's 365 square kilometers—about 80% of the territory—leaving only 20% of the remaining area for the whole population of Gaza (Médecins Sans Frontières [MSF], 2025, May 27). The increasing number of evacuation orders from Israeli Forces have compressed Gaza's population into ever-shrinking zones where access to water, food, and shelter remains critically insufficient, with minimal protection from continuous bombardment (OHCHR, 2025, April 11).

17 Human Rights Watch (2024, November 14) report alleges that Israel failed to protect civilians by issuing inadequate evacuation orders giving people insufficient time to prepare. Additionally, Israel attacked safe areas for families fleeing their home, restricted aid, and deliberately destroyed civilian infrastructure.

East (UNRWA)¹⁸, government-run facilities¹⁹, international institutions, as well as informal gatherings in makeshift tents or primitive structures made of nylon and plastic (Awad, 2024).

In northern Gaza, particularly at my relatives' home, where my family and I had taken refuge from November 18 to the beginning of the humanitarian truce on November 24, 2024, a climate of extreme tension prevailed. Artillery shelling intensified, and airstrikes targeted several areas of Jabalia, especially in the northern and eastern parts. The bombardment came dangerously close to our residence, with shrapnel falling around us, especially in the nearby Ajjurmeh Street. The sound of fighter jets was constant, often accompanied by the launch of smoke shells, which triggered fires in nearby homes.

Under such conditions, sleep was nearly impossible, day or night, amidst constant fear and anxiety. My concern grew even greater as the health of my son, Osama, - who had been injured days earlier—began to deteriorate severely. He could barely move, only leaving his bed when absolutely necessary and only with assistance. He became unresponsive, stopped speaking, and consumed minimal food or drink. He also suffered from dizziness and loss of balance, all clear signs of worsening condition.

At dawn on November 22, 2024, after Osama lost consciousness while being awakened for dawn prayer, I decided to evacuate the family to the southern city of Khan Younis, aiming to take him to Nasser Medical Complex for urgent care. I wanted my family to relocate to the UNRWA-run Industrial School shelter in Khan Younis, where one of my brothers was staying. Though my wife hesitated at first due to the dangers of moving, she agreed after I insisted that Osama's life was at serious risk. The family departed in an emotionally charged moment via a private vehicle toward "Kuwait Roundabout," which leads to the "Netzarim" checkpoint—controlled by Israeli forces and used to screen those attempting to reach the south.

I felt a degree of emotional relief after the family's departure, though I did not return home. Instead, I began searching for a safer shelter. I moved between various schools, the Yemeni hospital, a UNRWA clinic, and a UN distribution centre for food aid. Ultimately, I decided to stay at the clinic, which appeared to be

the safest option at the time. However, the conditions there were far from ideal. The space was severely overcrowded, forcing some families to stay in corridors, corners, and stairwells due to the lack of available sleeping space. The environment was marked by foul odors, noise, and a high risk of disease outbreaks, especially given the difficulty in accessing the limited restroom facilities serving thousands of displaced individuals.

I spent the first two nights sleeping on three chairs on the second floor. Although it was extremely uncomfortable and I had no blanket or pillow, I managed to get some rest.

On the morning of November 24, a six-day humanitarian truce was declared. At exactly 7:00 a.m., the sound of shelling ceased, tanks withdrew from the western side of Jabalia refugee camp, from the vicinity of the Indonesian Hospital, and from the areas surrounding the Al-Nada and Sheikh Zayed Towers. Aerial bombardments also halted. However, the Israeli army did not withdraw from the Gaza Strip. Its military vehicles remained stationed in the northwestern parts of Gaza, particularly near the coast of Jabalia and Beit Lahia, as well as in the buffer zones between Gaza City and the northern governorate, and south of Wadi Gaza.

On the first day of the truce, I left the UNRWA clinic shelter in Jabalia to search for my mother, who had been missing for several days. I headed west toward the Al-Faluja neighbourhood and paused momentarily at Abu Sharakh roundabout, contemplating the immense devastation, before continuing to our family homes. Along the way, I encountered a friend who informed me that my siblings had found my mother (80 years old), but to my shock, she had passed away several days prior.

I rushed to the location and was overwhelmed by the destruction. All seven family apartments, my mother's home, four shops, and a maintenance workshop had been completely destroyed. My siblings and a few of my sisters had arrived before me and guided me to the spot where my mother had died. I reached it with difficulty, climbing over the rubble, and found her lying on the first flight of stairs in the eastern building. She had evidently bled heavily from a back injury. Despite the six days that had passed since her death, her body remained intact and showed no signs of decomposition.

My brothers retrieved her body from under the debris and wrapped it in a woollen blanket. She was moved to a neighbour's metal workshop so that family and loved ones could say their final farewells. Due to the rubble and lack of accessible transportation, we bypassed official procedures and burial formalities, as access to hospitals was impossible. We used a donkey-drawn cart, and with five of my brothers and neighbours, transported her to the nearby Al-Faluja cemetery. There, we

18 According to the UNRWA (2025, May 16) between October 2023 and May 2025, UNRWA run facilities have been attacked 842 times with 311 of them either completely destroyed or damaged. These attacks have led to the death of 767 individuals and injuring 2,419 sheltering in these facilities. The casualty figures are subject to change as rescue teams cannot yet reach many bombed sites, and recovery workers continue to unearth bodies from beneath the rubble.

19 Government schools have been turned into shelters for internally displaced people(OCHA, 2025, April 15)

dug a grave on the western side, performed the funeral prayer, and buried her in a deeply painful farewell.

Later, I walked toward Salah al-Din Street, heading for the Kuwait roundabout, which leads to the checkpoint near the site of the former Israeli settlement of Netzarim, the division point between the northern and southern Gaza Strip. I hoped to reunite with my displaced family after weeks of separation. With no transportation available, I walked nearly 5 to 6 kilometres on foot. Upon arrival at the roundabout, I asked several vehicle and cart drivers whether Israeli soldiers were present at the checkpoint and if any arrests were being made—contrary to what the truce had stipulated—but no one had definitive answers. I was hesitant and fearful of being detained, as I am a former political prisoner and a veteran of the First Intifada.

I decided to investigate for myself, approaching within 50 meters of the checkpoint. The road—relatively new—divided the northern and southern Gaza Strip, with continuous movement of Israeli military vehicles. I observed several displaced families gathered, waiting to be allowed through. I returned to the Kuwait roundabout in search of clearer information. Amid sporadic gunfire, I made another attempt. This time, I approached more closely, finding a few women and injured children standing near the concrete barricades. I confirmed the presence of soldiers directing displaced people using loudspeakers.

At that moment, I realised how difficult and dangerous crossing would be, and decided to turn back. After only a few steps, a soldier behind a sand mound—about 20 meters away—called out to me using a loudspeaker in clear Arabic, likely a Palestinian citizen of Israel or a Druze soldier. A cart driver nearby urged me not to turn back and to continue walking. When I returned to the roundabout, he explained that passage to the south was allowed, but returning north posed great danger. At that point, I witnessed dozens of Israeli military vehicles retreating eastward via the Netzarim axis, while intermittent gunfire and loudspeaker commands echoed through the area.

Meanwhile, I received a call from my wife informing me that our daughter, Aseel (19 years old), had been arrested by the Israeli army at the Netzarim checkpoint a week earlier while the family was evacuating southward. Her whereabouts were still unknown. The news hit me like a thunderbolt, compounding the series of traumas: the deaths of my mother, brother, and son, and the destruction of our homes. My wife and I tried to determine her fate by contacting the Red Cross and several lawyers from within Israel, to no avail. Two weeks later, we received a phone call from a recently released detainee informing us that Aseel was being held in Damon Prison in Haifa. She was reported to be in a stable psychological condition and coping well with the other female prisoners.

Fortunately, her detention did not last long. She was released after 52 days as part of a prisoner exchange deal, through the Kerem Shalom crossing, along with approximately twenty other male and female detainees. Her release was a moment of great emotional relief for the remaining members of the family, easing some of the immense burden we had endured during the war. However, our joy was incomplete. At the moment of her arrest, Israeli female soldiers confiscated all her valuable possessions and money—everything the family owned at the time—estimated at approximately fifty thousand U.S. dollars in old family jewellery and cash. Aseel was not alone in being robbed; testimonies indicate that hundreds of millions of dollars and gold were seized or stolen from hundreds of detainees.

Despite the repeated humiliation, interrogation by Shin Bet agents, and the physical and psychological suffering endured during her detention and transfers between holding centres, Aseel was considered fortunate compared to others. According to the Israeli newspaper Haaretz, 46 detainees died during interrogation, and hundreds were subjected to severe torture and abuse, leading to serious fractures and permanent disabilities (Kubovich & Peleg, 2024). International organisations such as Amnesty International (2024), Human Rights Watch (2023, December 18), the Euro-Mediterranean Human Rights Monitor (2024, November 17), and OCHA (2024, October 10) documented devastating accounts of abuse, starvation, denial of medical care, and even extrajudicial executions (Amnesty International, 2025, August 18; Integrated Food Security Phase Classification, 2025, July 19; OCHA, 2025, August 13) particularly at checkpoints like the Netzarim corridor²⁰ (Bartov, 2025; Kubovich, 2024), or during the raid on Al-Shifa Hospital in March 2024 (Dagdeviren, Akyon & Unal, 2024; Healthcare Workers Watch, 2024).

All indications during the humanitarian truce (November 24 – December 1, 2023)—which saw the release of approximately 100 Israeli hostages in exchange for nearly 300 Palestinian prisoners (Masoud & Laizans, 2023)—suggested that the Israeli political leadership intended to resume the war with even greater brutality.

At exactly 7:00 a.m. on December 1, Israeli artillery began shelling multiple areas around Jabalia Camp, and warplanes resumed their intense bombardments of buildings inside the camp. That morning, I returned to the UNRWA clinic located

20 Netzarim Corridor is a seven-kilometre-wide (4.3-mile-wide) strip of land that cuts across Gaza from Israel to the Mediterranean and in 2024 has been expanding towards northern Gaza. It has been turned into a no-go zone for the Gazans and IDF conducts its military operations in this area. (Amnesty International, 2024; Bartov, 2025).

in central Jabalia, which was considered one of the relatively safer places under those conditions. Thick smoke bombs were falling on the northern and eastern areas of the camp, clearly signalling the Israeli army's intent to invade. Shells struck Al-Ternes Street, the Abu Rashid pool area, and the Al-Faluja neighbourhood. The Israeli army, through repeated phone calls, ordered residents of high-rise buildings in the camp centre to evacuate in anticipation of imminent bombardment. Three tall buildings were destroyed, following a pattern the Israeli military had employed since the start of the ground invasion: targeting towers to facilitate troop advancement or destroy suspected observation posts used by Palestinian fighters.

Several shells landed near the clinic, one of which hit the roof of the adjacent Jabalia police station, reinforcing my conviction to leave the area. I headed toward Gaza City in search of a safer shelter, especially in light of mounting calls from the Israeli army for residents to evacuate Jabalia Camp and move to the Al-Tuffah and Al-Daraj neighbourhoods (see in Figure 1).

The city was overwhelmed with displaced persons living in tents amid open sewage and poor sanitation. Overcrowded UNRWA clinics and schools offered little respite. A perceptive young man directed me to "Fahd Al-Sabah" school, noting it was less crowded and better managed.

As bombardment intensified and tanks approached western Jabalia, I moved between shelters—spending nights near exits with minimal food and water, avoiding unusable toilets. On December 3, I relocated to "Fahd Al-Sabah" school, then to Al-Shifa Medical Complex despite sniper risks. There, I witnessed donkey carts carrying the bodies of three women, a man, and ten children—buried as "unknown victims" with no family present. I eventually settled in a room designated for caesarean deliveries.

En route to retrieve my car, I encountered families recovering bodies from airstrikes and a father desperately seeking an ambulance for his dying daughter. At one intersection, sniper fire struck nearby; I evacuated an injured man writhing in pain. Al-Shifa quickly filled with tens of thousands, facing severe water scarcity and food shortages.

On May 11, 2024, I received an evacuation notice for Jabalia and lived in my car at Safatawi Clinic for 21 days. Three weeks later, I witnessed residents returning to the ruins, repairing homes and erecting tents despite burned shelters.

The seventh displacement came on October 7, 2024, when Israeli artillery launched smoke shells without warning into Jabalia City. Drones targeted young men waiting for aid trucks twenty meters from our home, critically injuring a child playing nearby. As shelling intensified and a neighbouring civilian house was hit, I fled with only a small bag to a nearby house.

At dawn, finding even the UNRWA clinic evacuating westward amid close gunfire, I realized the military operation aimed to besiege approximately 150,000 civilians in northern Gaza. I decided to flee toward Gaza City's western neighbourhoods, secretly returning home to collect essentials before leaving in my vehicle as Israeli tanks reached the camp's outskirts.

Loss or scarcity of basic needs and difficulty in transportation

The Israeli government announced, on the second day of the war, the cutting off water and electricity supplies to the Gaza Strip²¹, the closure of all crossings, and the prohibition of any material entry, including basic foodstuffs, medicines, fuel, and all daily necessities (Kershner, Boxerman & Yazbek, 2023). This marked the beginning of a new life without electricity or clean water for drinking or human use²², with nearly complete reliance on walking or using donkey-drawn carts for transportation²³.

During the ceasefire periods (November 24 - December 1, 2023) and (January 27 - March 18, 2025), the Israeli government allowed only humanitarian aid to enter, along with limited quantities of medicines and fuel (Human Rights Watch, 2023; Jafarnia, 2025). Additionally, some essential commercial goods were permitted, but in a regulated and intermittent manner. Moreover, military cargo planes from various countries dropped food aid by parachute during the first months of 2024 (United States Central Command [USCENTCOM], 2024). The siege reached its peak in the first quarter of the same year in the northern Gaza Strip, where the Israeli army prevented the entry of any humanitarian aid, except for a very limited number of flour shipments, which were frequently looted or stolen by hungry people or some unscrupulous traders, all under the watch of the Israeli army, as soon as they left the checkpoints controlled by the army, such as the "Nablusi" checkpoint in western Gaza and the "Kuwait" checkpoint in the east, on the

21 According to WHO WASH Cluster (2025) 100% of the electricity supply to Gaza has been shut down.

22 UNICEF (2025) reported that out of the 217 facilities for producing drinking water in Gaza, only 87 (40%) were currently functional, but without fuel (which has been blocked by Israel from entering Gaza since March 2025), these facilities will stop functioning. By June 2025, 93% of households experienced water insecurity (OCHA, 2025, June 24)

23 The conflict in Gaza has severely damaged transport infrastructure, with total losses estimated at US\$2.5 billion. Around 81% of the classified road network—including primary, secondary, and tertiary roads—and 62% of the entire road system, such as agricultural routes, have been damaged or destroyed. The damage to roads alone accounts for approximately US\$607 million of the total losses (United Nations in Palestine, 2025, p. 43).

“Netzarim” axis (United Nations Office for Project Services [UNOPS], 2025).

From January until mid-April 2024, no food materials of any kind entered the northern Gaza Strip, leading to a real famine (Famine Early Warning Systems Network [FEWS NET], 2024). The residents had to rely on small quantities of barley or ground corn, as well as some wild local plants with green leaves, such as “Khibiza” and “Umm Ali,” which were cooked over firewood or flammable materials. In these harsh conditions of hunger, poverty, and suffering, with most families scattered between the northern and southern parts of the Gaza Strip, I consumed very little food on my own—only one or one and a half meals in the late afternoon. This was the case for most Palestinian families in Gaza, many of whom had lost one or more of their family members, their homes, or were forced to move between shelters (Amnesty International, 2024, you are subhuman report).

One day, I went out searching for a small amount of sugar. I searched in every corner of the Jabalia Refugee Camp market, then headed to the city of Jabalia, but to no avail. Eventually, I found a kilogram of sugar, but its price was 60 shekels (approximately \$ 18), whereas before the war, it had been around 2.5 shekels. This exorbitant price was applied to all other goods if they could be found, with the complete disappearance of all vegetables and fruits due to the razing of agricultural lands²⁴, except for lemons, and minimal amounts of carrots and potatoes at astronomical prices (Hassoun et al., 2024).

During my travels, I noticed signs of exhaustion, fatigue, and hunger on the faces of citizens, young and old. I heard words of frustration and complaints about the harsh conditions, along with curses directed at those responsible for this catastrophic war. During one of my trips in search of transportation in al-Jalaa Street, west of Gaza, due to my inability to walk and the severe exhaustion, an aircraft flew overhead to drop aid by parachute, releasing five relatively large parcels. Unfortunately, two of them fell into the Sheikh Radwan pool, which was filled with sewage water, while the other three survived and landed on the edge of the pool in the Abu Iskander neighbourhood, east of Sheikh Radwan. This was not the first time mistakes were made during aerial drops; some parcels fell on the heads of the hungry or passersby, causing several deaths, or they fell onto the solar panels of the Al-Ahli Hospital in Gaza, destroying them, even though there was no alternative due to the prohibition of fuel entry. Some parcels fell into the

sea or in areas near Israeli military sites, making approaching them dangerous due to sniper fire or artillery shelling.

By April 2024, my weight had dropped sharply and by December 2024, it was even lower. I was barely able to perform the simplest daily activities. The issue was not just the lack of food but also its quality, as the food rations contained no sources of proteins or animal fats (such as meat, eggs, or milk), and lacked the necessary vitamins and rare minerals. The diet was limited to legumes from locally consumed leafy plants.

As for medicines, only a minimal amount entered Gaza. Finding medicine became an almost impossible task. Several deaths were recorded among family members, including my relative Jamal Sarhan (58 years old), who died after suffering a leg clot, passing away a week later while trying to reach the hospital. My friend Kanaan Obeid (62 years old), who had kidney failure, also passed away after dialysis sessions were reduced to once a week due to a shortage of machines and the inability to repair or replace them.

Intensification of human suffering resulting from the uncontrolled proliferation and dissemination of certain biological species.

The population in Gaza has been subjected to significant suffering due to the uncontrolled proliferation of insects and other organisms²⁵. The destruction of the water and sanitation infrastructure in Gaza has resulted in the rapid spread of infectious disease. Polio virus (cVDPV2) has been detected in the sewage, and the first case of polio has already been confirmed on a 10-month-old baby. This disease is highly contagious especially with unsanitary condition of waste and sewage everywhere. There has also been a rise of hepatitis A, acute respiratory tract infection, acute diarrhoea and jaundice. Skin infections such as scabies and bullous impetigo have also risen (Sah, 2024; Paris et al., 2025; UN News, 2024, August 2)

This issue is further compounded by drastic environmental changes resulting from the widespread destruction across the Gaza Strip²⁶. All five wastewater treatment plants have shut down, resulting in sewage contamination of beaches, coastal waters, soil, and freshwater with pathogens, microplastics, and hazardous chemicals. This creates immediate and future threats to public health, marine life, and agriculture (United Nations Institute for Training and Research, 2025). The wastewater system that has collapsed due to lack of fuel to run the system has overwhelmed and filled the stormwater basins

24 By the end of July, 2025, 86.1% of cropland in Gaza had been destroyed (Food and Agriculture Organization of the United Nations [FAO], 2025)

25 For Polio and Hepatitis A outburst see review in Lancet Health Series.

26 For updated information on water and sanitation conditions, see (WASH Cluster, 2025).

in Gaza—Al Saftawi, Sheikh Radwan, and Al Amal—with raw sewage. Fuel shortages have disabled pumping stations, leaving sewage levels unchecked. Overflow would flood nearby homes and IDP shelters, causing renewed displacement and a severe public health crisis with high risk of disease outbreaks (WASH Cluster, 2025 p. 3)

Most buildings have been reduced to rubble²⁷, and agricultural lands, as well as the already scarce green spaces, have been nearly obliterated. These environmental disruptions have created favourable conditions for the emergence and rapid spread of nuisance and disease-carrying organisms, particularly insects and rodents. Mosquitoes have become pervasive, inflicting countless bites that cause severe discomfort, sleeplessness, and insomnia. The situation is aggravated by the unavailability of resources, tools, and medical treatments needed to control their spread. Similarly, rodent populations—especially mice—have increased alarmingly, posing a threat to the already limited food supplies and raising the risk of outbreaks of serious diseases such as the plague (Mohamed, 2025).

Discussion

All reports issued by international institutions concerned with human rights and humanitarian situations worldwide, as well as reputable independent organisations, have pointed to the scale of suffering and pain experienced by the population of the Gaza Strip, with data, statistics, and documented testimonies illustrating the daily, and even moment-to-moment, hardships endured by the people throughout the entire duration of the war. Some reports have even described these events as “genocide” or “war crimes and crimes against humanity.” For instance, Human Rights Watch released an extensive report in December 2024 titled “Genocide and Acts of Genocide: Israel’s Deprivation of Water to Palestinians in Gaza” (Human Rights Watch, 2024, p. 1-163), and Amnesty International also published another report in December 2024 entitled “The Genocide Committed by Israel Against Palestinians in Gaza” (Amnesty International, 2024).

Moreover, a report by the Independent International Commission of Inquiry on the Occupied Palestinian Territory (A/

HRC/58/CRP.6, March 13, 2025), highlighted that “Israeli authorities have destroyed in part the reproductive capacity of the Palestinians in Gaza as a group, including by imposing measures intended to prevent births.” The report affirmed that these measures, alongside the rising number of maternal deaths due to restricted access to medical supplies, amount to an act of genocide, which is classified as a crime against humanity (Human Rights Council, 2025, March 13, p. 14).

All of these reports, as well as others from international and UN human rights organisations, indicate that Israel has pushed the population of Gaza to the brink of collapse, with dozens or even hundreds killed daily, either in direct or deliberate indiscriminate attacks. These assaults have, in many cases, resulted in the extermination of entire multi-generational families. The scale of destruction has been unprecedented, with experts stating that the level and speed of devastation have no parallel in any other conflict of the 21st century. Entire cities, camps, and neighbourhoods have been obliterated, with vital infrastructure, agricultural lands, and cultural and religious sites destroyed, turning large areas of Gaza into wastelands unfit for human habitation (Amnesty International, 2024).

Amnesty International’s report (2024) documents Israel’s deliberate imposition of living conditions on Palestinians in Gaza, which aim, little by little, to destroy them and the essential components of life. Three concurrent patterns of measures were implemented that exacerbated the destructive effects of each other, repeatedly:

1. The sabotage and destruction of life-sustaining infrastructure and other basic necessities for the survival of the civilian population.
2. The repeated use of large-scale, arbitrary, and vague “evacuation” orders aimed at the forced displacement of almost all of Gaza’s population.
3. The deprivation of basic services, humanitarian aid, and other life-saving supplies, and the obstruction of their delivery to the strip and within it.

Following October 7, 2023, Israel imposed a complete blockade on Gaza, cutting off electricity, water, and fuel. Throughout the war, with the exception of the first and second ceasefire weeks, Israel continued to impose a suffocating, unlawful blockade on the strip, enforcing strict control over energy sources. Additionally, it failed to facilitate effective ways of delivering humanitarian aid to the strip and prohibited the importation and delivery of life-saving goods and humanitarian aid, especially to areas north of Gaza Valley. Thus, Israel exacerbated a pre-existing humanitarian crisis, with these restrictions, compounded by the exten-

²⁷ The conflict has produced an estimated 41 million metric tonnes of debris, containing dust, unexploded ordnance, asbestos, industrial/medical waste and other contaminants, which the United Nations Mine Action Service (UNMAS) has stated that it would take 14 years to remove all the harmful debris from Gaza (UN News, 2024, April 19). This posed significant risk to the human health and the natural environment (OCHA, 2025, January 29; United Nations Environment Programme, 2024; United Nations Institute for Training and Research, 2025)

sive damage to homes, hospitals, water and sanitation facilities, and agricultural lands, leading to catastrophic levels of hunger and the widespread spread of diseases. The resulting health and physical effects have been harsh, particularly on young children, pregnant women, and nursing mothers, with long-term health consequences expected for them.

The cessation of electricity, water, fuel, medicine, and humanitarian aid to Gaza, coupled with a stringent blockade preventing the entry of anything, led to the total collapse of all forms of life. Sanitation systems, water pumps, and desalination plants ceased to function, and hospital services, which depended on generators, were severely reduced due to fuel shortages. UN agencies and humanitarian organizations were also obstructed from delivering aid, disrupting the delivery of essential materials and tools for repairing water and sanitation facilities, while inflicting further damage to the infrastructure, and in some cases, deliberately destroying it. Israel also prevented repairs by blocking the importation of nearly all materials related to water. Some Israeli airstrikes killed workers at water facilities while they were attempting repairs, while others destroyed the main water facility warehouse in Gaza, which contained spare parts, equipment, and essential supplies for water production (Human Rights Watch, 2024, p. 1-163).

The use of excessive force by the Israeli army in refugee camps, cities, and densely populated areas: The Israeli military has employed excessive force, using heavy weapons and ammunition in refugee camps, cities, and densely populated areas, as well as in numerous shelters, hospitals, and medical centres. Israeli fighter jets have dropped approximately 100,000 tons of explosives on the Gaza Strip. Certainly, this quantity of explosives creates terrifying sounds, severe destruction, and environmental pollution in densely populated areas and on a relatively small landmass (the Gaza Strip covers 365 km²). The resulting atmosphere is beyond imagination, filled with extreme discomfort, fear, horror, and both psychological and physical suffering throughout the days of the war.

Casualties and Injuries: The indiscriminate bombing and ground operations, according to data from the Ministry of Health in Gaza by the end of March 2025, resulted in the deaths of 50,890 people, with 10,260 others missing—presumably still under the rubble of destroyed homes—and more than 120,000 individuals injured. This means that approximately 10% of the population of Gaza (2.2 million people) has been killed, injured, or gone missing. Among the total number of fatalities, 18,600 were children, and 12,430 were women. Of the injured, at least 1,000 children lost at least one leg. The report also indicated that over 40,000 children have been orphaned, having lost one or both parents, and that of every 10 fatalities,

9 were civilians (90%) (Euro-Mediterranean Human Rights Monitor, 2025; Human Rights Watch, 2025).

Destruction of the health system: The suffering of the wounded was further exacerbated by the collapse of the health system, caused by both direct and indirect Israeli bombing. Additionally, Israel has restricted the entry of medicines and medical supplies, allowing only minimal quantities through the World Health Organization. Even those requiring urgent treatment outside Gaza were unable to travel due to the closure of the Rafah Crossing and the restrictions imposed by the Israeli military. As a result, the vast majority of those in need of treatment abroad could not leave and remained in Gaza to face their inevitable fate. This also applies to cancer patients and others with chronic diseases who require constant and intensive medical follow-up, further exacerbating their suffering and that of their families, who were unable to assist them as they faced a slow death.

Frequent displacement and evacuation Orders: One of the most prominent forms of psychological and physical suffering was the repeated displacement and sudden evacuation orders. The Israeli army frequently issued immediate evacuation orders, and at times, dropped leaflets from the air instructing citizens to evacuate immediately, with a warning that their lives would be in danger if they did not comply, accompanied by a small map showing the red zones to be evacuated and the routes to be taken to reach so-called “safe areas” (Amnesty International, 2024; (Abudayya et al., 2023; Amnesty International, 2024).

Displacement numbers: By January 2025, the war had caused the displacement of at least 1.9 million people, representing 90% of Gaza's population. Many families were displaced multiple times, sometimes up to 10 times (UNRWA, 2025b). The Israeli military had issued more than 65 evacuation orders since October 7, putting more than 90% of Gaza under active evacuation orders. This forced displacement, alongside the destruction of homes and infrastructure, has left the people of Gaza in a constant state of uncertainty, fear, vulnerability, and the absence of any safe place to flee. Thus, these repeated evacuation orders constitute forced displacement and ongoing, unrelenting suffering (OCHA, 2024).

Destruction of infrastructure: In addition to the evacuation orders, assessments by the United Nations Satellite Center (UNOSAT) have shown that by December 1, nearly 69% of the buildings in Gaza had been damaged or destroyed, totalling 170,812 buildings.

Disruption of movement and access to essential services: Another aspect of the suffering and complications faced by the people of Gaza is the obstruction of movement on land and the hindrance of access to health centres, services, and human-

itarian aid due to the destruction of infrastructure. According to an initial assessment by the United Nations Satellite Unit (UNOSAT), by August 18, 2024, nearly 1,190 kilometres of roads in the Gaza Strip had been destroyed during the war, with 415 kilometres severely damaged and 1,440 kilometres moderately damaged (UNOSAT, 2024). Additionally, other reports indicated that more than 92% of Gaza's main roads had become impassable due to bombing and systematic destruction by D9 bulldozers, complicating efforts to deliver humanitarian aid (RFI, 2025). Infrastructure related to essential services also suffered severe damage, with 330,000 meters of water networks destroyed, more than 650,000 meters of sewage networks damaged, approximately 2.8 million meters of roads and streets obliterated, and 3,700 kilometres of electricity networks destroyed. These figures illustrate the extent of the destruction of Gaza's vital infrastructure, further complicating the challenges faced by residents in terms of mobility and access to essential services (UNICEF, 2022).

Conclusion

It is evident that, after more than a year and a half of conflict, the Gaza Strip has transformed into one of the most perilous regions globally, characterised by profound misery, relentless suffering, and unending torment. The daily intense indiscriminate shelling, repeated displacement, destruction of infrastructure, stringent blockade, intermittent humanitarian aid, and absence of adequate healthcare have collectively turned Gaza into a living hell—a perpetual cycle of anguish. This psychological and physical suffering will undoubtedly leave enduring scars, not only on the current generation but also on future ones, particularly children. It is apparent that the plight of Palestinians in Gaza is unlikely to cease in the foreseeable future, even if the current war concludes, as the underlying causes that led to the October 7, 2023, attacks and the subsequent catastrophes remain unresolved.

It is imperative to employ all available political, legal, and peaceful protest avenues, through international institutions and with the support of all peoples and governments advocating for human rights and standing against oppression, to halt the cycle of suffering in the Gaza Strip. This includes ending the brutal war that has resulted in tens of thousands of deaths and over a hundred thousand injuries, holding accountable those responsible for the crimes and violations committed in Gaza, ensuring that perpetrators of bloodshed do not escape justice, and preventing others from committing further violations and crimes.

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