HOUSE OF COMMONS

International Development Committee

Oral evidence: Humanitarian situation in Gaza, HC 110

Tuesday 9 January 2024

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Watch the meeting

Members present: Sarah Champion (Chair); Dr Rosena Allin-Khan; Mr Richard Bacon; Theo Clarke; Chris Law; Nigel Mills; David Mundell; Kate Osamor; Mr Virendra Sharma.

Questions 59 - 89

Witnesses

I: Dr Ghada Al Jadba, Chief of Health in Gaza, United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA); Rohan Talbot, Director of Advocacy and Campaigns, Medical Aid for Palestinians; Nebal Farsakh, Spokesperson, Palestine Red Crescent Society.

Examination of witnesses

Witnesses: Dr Ghada Al Jadba, Rohan Talbot and Nebal Farsakh.

Q59 **Chair:** Welcome to this session of the International Development Select Committee's inquiry into the humanitarian situation in Gaza, which follows the broader session that we had in November. Committee members were particularly keen to get an update on the health situation in Gaza. No one can fail to be moved by what we are seeing on television and through social media, but it is very helpful for us to hear at first hand what the situation is actually like for the civilians in Gaza, but also particularly for the health workers and the broader situation that they are having to endure.

Thank you all very much for joining us. We have three witnesses today. I will ask you each to introduce yourself and your organisation and to tell us a little bit about your role within it. Dr Ghada, tell us a little bit about the organisation you are representing.

Dr Al Jadba: I am Ghada Al Jadba. I work as chief of the health programme in the field in Gaza for UNRWA. UNRWA is a unique UN organisation that provides humanitarian services and human development services, according to the mandate of UNRWA, to the Palestinian refugees in Gaza, who are about 1.2 million, constituting nearly 80% of the population in Gaza. We provide basic health services and education to the refugees, and relief and social services. UNRWA is considered the main body providing humanitarian support to all of the population in Gaza during the emergency situation. That is, in brief, what UNRWA does.

Rohan Talbot: Thank you for inviting me along. My name is Rohan Talbot. I am the director of advocacy and campaigns at Medical Aid for Palestinians. MAP, as most of you know, is a health and development charity that has been operating in Gaza for around 30 years and has been operating overall for around 40 years. We have a permanent team on the ground in Gaza and in the West Bank and Lebanon, working through local partnerships to support the delivery of essential healthcare. At the moment that is largely—well, exclusively in Gaza now—emergency relief works that we are doing through aid shipments, emergency medical teams and support for our local partners wherever possible.

I am here with the apologies of Melanie Ward, our CEO, who would have liked to have been here. She is actually in Cairo this week, receiving and debriefing with the first emergency medical team, which we sent out to Gaza over the last two weeks in partnership with the International Rescue Committee. She is also briefing the ingoing team. They are on rotation and another team will be going in imminently for the next two weeks. It is a pleasure to be here with you.

Q60 **Chair:** How are they getting in and out?

Rohan Talbot: They are getting in and out via Rafah. There is a co-ordination mechanism for emergency medical teams. MSF, IMC and other organisations have been able to send in these emergency medical teams. They go in for a short period of time for these rotations of a couple of weeks and work out of local hospitals there.

Q61 **Chair:** Wonderful. Thank you. Nebal, tell us a bit about yourself and your organisation.

Nebal Farsakh: I am Nebal Farsakh, the head of communication and media at the Palestine Red Crescent. The Palestine Red Crescent is the lead emergency medical service provider in the Occupied Palestinian Territories. Since the beginning of the escalation, we have been working on the ground, providing emergency medical services to the wounded people and the casualties. We also provide healthcare services through our hospitals in Gaza. We have Al-Quds Hospital in Gaza City and Al-Amal Hospital in Khan Yunis.

We also provide psychosocial support services for the children and women who have been impacted by this escalation. We also are responsible for receiving humanitarian aid through the Rafah border crossing, in co-ordination with the Egyptian Red Crescent, as well as UNRWA and other entities, such as the Ministry of Social Development. Through all of our partners, we are able to distribute the aid to the people who are in urgent need of it.

Chair: Thank you all for joining us today. I know how much pressure you are all under. Please pass our absolute gratitude to all of your staff and volunteers for what they are doing. We will now go into some specific questions and try to dig away at some of the details.

Q62 **Theo Clarke:** Nebal, when we last took evidence on the humanitarian situation in Gaza, in November, witnesses raised healthcare issues as a primary concern. In your view, what is the current healthcare situation in Gaza?

Nebal Farsakh: Basically, the current health situation in Gaza is absolutely beyond catastrophic. Most of the hospitals have gone completely out of service. About 30 out of 36 hospitals now are completely out of service. The area of Gaza City and the north has been left without any medical services since all hospitals have shut down due to the attacks and the denial of access to humanitarian aid, as well as medicines and medical supplies, to the area of Gaza City and the north, in addition to the detention of medical staff. According to estimates, there are around 800,000 Palestinians who still live in Gaza City and the north. Those people are almost completely denied access to medical services. We are talking here about thousands of people.

We should also remember that there are elderly people, sick people, people with disabilities and people with chronic diseases. Those people were completely trapped in the area of Gaza City and the north. They do

not even have the option to choose to leave the area, because none of them is able to walk four or five hours to reach the south of Gaza in this extremely dangerous situation.

We at the Palestine Red Crescent are trying our best to provide even the minimum medical services. We have established a medical post in Jabalia, north of Gaza. Through our medical post, we have volunteers who provide medical services to sick, wounded and injured people, although they are also suffering and they have different obstacles and challenges, because the medical point is working with a shortage of medicines and medical supplies, as well as power at night-time. They use flashlights in order to have some light to be able to treat the patients and those who are wounded.

At this moment, the area of Gaza City and the north is still denied access to humanitarian aid. We were able to send aid trucks through only during the time of the one-week truce. We sent 310 aid trucks to Gaza City and the north, but nowadays we are completely unable to send any humanitarian aid to the area.

In the south of Gaza, we are talking about a couple of hospitals that are still operating, and those hospitals are completely overwhelmed. Every hour, dozens of casualties arrive at hospitals, and the scene of people bleeding for hours on the ground in hospital corridors is now the norm, because those hospitals are beyond their capacities and all of them suffer from a shortage of medicine and medical supplies.

At the Palestine Red Crescent, we run Al-Amal Hospital in Khan Yunis. The surrounding area, very close to the hospital, has been under continuous bombardment, which has resulted in dozens of people being killed and others being injured right in front of our hospital and our EMS centre.

On top of that, our hospital is next to the Palestine Red Crescent headquarters. It is a complex—Al-Amal Hospital complex. Even our HQ has been under direct attack. There has been artillery shelling three times, targeting three different floors in our building, which has the very clear Red Crescent emblem and should be protected. This has resulted in at least seven people being killed and 12 others being injured. Drone gunfire is just continuous. It has resulted in the killing of a 13-year-old boy who was inside our facility.

I want to add that in our facilities, the Palestine Red Crescent headquarters and Al-Amal Hospital, we have hundreds of people—

Chair: Nebal, I am really sorry to cut you off, but we are wanting to hear from other people as well, and we want to ask you more specific questions. Could I ask you to be a bit briefer?

Q63 **Theo Clarke:** Rohan, how has the healthcare situation changed in northern, central and southern Gaza in the last six weeks?

Rohan Talbot: When Melanie came to speak to you in November, I think she talked about a catastrophe now. I was looking back at some of the statistics in the OCHA briefing just this morning to compare then and now. At that point, we were talking about 10,000 people having been killed overall. Now we are talking about 23,000 having been killed. One in every 100 people in Gaza has now been killed. At that point, we were talking about around 23,000 people injured. It is now 58,000 people who have been injured. Save the Children said yesterday that it estimates that 10 children a day are losing one or both legs, usually due to blast injuries.

At that point, only half of Gaza's hospitals were still functioning. Now it is around a third, and those hospitals are working at around three times their capacity, sometimes with as little as 30% of their staff. At that point, around 1.4 million people had been displaced. Now it is approaching 2 million people. We were talking at that point about the early warnings of the spread of infectious diseases. There had been a few thousand cases at that point. It is now 450,000 cases of infectious diseases, including more than 100,000 cases of acute watery diarrhoea, more than half of those in under-fives, as well as skin diseases, hepatitis, respiratory illnesses, etc. Those are spreading significantly.

We should say that these are all underestimates because public health surveillance has collapsed, along with the rest of the healthcare system. At that point, we were warning that people were going hungry. Now they are starving. As you, I am sure, will have seen, a quarter of the population are facing catastrophic levels of hunger. The IPC and the World Food Programme are warning of a famine in the coming months if the situation is not addressed.

It is our assessment now, six weeks on from that last conversation, that the indiscriminate bombing of Gaza by Israel and the siege are effectively making it impossible to sustain human life in Gaza, particularly in those areas of the north that Nebal was talking about. Without access to a healthcare system, food and these basics, it is impossible to sustain human life in those situations. That is affirmed by the UN humanitarian chief, Martin Griffiths, who last week described Gaza as uninhabitable. It is at the point now where how the UK responds to the situation is an existential question for Palestinians in Gaza, not just a humanitarian crisis.

I want to emphasise some points. Melanie highlighted in November how deeply affected our own staff had been, including highlighting staff members who had been displaced, had lost family members and were suffering all sorts of indignities in this situation. Just over the weekend, our colleague Asma was wounded in an Israeli shelling of the house that she was sheltering in with her family. Several members of her family were killed, including her sisters and her three-year-old daughter Leah. Asma was injured in the leg. She was actually referred to the Al-Aqsa Hospital, which is where our emergency team had been operating, but

they had been forced to pull out because of the insecurity of the situation at that point.

She has received care and had an operation on her leg. We are hopeful that she will make a full recovery, at least from the physical injuries, but I do not know how you recover from the mental injury, the psychological injury, of losing your daughter in those circumstances. Her family are trying to get painkillers and antibiotics. There are shortages across the whole of the system. If we were describing catastrophe six weeks ago, I do not know what word to use to describe the health situation today.

Q64 **Theo Clarke:** I am very sorry to hear about the experiences of your staff. I want to pick up the point about the psychological impact of the humanitarian situation. Dr Ghada, have you made any assessment about that, particularly on healthcare workers in Gaza?

Dr Al Jadba: Thank you for the question. I want to talk more about the situation of the displaced persons in Gaza, but health workers are among those people living in Gaza, with the whole devastating situation and repeated displacement. I know some colleagues who have been displaced maybe more than five times. Displacement is really difficult; they are leaving everything. People in Gaza in general, including the health staff, now have nothing, and they need everything.

During the last month, staff started to be without shelter. Just imagine suddenly being without shelter. Most of them were displaced first from Gaza and the north, some of them to the middle area and some of them to Khan Yunis area, and then they were asked again to evacuate, so they displaced again to the south. In the south, there are now more than 1 million IDPs in the Rafah area, which used to have 250,000 persons before this escalation.

The people now in Rafah do not even have tents. The availability of tents has started to be a luxury for the people, and even for the staff. Many of the staff were asking us to provide a shelter for them and their family. They were even asking for food and water, and for clothes, blankets and mattresses to lie on. I had never imagined the situation I experienced. I worked with all the previous escalations in Gaza and I have never witnessed such a situation.

Most of the health staff are now displaced and without even basic living conditions available to them. Some of them are based in the health centres. We opened some of the rooms in the health centres. All of the schools are occupied by IDPs. All UNRWA schools and all Government schools are occupied by IDPs, mainly in the south. There were UNRWA schools in the middle that also had IDPs, but they were evacuated to the south, the staff members among them.

Regarding the psychological situation, in UNRWA we lost 142 staff members. Many other staff lost their beloved people, their family members. They lost their houses. I lost my house in Gaza. Most of my

colleagues, most of the team I work with, lost their houses. You can imagine. Just now, I have a close team of 10 staff members around me. All of them lost their houses. Whoever did not lose their house is displaced without anything. They suffer. Their dignity is violated. They feel this oppression. They feel that they are left alone.

They are struggling to work and we are struggling to ask them and even to contact them. Even the connection is a problem. As a leader and a manager, I sometimes find it difficult to discuss work issues with them and ask them to do tasks, but we need to continue working and provide these basic and life-saving services to other people in Gaza who are at risk and very vulnerable. The staff members are vulnerable now.

Q65 **Chair:** Dr Ghada, I am hanging on every word you have said. As a manager, a health worker and a leader, and also someone who has lost her own house, how do you keep going? How do you get your support? I hear what you are saying—you are there and meant to be supporting everyone else—but how are you coping?

Dr Al Jadba: It is difficult. It is difficult to cope with this situation. It is a very inhuman situation. It is difficult to cope. We try to be strong. We are trying most of the time to look for inner strength inside us in order to continue. Maybe sometimes we look to others who lost their beloved people—who saw their sons or daughters in pieces in front of them. I feel that maybe I am lucky, because I am not like them. This makes us tolerate the situation more, but still we have this huge fear about our family members, our friends and everything else.

One of my colleagues said to me, "Do you know, I feel that I am not a human being. I feel that I am a ghost," and I find that that really describes what I am feeling. Many of them said, "I am afraid that I will lose any feeling." There is a statement that says that, when you live with an inhuman situation for a long period of time without it changing, you will lose the feeling of humanity inside yourself. This is very dangerous. I am afraid that many of the people in Gaza have reached this situation.

Chair: That is a very powerful statement that you have made. Thank you.

Q66 **Nigel Mills:** Nebal, six weeks ago we heard that there was a shortage of medical supplies and equipment. Can you update us on how bad that situation is now?

Nebal Farsakh: Since the beginning of the entry of humanitarian aid, the number of aid trucks that have been allowed to go into Gaza has not even scratched the surface. The total number of aid trucks does not even meet 10% of the needs. We are responsible for receiving the aid trucks through the Rafah crossing. From 21 October up to 6 January we received only 5,620 aid trucks with food, water, relief items, medical supplies and medicine. Let's say that medical supplies and medicine are around 10% of the aid trucks. It is absolutely not enough, especially

when we are talking about intensifying bombardments and airstrikes, which means that dozens of people are killed and injured every single hour.

Even before this war, Gaza was receiving around 500 aid trucks daily. We are talking about over three months of continuous escalation, relentless bombardments and airstrikes. On top of that, thousands of people are injured. We are talking about around 59,000 Palestinians who have been injured since the beginning of the escalation. Very basic medical supplies and medicines are not available—even anaesthesia. Hearing about amputations being conducted without anaesthesia is beyond horrific. We are talking about pregnant women and other people with chronic diseases who do not even have the opportunity to get medical treatment since hospitals are extremely busy trying to save people's lives and trying to save those who have been critically wounded.

On top of that, there are 50,000 pregnant women who are in shelters without food, water or even medical care. Every single day, around 180 women have to give birth in extremely dangerous and inhuman conditions. We need more humanitarian aid to come in, not just because of the health situation, but because we are now talking about 90% of people being internally displaced. That means that 90% of people in Gaza are now relying on humanitarian aid. They are literally in need of food, water, relief items and blankets—even children. The weather is getting so much colder. When most of the people left their homes, the weather was warmer. Now they do not have any warm clothes or blankets whatsoever. Even a tent is now a dream.

Q67 **Dr Allin-Khan:** I would like to say thank you to everybody for the work you are doing. It is unimaginable what you have to live through and experience. For the record, I worked with PRCS, with the Palestinian people, for two years. I have also worked with MAP. Thank you. I just cannot thank you enough.

I want to ask about things coming through the Rafah border. I met the Egyptian ambassador before the end of the year. He said that every truck that crosses the border has to travel an extended distance to have its contents checked by the Israeli authorities. That extra layer of red tape makes it ever more impossible for the aid that is needed to get through, and the stuff that gets through does not even scratch the surface. Is there something that we can do to lobby from that end? Is there something that we can press upon the Israeli Government to do, or upon the Egyptians in any way to improve their relations on this with the Israeli Government, in order to assist in that part of the process? Maybe I should address that to you, Nebal.

Nebal Farsakh: There was a decision by the UN Security Council to facilitate the entry of humanitarian aid, but, for people who are working on the ground, nothing happened. Aid is still getting into Gaza very slowly and we are still talking about it not even scratching the surface.

As you mentioned, the entry of humanitarian aid is a very lengthy process that takes so much time. It involves unloading trucks on the Egyptian side and loading other trucks on the Palestinian side, the searching and inspection of those trucks, taking them to Al-Auja crossing, and the searching of them by the Israeli side, before they pass through the Rafah crossing. It is absolutely a very long process.

Our expectation is that humanitarian aid should be allowed to enter not only through the Rafah crossing. Humanitarian aid should enter Gaza through the air and through the Karem Abu Salem crossing. Some trucks have recently been allowed to come through the Karem Abu Salem crossing. However, we are still talking about dozens of aid trucks. That is why it is so important to allow the unconditional and sustained entry of humanitarian aid into Gaza.

We were warning the people of the world that people in Gaza would be hungry; now, people are living in starvation. They are in urgent need of everything: food, water and tents. Since most people are now displaced, there are no leftover places or shelters. There is nowhere to go. Every single day, we receive dozens of phone calls from families who are just looking for tents.

Chair: Thank you, Nebal. We have lots more questions.

Q68 **Dr Allin-Khan:** Dr Ghada, we heard from UNRWA in November that healthcare infrastructure, including hospitals, was under significant stress. I know that as much as 64% of Gaza's hospitals are now non-operational. Do you foresee more hospitals becoming non-operational? What challenges are hospitals facing now in providing effective care across Gaza?

Dr Al Jadba: As you mentioned, many of the hospitals, especially in Gaza and the north, are not functioning. They were attacked. Among the 36 hospitals in Gaza, there are now only 13 and they are not fully functioning. Ministry of Health hospitals, as Nebal mentioned, are the only hospitals that are functioning. They are in Khan Yunis, the European and Nasser hospitals, with an occupancy rate of more than 300%.

You can imagine that it is not only about the occupancy rate. Even those hospitals in Khan Yunis have been targeted in the last period of time. They were attacked. Nasser Hospital was attacked. There was one child, who was the one saved from her family, with an amputation of her leg, and she was awaiting her referral—it was the next day—outside Gaza. She was killed in Nasser Hospital in that attack. They are still targeting the hospitals in Khan Yunis.

The situation in the hospitals is dire. They were supported by WHO and UNRWA to have the field hospitals. There is one Jordanian hospital connected to Nasser Hospital and an Emirati hospital. Also there was a field hospital for some of the prematurely discharged injured persons

supported by UNRWA staff to provide support there, but still it is not enough.

The medical staff in the hospital are exhausted. They are working 24 hours without stopping, and there are psychological issues. They are seeing injured people in very painful situations, with a lot of bodies in pieces, and sometimes they cannot do anything for them. They do not have the capacity. The hospitals and the secondary healthcare system has collapsed in Gaza and huge support is needed.

We are talking most of the time about the injured persons and the casualties. We are not talking about other medical conditions such as heart attacks, cancer, renal failure or any other medical condition. Believe me, they do not have any place to go. They do not have any medical support. They just die at home or at the hospital without care. The situation in the hospitals is a disaster.

Obstetric health services for pregnant ladies and health services for children are nearly not available in Gaza. You will not find any medical services in Gaza and the north. The situation in the middle area and the south is at risk: the Israeli IDF is nearly doing the same in Al-Aqsa Hospital in the middle area, Al-Awda Hospital, and the hospitals in Khan Yunis and Rafah.

It is the same for the primary healthcare centres. In UNRWA, we have 22 primary healthcare centres. There are now only six functioning, because of the security situation in the middle area and in Gaza and the north. We are hardly providing these basic services to all of the population in Gaza.

Q69 **Dr Allin-Khan:** In November UNRWA said that overcrowded shelters were being used as makeshift hospitals. Is that still the case? If so, what impact has that had on the quality of care that doctors are able to provide?

Dr Al Jadba: It is much worse compared with November, because now around 90% of the people in Gaza are IDPs. We now have about 2 million IDPs in Gaza. We now have 80 UNRWA shelters. We used, in November, to have 96 shelters in the middle area and the south. In total, we have 155 shelters, but we do not have access to those in Gaza and the north and we do not provide health services to the people there, who number about 150,000.

Q70 **Chair:** Dr Ghada, when you are talking about shelters, describe what you are actually talking about. Is it like a field hospital or is it a drop-in? What is it?

Dr Al Jadba: It is just a shelter to have people sheltering in. It is not a hospital, but we established in those shelters medical points to provide essential health services to IDPs. Now we have 80 UNRWA shelters for 1.5 million IDPs. The average is 16,000 IDPs in each of those shelters, which were designed to have 2,000 IDPs. You can imagine the situation there—it is the worst situation. In some shelters we have 500 IDPs

sharing one toilet and 1,700 IDPs sharing one shower. Some shelters are not designed to be shelters, so they do not even have a shower.

Because of that we have a huge number of skin diseases, such as scabies, pediculosis and impetigo, and diseases related to waterborne issues, because of the lack of water, either drinking water or non-potable water. We have a hugely increased number of cases of acute viral hepatitis and diarrhoea, and respiratory diseases also. By the way, we developed a surveillance system from the first day we established these shelters and started to receive the IDPs. We are monitoring, with the WHO and the Ministry of Health, the trend of these diseases. The number of diarrhoea diseases has increased by 40 times since the same time last year.

Q71 **Chair:** Dr Ghada, this might seem a silly question, knowing that hospitals are being attacked, but do the shelters have any recognition by the IDF as being a medical facility and therefore protected?

Dr Al Jadba: Thank you for that question. The director of UNRWA has mentioned in the media that even the UN flag does not provide protection to the people in Gaza. The healthcare facilities are not provided with protection. Even the UN flag did not provide protection to the people. The UNRWA schools were attacked and we have had people injured and killed in UNRWA schools. There is no protection for the people sheltering in UNRWA.

By the way, the people in Gaza feel that they want to go to UNRWA shelters because they are seeking something safe, but unfortunately it is not safe. They attacked and targeted UNRWA schools. Even the health staff have said to me many times, "We just want to have protection in order to move from here to here," because they are moving from their houses or from the shelter to the health centres to provide the services, and they do not feel that they are protected.

Chair: Dr Ghada, I just find it utterly wicked and immoral that international conventions are not being respected, particularly when it comes to medical facilities. If ever there is an absolute red line, protecting people and medical facilities has to be it. I am just disgusted by what I am hearing in this session.

Q72 **Kate Osamor:** I want to say thank you to Dr Ghada, Nebal and Rohan for all the work that you are doing. It is very difficult to listen to, but we are so grateful that you are here and allowing us to document this as it is happening. I have a question on communication blackouts. As we know, the lack of fuel has become an issue, what with the Israeli Government decision basically not to allow enough fuel to come in. Could you explain to us how the lack of fuel is impacting not only the internet, but the cell phones and the provision of healthcare in the region?

Nebal Farsakh: Since the beginning of the war on Gaza, Israel has intentionally cut all communication means. That means cellular, landline

and internet communication. We are not talking only about times when communication has been cut because of the lack of fuel. Six or seven times, Israel has intentionally completely cut all communication. There was a complete communication blackout in Gaza.

At those times, we were completely unable to communicate with any of our teams in Gaza. There was a complete disconnection between our emergency operation room—the central one in the West Bank—and our emergency room in Gaza. We were unable to hear anything from our colleagues, who were working under extremely dangerous conditions. On top of that, that means that people were unable to call the emergency hotline. Our teams were just trying to hear the noise of bombardments and then follow the explosions, trying to reach the injured people as soon as possible. This is absolutely hindering the work of ambulance teams and delaying their arrival to the wounded people to save their lives.

We also tried to put our ambulances strategically in front of hospitals in every governorate, so that, when the first case arrived at the hospital, our paramedics would know the location and could head directly towards it. That is absolutely also delaying their arrival to the wounded people.

On top of that, pregnant women and people with health issues were completely denied access to emergency medical services at that time, because they could not even call the 101 emergency line for an ambulance. It is just a horrific time to live in, to be in constant danger without even having the chance to call the ambulance or call your loved one.

I would like to add something regarding the targeting of healthcare workers. The Palestine Red Crescent has already lost four colleagues since the beginning of the war, killed while they were on duty. Although our ambulances have a very clear emblem, the Red Crescent emblem, which should be protected, they were intentionally targeted. Twenty-nine other colleagues were injured while they were trying to save people's lives. On top of that, at least 13 ambulances for the Palestine Red Crescent have gone completely out of service and 19 other ambulances have been severely damaged because of attacks on our ambulances.

On top of that, our colleagues, paramedics and first responders, are still trying their best to save people's lives, although all of them have personal losses. It is literally all of them. They have lost their loved ones. They have lost their homes, or their families became internally displaced and do not even have regular access to food or water. It is so hard to be a paramedic in Gaza. To be a paramedic in Gaza means that, when you leave the emergency medical centre, you are not even sure if you will come back again. To be a paramedic means to work on the ground for months without even being able to see your family or check on them. To be a paramedic means having to continue providing your life-saving services while your mind is just exhausted, thinking about your family, who you have to leave alone at home under constant bombardment,

knowing that they do not have access to food, water or even electricity. It is so overwhelming to be a paramedic.

This continuous war has a great psychosocial impact on the people in Gaza. Women, children, first responders and healthcare workers have to come through horrific scenes every single day. This is having a dramatic and tragic impact on their mental health. I have heard this continuously from our teams in Gaza. One paramedic told me how painful it was for him to watch people bleed until they lose their life without being able to reach those people who are in urgent need of his medical services. Every single day, we are getting dozens of phone calls from people who are trapped in their homes, while there are people who are killed in their home and stay trapped with their family members. Others are injured.

These areas are considered military areas. That means that no one—not even rescue teams or ambulances—is able to reach these people. It breaks our hearts, as an organisation that was made to help people and to reach people who are in urgent need of our emergency medical services, that people literally have been left to bleed to death without an ambulance being able to reach them in an area that Israel considers a military area. It has completely denied access to our ambulances and medical teams to reach these people and save their lives. The feeling of helplessness and how painful it is for all of us, for all of our paramedics and healthcare workers, cannot even be described.

Kate Osamor: Thank you so much, Nebal. I can feel everything that you are saying. We all can.

Q73 **Mr Sharma:** What is the current status of specialist healthcare services in Gaza, such as neonatal and cancer care?

Rohan Talbot: That is such an important question. We focus on trauma injuries—understandably, given the overwhelming scale—and that is how we think, I guess, about the casualty statistics from Israel's bombardment. The number of people who are dying for other reasons, from lack of access to care, is likely to dwarf that in the long term, with the collapse of those other services. There are, for example, 45,000 people living with cardiovascular disease, 71,000 people with diabetes and more than 1,000 people in need of kidney dialysis. These services have, in some places, completely collapsed. They are not available. In other places they have been stymied by the lack of materials and the lack of staff able to respond.

We need to situate what is happening in Gaza within the last 16 years of blockade. Even before this began we were talking about a healthcare crisis because of the lack of capacity within the healthcare service. Thousands of people each year were referred out of Gaza to hospitals in East Jerusalem, the West Bank and other places to receive things like radiotherapy, which is completely unavailable, and certain types of surgery and chemotherapy. They are not getting out. They are getting no referrals. They are trapped in Gaza and people are starting to die of

cancers and other non-communicable diseases that they would otherwise be able to survive.

Maternal health and child health has come up. That is really important, partly because it leads us to a conversation about the longer-term impacts, which are really important to consider even in this moment of crisis. In our emergency medical team, we had a senior obstetrician, Debbie Harrington, who reported from Al-Aqsa Hospital, where she was working, that, essentially, there is no antenatal care happening at all in Gaza. The capacity for that is completely diminished. In the hospitals that still have functioning maternity wards, limited though those are, as you have heard, there are more than 100 deliveries a day. Women are effectively being wheeled into the maternity rooms in the last few minutes of birth and then out again, out of the hospital as soon as possible and into these overcrowded shelters.

Sixty-five per cent of pregnant and breastfeeding women are only eating two food groups. Malnutrition is really significant. Malnutrition in new mothers, plus the stresses and psychological impact of what they are living through, means that breastfeeding is almost impossible for many of them. Understandably, though breastfeeding rates have traditionally been quite high in Gaza, many women simply cannot, because they do not have access to food. In order to try to make sure that their children have some access to food—these are newborn babies—they will be trying to access formula as a second-best option. Of course, formula stocks are massively limited, particularly for babies with particular special nutritional needs. Then, of course, what happens? They are in shelters where there is no access to clean water.

Mothers who have just given birth in the most traumatic and difficult circumstances, some of them in the streets, as you have just heard, because it is either not safe or they are not able to get to the hospital in time because of access restrictions and military activity, have been through that process and get no aftercare. There is no follow-up care for their babies and then we hear of mothers effectively having to provide formula to their babies that they know is going to make their child sick, and then there is no ongoing care when their children get sick. In this malnutrition crisis that we are seeing at the moment, the ones who will start dying first will be the youngest and most vulnerable children in Gaza.

Q74 **Chair:** Are you starting to see that?

Rohan Talbot: The surveillance for that is limited, unfortunately. We can say that the emergency medical team are seeing people, including children, coming into hospitals with signs of serious malnutrition.

Q75 **Chair:** But they are not presenting with malnutrition; they are presenting with something else.

Rohan Talbot: It depends. They are coming into the hospital usually for some other reason. The hospital staff say that they are starting to see cases—up to 10 or 20 a week—of malnutrition coming into the hospitals in need of care, but there is not yet the overarching surveillance of those. All we have is the testimony of the staff who have been there.

For example, Nick Maynard, the clinical lead—he is a surgeon—said that in the surgical ward where he was, they were operating on people who were already clearly seriously malnourished. At the first sign of any infection—obviously, post-operative infections are very significant in this circumstance because of lack of antibiotics and clean water, etc.—they start to lose weight very rapidly. This is what is starting to come into the hospitals. If we are talking about early warning with regards to famine and everything else, we should be looking for these signs of significant malnutrition.

One thing to say about that, of course, is that there are 130,000 under-fives in Gaza. No child is getting the nutrition that they need, so all of those children will be affected in some way by stunting. That is an entire generation who will suffer a lifetime impact on their physical, psychological and intellectual attainment and not reach their full capacity because of what is happening right now. The longer that happens for, the bigger that lifelong impact is going to be.

Q76 **Mr Sharma:** I know you have touched on this area, and it is very painful and not easy to grasp, but we need to know more. In our last session we heard that premature babies in need of urgent care were being transported to Egypt without their parents because they could not be treated effectively in Gaza. Can you give us any update on that particular area?

Rohan Talbot: MAP has been working on neonatal intensive care for more than 10 years in Gaza. Those intensive care units in Shifa Hospital and other places are ones that MAP has supported, providing the equipment and training inside those hospitals. I do not have an update on the specific babies who are in Egypt. I hope that they are okay and that their surviving parents have been able to reach them.

As far as I am aware, there has been no return of the neonatal intensive care unit services in Shifa Hospital. They are power intensive and obviously there was significant destruction inside the hospital. The hospital staff, remarkably, have been able to return some services to that hospital, despite the very serious impact of Israel's bombing and its raids of the hospital. Some dialysis, some emergency medical services and some maternity services have been returned, but that neonatal intensive care unit is out of action.

The neonatal intensive care unit at Kamal Adwan Hospital, also in Gaza City, is out of action as well. Those services that are still running are having to put multiple babies into each incubator in order to try to keep

them alive. Anything that is not the most emergency care is not being serviced in Gaza at the moment.

Q77 **Mr Sharma:** In your view, which groups of Gazan society are most affected by the limited levels of available specialist care? Is there a particular group you would say?

Rohan Talbot: As always, unfortunately, in situations of conflict and mass violence, it is the most vulnerable groups in society that are worst affected. As I have mentioned, newborn babies and pregnant mothers are significantly affected, particularly by the malnutrition crisis, as well as the lack of specialist care availability. I think that there are 10,000 cancer patients who are not receiving any of their care at the moment. There have been some indications from the Ministry of Health that those cancer patients have started to die as a result of not being able to receive that care. There are the elderly, of course, again, with malnutrition and management of non-communicable diseases. Those are vulnerable groups as well.

I should say that nobody is not vulnerable in Gaza right now. Everybody is affected. Everybody is hungry. Everybody cannot access healthcare at the moment. There are these groups that are particularly affected. We should also reference the fact that there are at least 1,000 children who have lost a limb, and there are no rehabilitative services for them, or for adults. We cannot neglect the fact that there are no rehabilitative services really functioning for those groups at all in Gaza at the moment. It will take—I don't know how long—years and years to be able to provide some form of support and services to those people newly disabled as a result of Israel's bombardment.

Q78 **Mr Bacon:** Dr Ghada, back in November, we heard that there was an increased risk of diseases such as cholera taking hold. Could you update us on the prevalence of disease and whether particular diseases have become more commonplace in the last six weeks?

Dr Al Jadba: With the situation described—and you know the situation in Gaza—morbidity has increased dramatically, especially for infectious diseases, because of the poor living conditions that IDPs live in, in all of Gaza. In Gaza and the north, it is a real disaster. In the south, in the shelters, the hygiene situation is a disaster, and the fuel issues limit the ability to dispose of medical waste and sewage. The situation in those shelters is beyond description. Even the houses in Gaza, not only the shelters themselves, are crowded. The streets are full of people. Sometimes people do not have shelters; they are just in the street.

All infectious diseases have increased, including diarrhoeal diseases—which have increased, as I mentioned, 40 times compared with the same time last year—skin diseases, respiratory tract infection and acute viral hepatitis. Unfortunately, we do not have cholera kits. We are working with the WHO to have such kits. Even in those cases with acute jaundice, we do not prove whether they are hepatitis A or E. We are trying to get

such kits or to send the blood samples to Egypt to be tested. We do not have lab services to confirm the diagnosis. If we have suspected measles or mumps, we do not have the lab kits to confirm the diagnosis.

The number is increasing dramatically every week and the situation is worsening every time. Every day the situation is worse than the day before, not just with infectious diseases, but with all diseases, communicable or non-communicable.

Q79 **Mr Bacon:** What steps, if any, are UNRWA and other agencies able to take to try to mitigate these rises in disease?

Dr Al Jadba: We are trying, but when we try to do something, the next day there is escalation, another displacement, attacks and more misery. The situation has started to be very difficult and it is really beyond the capacity of all of the organisations to continue working. We are talking about challenges, but they are beyond challenges. They are obstacles that sometimes make us unable to provide services. In many locations, UNRWA cannot provide services. In Gaza and the north, UNRWA cannot provide health services. In some locations in the middle area—in Nuseirat, Maghazi and Bureij—we cannot provide health services to the people there.

In the south, we try to provide health services, but, with this crowd, how can we provide good mitigating measures to try to combat such infectious diseases? How can we do that while the shelter that should have 2,000 people has 16,000? How we can ensure good toilets and showers? There is also the issue related to water, with no provision of potable water and non-potable water. How can we improve the hygienic situation? With no fuel, how can we dispose of sewage and solid waste all of the time? We cannot do that.

The only mitigating measure to combat these infectious diseases is to provide vaccines. With the support of UNICEF and WHO, we have succeeded in getting the vaccines. We continued for one month with a shortage of vaccines. After one month, we succeeded, by the first of this month, to have most of the vaccines. We succeeded, in a very hard and complicated situation, in starting to provide vaccines to children. That is the only mitigating measure to prevent and combat these diseases. We have tried to improve the hygienic situation, but we are talking about mission impossible. It is impossible to improve the hygienic situation in a shelter that should have 2,000 IDPs but has 16,000. You cannot imagine the situation.

One of my colleagues said to me that no one can imagine the situation in the shelters unless they have been there. You need to visit the location to understand what is going on there. The only mitigating measure is to have vaccines. The vaccines do not prevent all diseases—they do not prevent acute respiratory illnesses or diarrhoeal diseases in general—but we are trying to provide them.

Q80 **Chris Law:** First of all, I would like to put on record my thanks to all the witnesses who are here and also to the teams on the ground in Gaza in the appalling situation they are currently facing.

The press like to talk a lot about what is going on in Gaza, but it is disappointing to see that none of them are here today. I would like to quote a few things with regards to famine. The Palestinian Ministry of Health has said that famine, drought and epidemics form a "triangle of death", and the UN emergency relief chief has said that famine is "around the corner". Even the *Telegraph* has described Gaza as "turning children into skeletons".

Rohan, on behalf of Medical Aid for Palestinians, what assessment have you made of the risk of famine in the region? What numbers are we seriously looking at in the very near future?

Rohan Talbot: As I have said, the emergency medical team—I trust in their clinical judgment—has been starting to see serious malnutrition in the cases that are coming into hospitals. That is considered an early warning sign of starvation starting to take hold in the population.

The figures that have been published by the IPC are really stark. Famine, as they say, is months away, but a significant proportion of the population—around a quarter—are already at critical levels of hunger. They simply do not have enough food. They have exhausted their coping capacity and do not have enough food. That means there are a large number of people who go entire days without eating anything. The food that they do eat is not of a sufficient nutritional quality. They might be eating grains, as in bread, oil, rice, whatever they can get their hands on, but it is simply not available at the levels that are needed.

We are focused on the aid response, but there is no commercial sector any more. There is no agriculture any more. It is not possible to feed the 2.3 million people in Gaza on the basis of aid alone. There needs to be a return to the commercial sector, and rapidly. That is part of the challenge with regard to crossings—ensuring that food can return. There needs to be access to agriculture.

Of course, people have lost a growing season. It has been three months. The food that should have been planted to ensure there are vegetables, fruits and nutritious food on the table in the months to come simply will not be available. We need to focus on the most vulnerable groups, including children, who are going to be suffering stunting now and then potentially acute malnutrition soon. We need to focus on issues such as the ability to monitor levels of hunger on the ground and inside these shelters.

Given the levels of hunger and starvation that we are already seeing, it will not be long before this becomes a mortal issue for many people, particularly the most vulnerable people in Gaza.

Q81 **Chris Law:** I am just looking at some of the data here. The Famine

Review Committee, which has been activated due to evidence surpassing the acute food insecurity phase 5—the catastrophic threshold—and is a gold-standard, internationally accepted process and metric for measuring famine, has stated that it is imperative that there is a cessation to hostilities.

Very bluntly, the UK representatives at the UN failed to support an immediate and permanent cessation of hostilities due to the failure in Parliament by both the UK Government and the official Opposition—not all Members included, of course—to support the immediate cessation of hostilities. Is this something you would like to see as MAP? I will also put that question to the other witnesses.

Rohan Talbot: Yes. It is MAP's position that there needs to be an immediate ceasefire and a cessation of hostilities. It is impossible to mount an adequate aid response in a situation of continual bombardment where there is no security.

As you have heard from Dr Ghada and Nebal, there is no meaningful distribution of aid into the north of Gaza at all. There are hundreds of thousands of people who are essentially receiving and eating nothing. The anecdotal reports that we hear, as others have, are about people trying to eat weeds and leaves that they can find, just to fill their stomachs, because there is nothing available for the people there.

Given the security situation and the constant bombardment, it is completely impossible to save lives. It is impossible to save lives, from not just kinetic military activity but starvation, etc., unless that ceasefire comes, and comes very rapidly.

Q82 **Chris Law:** To Dr Ghada from UNRWA, do you want to see the UK take a very clear position on the immediate cessation of hostilities to prevent not only further loss of life but the potential famine on the very near horizon?

Dr Al Jadba: For sure, this is the main request, in fact, of everyone in Gaza. It should be the main request of everyone. It is not about the political issues. It is not about Gaza, the Palestinian case, the Israel-Palestine conflict, Hamas or whatever. No, it is about humanity. Calling for a ceasefire should be about saving humanity in Gaza because of the imminent famine and the level of displacement, which is very inhuman for all the people in Gaza.

UNRWA is the main humanitarian organisation to provide humanitarian assistance in Gaza, and I can say to you that this is beyond the capacity of UNRWA if there is no ceasefire. Many times the top management of UNRWA has mentioned that we are afraid that we will reach a moment when we will not be able to continue working. We will not be able to continue providing all of this humanitarian assistance if there is no ceasefire. Believe me, even if there is a ceasefire today, the crisis will not end.

What is happening in Gaza, especially to children, is more than enough. We are seeing morbidity everywhere, without any possibility to respond in an acceptable way. There is an imminent famine, an imminent health disaster. As I said to you, we cannot mitigate these issues. Anything we can do will not be able to respond to these infectious diseases. People will die not only from the Israeli attacks, but from outbreaks, which will happen soon, believe me. They will die in their thousands, especially the vulnerable people, like children and women.

You cannot imagine the situation of women in Gaza. I am sorry; maybe it is my ignorance, but this is the first time I have heard about so-called dignity kits. My female colleagues were asking about things that they do not have, and the UNFPA and the protection clusters started to distribute a minimum amount of so-called dignity kits. They are not living in Gaza; they are awaiting death.

One time, I called my friend to support her because of the killing of our UNRWA colleague. She said to me, "Sorry, we need this support, because we are dying. It is not the people who are killed. We are the people who feel like we are dying. We feel like we are dead." This is the situation in Gaza. Everyone should call for a ceasefire. This is more than enough of a violation of human rights and a violation of humanity in Gaza. Yes and yes, this is the main request.

Many have said to me, "There is more than one time that we feel hunger." Many have said to me, "We don't eat because we want our children to eat." I am talking about doctors; I am talking about people who were living at a high social level. What about the others? You cannot imagine. They said to me, "If you are in any sessions with the international community or whatever, please ask them just to stop this madness. We don't want food." That is what they told me, but I cannot say that. They want food; they want water; they want everything—but mainly they want a ceasefire. They want to feel that they are alive. This is what they want.

Chair: Dr Ghada, thank you so much. You have used this platform to say that, and we have heard you. For the life of me, I cannot see why we are not all calling for a ceasefire—at the very least, a ceasefire for humanitarian and medical equipment to get in. What is going on is deplorable.

Q83 **David Mundell:** Rohan, you touched on this earlier. Just so we can be clear, how much medical aid has made it into Gaza in the last six weeks? You specified that there was none in the north and perhaps a little more in the south. Are you able to expand on that?

Rohan Talbot: Medical Aid for Palestinians has been able to import a number of trucks. I think we have been able to get in nine trucks, but I might be corrected on that. That is not close to touching the needs. There is a co-ordination mechanism going through Rafah, but very little is actually going in.

Just to hark back to an earlier question, there are these questions about what is allowed in. There is a dual-use list. Israel has a number of restrictions. It checks everything that is going into Gaza, but it is not known what is on that dual-use list. There are items that we understand have been turned back, but we do not know what those items are within the broader perspective of the aid that is being allowed into Gaza.

The WHO announced yesterday that it had been trying to deliver urgently needed aid to the Central Drug Store, which is located in Gaza City, and the Al-Awda Hospital in the north of Gaza. It had been unable to receive security guarantees for that aid convoy for 12 days. As of this morning, I had heard no different. It had tried four or five times to get those security guarantees so that it could distribute that aid to the north of Gaza.

Q84 **David Mundell:** That is aid that has got through.

Rohan Talbot: That will be aid that has come through Rafah or the limited amount that has come through Kerem Shalom. It then cannot be distributed.

Q85 **David Mundell:** It is in Gaza, but it cannot be distributed.

Rohan Talbot: This is a really important point. Aid is barely trickling in through the Rafah crossing, which, as you have heard, is a passenger transit; it is not set up to take trucks. Some has started going through the Kerem Shalom crossing, but even that is aid that has come via Egypt. It is not the usual route. We have all had to set up operations in Egypt. None of us has had to do that before.

There is a dual-use list that then restricts what is able to go in, and we do not know what that is. If there is a single item within a shipment that has come to that crossing that gets rejected by Israel, the whole truck has to go back and be repacked and go through that system again.

Q86 **Chair:** Rohan, just to be specific, the trucks and the equipment will have been packed by an international organisation or a state. There is already quite a detailed level of interrogation that goes into what is in these packages to begin with.

Rohan Talbot: Yes. I can speak from MAP's perspective. There probably is no aid environment in the world right now with a higher compliance requirement than Gaza, perhaps apart from Afghanistan. We are very careful about ensuring both the veracity and the quality of what we are sending in. It is really important.

There are our own checks, and then there are apparently three levels of additional checks that go on. That whole process is very cumbersome. As you have heard, around 6,000 trucks have got in since the beginning of the conflict. That is all types of aid. That is equivalent to around 12 days of aid before the crisis began. We are now 94 days into it.

It then cannot be distributed safely because there is still ongoing bombardment. Roads have been destroyed. There are not necessarily security guarantees. As you have heard, 146 UNRWA colleagues have been killed. There is a lack of fuel for distribution and an inability to go to the north, etc.

We are talking as if there is a humanitarian system operating. The humanitarian system has all but collapsed. It is only being held up by the basic abilities of the teams that are there, but this is not a full humanitarian response.

Q87 **David Mundell:** There is not really any infrastructure anymore.

Rohan Talbot: The infrastructure has existed in Gaza for many years because it has been in a perpetual humanitarian crisis, but that infrastructure is not functioning because of bombardment, lack of fuel and attacks on staff and medical convoys. MSF, WHO and UNRWA medical convoys have come under attack. You need a basic level of security in order to distribute aid safely. Even the minimal amount that is getting in is not necessarily getting to where it needs to go.

Perhaps that leads to a question that it would be worth raising with the Government. It is very welcome that the Government have increased the aid that they are providing to Gaza. We should definitely be encouraging that, and we definitely welcome it. My question—I do not know the answer to this—is, has everything that has been provided got into Gaza? Has anything been turned back? We have heard they are providing solar lights, for example, but we have also heard that solar lights are not being allowed in by the Israelis.

Has everything got in? Has the equipment and aid that has been provided and then has got into Gaza been distributed fully? To whom and where? Has any of it got to the north? What guarantees have the Government sought to make sure that their aid is evenly distributed on the basis of humanitarian principles to the people who need it most at any given moment? Lots of those people are in the north.

Q88 **David Mundell:** That is very helpful. I was about to ask you what you thought the UK Government should do. You have given us a list of questions that we should ask the UK Government about what they are doing and whether they are securing the necessary information. That is very helpful.

Dr Ghada, again I commend you and your colleagues for everything you are doing on the ground. What aid that has come from the international community have you seen in your work? Are you seeing it? Is it arriving to your colleagues? Is it making any difference?

Dr Al Jadba: In fact, the problem is more about what is entering Gaza. We know that a lot of goods and humanitarian aid are at El-Arish, but there is a bottleneck at the Rafah border. What is entering is like drops; it does not meet the need in Gaza. What is entering Gaza does not meet

the huge needs in all aspects, particularly the health needs. We were talking about hunger. Food is important for health. Non-food items and water are important for health.

What is entering Gaza is still very much less than the need. Because of that, people in Gaza do not feel that the aid entering Gaza is sufficient. They need much more to consider it sufficient. There are still huge needs for everything: food, water, non-food items, fuel, which is most important, and medical supplies. UNRWA lost its medical supplies in the main stores in Gaza, so we started to provide services with nothing. We did not have any medical supplies.

The supplies entering Rafah are very minimal compared to the need and the increasing demand. I will give you a figure. In UNRWA shelters and health centres, we provide 25,000 consultations every day. We receive 25,000 patients every day. Before 7 October—before this escalation—we provided 15,000 consultations daily. That means we need more medication. The consumption of medication has increased. With the repeated displacement of persons in Gaza, they continue to lose their medication—mainly medication for non-communicable diseases—and then they ask again for medication. There is a continuous need for medication, which we do not have.

People in Gaza feel like they have been left alone because the supplies of aid coming into Gaza, all the time, are not sufficient at all. At the same time, no one can stop this madness. There is no ceasefire up to now, or even a humanitarian pause. Because of that, the people in Gaza do not feel the international community is supporting them, even with humanitarian support. They do not feel that. On the ground, they are killed every day. They are displaced every day. Their houses are destroyed every day. The hospitals are attacked every day. Their children are hungry. How can they feel satisfied or okay about the international community's support to Gaza? They will not feel that. Simply, that is the answer. I am sorry for that.

Q89 **David Mundell:** No, it is very important that you give the answer that you feel is the answer, and it is very important that we hear that answer.

As a final point, though, if the international community could find a way to increase the amount of aid that passed through Rafah, would that be able to get to you and to those people who are on the frontline?

Dr Al Jadba: I will rank the needs or the requests to the international community. The first one is to advocate for a ceasefire.

The second is to provide or advocate for the protection of health facilities and health workers in order to enable us to provide humanitarian aid and healthcare to patients in the critical situation in Gaza.

The third, yes, is to facilitate more supplies and goods to enter Gaza, both food and non-food items. People are entering hospital because of colds. They have started to be sick and die from colds, especially infants

and newborns. We need to increase the entry of all supplies, including medical supplies and, most importantly, fuel. Without fuel, we cannot do anything.

We also need emergency medical teams and field hospitals. We have lost nearly two-thirds of the hospitals in Gaza, mainly in Gaza City and the north. The available hospitals in the south are not enough at all. There is a lot of need related to having more field hospitals because medical supplies alone are not enough. We need medical beds. We need well-equipped field hospitals. There are no diagnostic facilities. There is no infrastructure. Field hospitals are really needed, and they need to be supported by staff. The staff are exhausted.

These are the main issues that need to be addressed by the international community. I will end by calling for a ceasefire.

David Mundell: Thank you for your response.

Chair: Thank you, witnesses and Committee members. I have to speak personally now and say that this has been one of the most challenging sessions I have had to chair and be part of. The situation is utterly, utterly desperate. It feels totally unnecessary. I do not know how any of you keep on going. I am unbelievably grateful with all of my heart that you do. Please cascade that to the people you work with. I know that I and Committee members are going to amplify everything we have heard and try to get this madness to stop. I am just lost for words that are polite to summarise what I have just heard. I am just so sorry for everything. Thank you.