HOUSE OF COMMONS

International Development Committee

Oral evidence: Humanitarian situation in Gaza, HC 373

Tuesday 12 November 2024

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Watch the meeting

Members present: Sarah Champion (Chair); Monica Harding; Laura Kyrke-Smith; Noah Law; Alice Macdonald; Brian Mathew; Gordon McKee; David Reed; Sam Rushworth; David Taylor.

Questions 1-64

Witnesses

I: Professor Nizam Mamode, Professor of transplant surgery.

II: Emina Ćerimović, Associate Director, Disability Rights Division, Human Rights Watch, Nebal Farsakh, Spokesperson, Palestine Red Crescent, Sam Rose, Senior Deputy Director for UNRWA Affairs in Gaza and Rohan Talbot, Director of Advocacy and Campaigns, Medical Aid for Palestinians.

Examination of witness

Witness: Professor Nizam Mamode.

Q1 **Chair:** I would like to start the very first session of the International Development Committee. It is a new Committee that we have for this new Parliament, and it is my great honour that our first witness is Professor Nizam Mamode. He is a professor of transplant surgery, but he is in front of us because he has recently returned from Gaza, having done some work in the hospitals over there. We really appreciate you coming and speaking to us today. It is obviously difficult to get first-hand testimony about what is going on in Gaza at the moment, so thank you for coming and sharing your experiences. I wonder if you could properly introduce yourself and say what you were doing out there and when you came back.

Professor Mamode: I am no longer a professor of transplant surgery. I retired from the NHS a couple of years ago and have spent my time doing work overseas. I had a month in Gaza mid-August to mid-September working in Nasser hospital with Medical Aid for Palestinians. I am happy to tell you about my experiences there.

Q2 **Chair:** Please do. When did you go? Why did you go?

Professor Mamode: Why did I go? Because I thought I had the skillset that could help. When I was sitting in the convoy going across the border, I did have second thoughts, but it was too late then to get out of the convoy. When we crossed the border, the first thing was a complete sense of shock.

Q3 **Chair:** What did you see? What did you smell?

Professor Mamode: The landscape reminded me of Hiroshima and Nagasaki: devastation and buildings reduced to rubble for miles around, as far as you could see. Nothing growing, no people, a few looters here and there—nothing. You drive through that for about 20 minutes, and then you get to the central part of southern Gaza, which was designated the green zone—I cannot bring myself to call it the safe zone or humanitarian zone, because it was neither. That green zone houses about 1.3 million people.

Q4 **Chair:** What sort of area is that?

Professor Mamode: It is probably about the size of the City of London. You could walk across it fairly easily, if it was safe to do so. A large part of it comprises tents. When I say tents, some of those are proper tents, but many of them are just pieces of carpet and plastic stuck on to sticks. These are in the middle of the road, at the side of the road, in every possible space. There is no running water, no sanitation, and no electricity, obviously. People are having to roll those tents up and move on at very, very short notice time and time again. Most people have moved six or seven times.

Q5 **Chair:** What does it sound and smell like?

Professor Mamode: Well, the sound is mainly of two things. One is drones—constant drones. The drones existed before October last year; they have been a feature of Palestinian life for some time, but now the drones inspire fear, I think—they inspired fear in me. When I used to debate sleeping outside on the stairs or inside in a very crowded hot room, part of that decision was whether the drones had the ability to pick me off when I was on the stairs—

Q6 **Chair:** Do you mean identify you?

Professor Mamode: No, shoot me. That is what they do. Those drones are surveillance drones, but they are also drones that shoot people regularly. I can tell you more about some of the people I have operated on who experienced that. So you have this constant whine, which is psychologically very affecting because it represents danger and is constantly there. The other sound that you hear is bombs. They were going off every hour or two throughout the month that I was there.

We spent the whole month in the hospital. We deemed it not safe to travel. We were aware that there was a curfew, so we wanted to be in the hospital if casualties arrived at night. We did have a guest house, but we did not want to stay there, partly because of the travel, but also because one of the MAP guest houses had been bombed in January this year, so we stayed in the hospital. A missile strike or an artillery shell would explode in the vicinity and the whole building would shake and windows would rattle. You would look out the window or run outside to see how close it was. It was a constant feature of life.

We felt we were relatively safe, because we thought it unlikely that there would be a direct strike on the hospital. But those 1.3 million, 1.4 million people in the green zone were constantly being bombed, day and night. What I found particularly disturbing was that a bomb would drop, maybe on a crowded, tented area, then the drones would come down and—

Chair: Please take your time. We are incredibly grateful that you are making the time to be here today. I can only imagine just how it has impacted you and will continue to impact you—you cannot unsee what you have seen—but you being able to share that with us really helps us to hold legislators, in particular, to account. So we appreciate the time that you are making for us today. Thank you.

Professor Mamode: The drones would come down and pick off civilians—children. We had description after description. This is not an occasional thing. This was day after day after day of operating on children who would say, "I was lying on the ground after a bomb had dropped, and this quadcopter came down and hovered over me and shot me." That is clearly a deliberate and persistent act; there was persistent targeting of civilians day after day. We had one or two mass casualty incidents every day, which meant 10 to 20 dead and 20 to 40 seriously injured. A hospital like Guy's and St Thomas', where I used to work, might get one or two a year.

We had one or two a day, and 60% to 70% of the people we treated were women and children.

Q7 **Chair:** I am sorry to do this, but I will draw you a little. You said "children". Could you tell us the ages of the children? You said that they said they were lying on the ground from a bomb shock. Do you believe them?

Professor Mamode: Oh yes, absolutely. A seven-year-old is not going to make up a story.

Q8 **Chair:** So we are talking about little children, not late teens.

Professor Mamode: The majority of the children who were casualties were young children, but we had casualties in their teens and women in their '30s. It was a very consistent story, and the story would be given as soon as they came into the emergency department, so I have absolutely no reason to doubt this.

The bullets that the drones fire are these small cuboid pellets. I fished a number of those out of the abdomens of small children. I think the youngest I operated on was a three-year-old who had a major injury to the artery in her neck. We used the last shunt—which is a device you use to bypass the artery in the neck to keep supplying blood to the brain—in the hospital, because those kinds of things are just not available. She died about three or four days later from an infection.

Q9 **Chair:** Do you believe it was deliberate targeting of civilians?

Professor Mamode: There is absolutely no question in my mind. It has been the experience of so many healthcare workers who have documented it time and time and time again. My personal experience and that of my colleagues was that this was clearly persistent, deliberate targeting of civilians. I have worked in a number of conflict zones in different parts of the world—I was there at the time of the Rwandan genocide—and I have never seen anything on this scale, ever. That was also the view of all the experienced colleagues I worked with. One of the surgeons in my team had been to Ukraine five times and said, "This is 10 times worse."

Normally, in a conflict zone, you would have a frontline; you would have fighting going on between two sets of forces, and you might get some civilians injured in that exchange. There does not seem to be a frontline; there just seem to be 1.4 million people trapped—they cannot leave—having bombs dropped on them on a daily basis, and then drones coming in and shooting them. There is plenty of evidence out there from Israeli soldiers that that is what is going on, but we saw the results of it.

Q10 **Laura Kyrke-Smith:** You talked about a child dying of an infection that they caught. We know that the supplies getting in are extremely limited and are less now than they have been in the past. Can you talk a bit about the challenges that you face because of the lack of supplies? How does that manifest itself when you are trying to do your medical work?

Professor Mamode: I remember, one Saturday night, operating on an eight-year-old who was bleeding to death. I asked for a swab and they said, "No more swabs." We had operations being done with no sterile gloves or no sterile drapes at various points. We had a lack of basic equipment. I did amputations on people who just had to take paracetamol after the operation as pain relief.

That medical aid was sitting at the border and not being allowed in. We were not allowed to take any medical equipment, except for personal use. I was asked if I could bring thyroid medication for some people; I could not take it in. That is a deliberate policy. That has changed, because I know that teams earlier in the year had been able to take some medical equipment in. So that seems to me to be a deliberate restriction of medical supplies.

Basic things like soap and shampoo are also not being allowed in. I do not know how many wounds I saw with maggots in; one of my colleagues took maggots out of a child's throat in intensive care. There were flies in the operating theatre, landing in the wounds. It was appalling, and that is a deliberate choice—it is not an accident.

Q11 **Laura Kyrke-Smith:** In the light of those challenges, how did you attempt to manage sterilisation and infection?

Professor Mamode: You just do the best you can. But a large number of our patients—perhaps the majority; I don't know—would survive the operation and die of infections afterwards.

There was a doctor in his 30s who worked in intensive care in the hospital. He got hepatitis A, which is a disease of poor hygiene. It is a disease for which there is a vaccination. I have been vaccinated; he did not have access to the vaccine. He became unwell; he became a patient in his own ITU. He did not have the treatment that he could have had in a proper environment, and he died in his own ITU. We asked for him to be evacuated, but he wasn't.

Q12 **Chair:** It sounds medieval, what you are describing.

Professor Mamode: Yes, undoubtedly. Remember that Nasser hospital, at the time I was there, was probably the best hospital in Gaza; most other hospitals did not have the facilities and the equipment that Nasser had. Nasser was barely functioning as a hospital and was being run by staff, many of whom had very little experience, because so many medical staff have been detained or killed, and some have left when they were able to leave. Intensive care, for example, was run, basically, by general practitioners who had had very minimal training. The cost in life and in suffering from that side of things is very substantial, because you do not have the equipment, you do not have the staff and you do not have the facilities.

Even in terms of getting access to the hospital, while I was there an ambulance was shot at—there were several bullet holes in the windscreen—while it was going to pick up casualties. I think there are

something like 163 or more documented examples of ambulances being targeted, so many people never got an ambulance. People would carry casualties in; sometimes they would bring them in on donkey carts. When a mass casualty incident happened, we would have the whole emergency department full. People would be lying on the floor in pools of blood, and it would be a case of trying to decide who was alive; who was alive and might survive, with some treatment; and who could wait a bit. That was pretty much every day. That has been going on for a very long time now.

Chair: The information you are giving is throwing us, but we are glad that you are giving it to us.

Q13 **Alice Macdonald:** Yes, thank you; it is very powerful testimony. You mentioned at the beginning that about 60% of the people you were seeing were women and children. Can you expand a little more on the effects on women and children—for example, presumably there would be pregnant women coming in—and the challenges you were seeing, particularly when it comes to those two groups of vulnerable people?

Professor Mamode: I would not want to be pregnant in Gaza at the moment. We did not deal directly with women giving birth; that was dealt with elsewhere, so we had no experience of that. You would have people with blast injuries, abdominal injuries, chest injuries, limbs blown off, head injuries. We saw a number of children with sniper injuries—a single shot to the head, but no other injuries; so clearly deliberately targeted by Israeli snipers. That was day after day.

Q14 **Alice Macdonald:** In terms of the horrendous things you are describing—drone targeting and snipers, as you just mentioned—is there a way to bring that together? In the same way that you are sharing this evidence with us here now, was that shared back on the ground, in different ways, with different people?

Professor Mamode: Do you mean with people in Gaza?

Chair: You mean how it is documented?

Q15 **Alice Macdonald:** Yes—if it is possible to do that.

Professor Mamode: It is not really. The emergency department is chaos, most of the time. There are no medical notes any more. There would literally be little scraps of paper that people would write something on, saying "Had an amputation. Come back in a week, on discharge". That was the extent of it. I think they documented the admissions, but collecting detailed statistics about causes of particular trauma is difficult.

As you probably know, there has been a letter from 32 doctors and nurses from the UK, who wrote to the Prime Minister back in September—they had all worked in Gaza, and some had overlapped with me—and also one from 99 in the US, who wrote to Biden in October, saying exactly the same things. This is not a surprise. It is something that I am sure senior politicians are well aware of.

Q16 **Sam Rushworth:** What was the balance that you were seeing between

people whose injuries and suffering were caused directly by the conflict—bullets, bombs, shrapnel and so on—versus disease, hunger and other types of illness that were caused by living in those conditions?

Professor Mamode: There were a lot of people with those problems. As a surgeon, I saw them only peripherally coming through. On a daily basis, there would be several people coming to the emergency department with diabetic ketoacidosis, for example. Those would be diabetics who did not have access to insulin, so they would develop a diabetic coma. You have to go back to the '30s or '40s in this country for that to happen. Insulin needs to be kept in a fridge. If you are living in a tent, how do you store it? How do you even get hold of it?

There were lots of those examples. Colleagues who were working in primary care described huge amounts of infectious disease, particularly among children. We certainly saw malnourished children, and I think that is just getting worse and worse now. And then, of course, there are all the other, if you like, normal conditions. We came across people with bowel cancer. They got an operation but it was not a curative operation, because there is no chemotherapy and no radiotherapy. So all the ancillary services that existed before the war—they had some very good hospitals with very good facilities and very good staff—have all gone. They have been destroyed, so there is a huge uncounted cost to the war.

A paper in *The Lancet* in July estimated—because of the casualties that have been counted, those who were likely to be under the rubble and all those who were dying from other diseases as a result of the war—conservatively 186,000 dead. Those were the figures up to June, so, to my mind, it is over 200,000 now.

Q17 **Monica Harding:** You talked about colleagues who had been detained and killed. Can you give us an idea of how many colleagues you were working with in the hospital?

Professor Mamode: Do you mean Palestinian colleagues?

Monica Harding: Yes, local colleagues.

Professor Mamode: There were quite a few. I would have to guess that there were about 20 to 25 doctors in the hospital—maybe more, I don't know. But there were many, many more before the war. Many of the doctors I was working with had been in the north and had fled the north, and were now making up the numbers in the south.

Q18 **Monica Harding:** You also talked about ambulances being targeted. Did you feel safe?

Professor Mamode: I felt relatively safe in the sense that I thought it was unlikely that they would drop a 2,000 lb bomb directly on the hospital, but we were worried about drones and could not leave the hospital. Travelling in and out was probably the most nerve-racking thing. We travelled in and out on a UN convoy in armoured vehicles, and that has been shot at five times by the Israelis. These convoys are very carefully organised. They follow a predetermined route given to them by the Israeli

army. There is a radio check at the start before they leave, during the journey and at the end, so the Israeli army know that they are there and where they are. Despite that, they have been shot at five times, including while we were there. My biggest fear while I was there was being killed by the Israelis.

Q19 **Chair:** When the convoys were shot at, was this by a rogue sniper, or was this—

Professor Mamode: No, this is the Israeli army coming up as a unit and deliberately shooting.

Q20 **Chair:** A UN convoy?

Professor Mamode: Yes. The last one when I was there, I think, would have been about the end of August. It was reported that some WHO staff—these are armoured vehicles, so you can see four or five bullet marks in the window, just where someone would have been sitting. We were given very clear instructions: "The doors are going to be locked when you set off. Do not unlock the doors if the Israeli army shoot at you and order you out. Do not get out of the vehicle". This is a UN convoy—it has "UN" in big letters on the side—and twice a week, it carries about 30 to 40 aid workers from different organisations in and out. A huge number of aid workers have been targeted, and that is well documented. Again, to my mind, that is deliberate.

Q21 **Brian Mathew:** Can I ask a question about the drone thing specifically? When they are shooting at people, are these single shots or machine guns? Are they targeting individual people with a one-off shot? How does it happen?

Professor Mamode: Luckily, I was never anywhere near a drone firing, so I can only comment on what we saw when people came in. We would see people with sometimes a single entry point, sometimes two or three. What we did see on one or two occasions was a very disturbing pattern where there would be three or four shots on each side of the chest, and again in the groin. That, we all thought, was prima facie evidence of an autonomous or semi-autonomous drone, because a human operator would not be able to fire with that degree of accuracy that quickly. There is some documentation that such drones were going to be used—it was reported in *Haaretz* back in April. That was particularly disturbing, but most of the drone injuries we saw were one, two or sometimes three shots.

These drone pellets were, in a way, more destructive than bullets. If you are shot in the chest with a bullet, if it misses your heart and goes on the other side, it can go through your lung and out the back, and you will probably survive. With the drone pellets, what I found is that they would go in and they would bounce around, so they would cause multiple injuries. I had a seven-year-old boy, the one who I described clearly earlier. He had an entry point on his side. He came in with his stomach hanging out of his chest, and he had an injury to his liver, spleen, bowel, arteries, so quite extensive destruction from a single entry point. He

survived that and went out a week later. Whether he is still alive, I do not know.

Chair: Thank you for trying.

Q22 **Gordon McKee:** Thank you very much, Nizam, for coming in front of the Committee. It is incredibly valuable to hear your testimony. In the four months I have been an MP, I do not think I have heard anything as harrowing as what you are describing. I really appreciate you coming in front of us. I realise this is a difficult question to answer, but I wonder if you could give an estimation of how many lives could be saved, protected, by aid that is currently sitting at the border crossing? What is the difference on the ground that you feel that aid, which is literally being stopped, could make?

Professor Mamode: It could make a huge difference. I have never been in a conflict area where medical aid has been restricted to that extent—not allowing supplies in, bombing healthcare facilities, attacking ambulances, killing healthcare workers. If all of that did not happen, tens of thousands of lives would be saved. I would think that any army that is engaged in a war has a responsibility to the civilian population on both sides. I am seeing the opposite there.

Q23 **Gordon McKee:** From your experience and your colleagues' experiences, how different is this from other conflict zones? You gave even the example of Ukraine and how different this is from a normal conflict zone in medical terms.

Professor Mamode: It is completely different, in every respect. I think that was a recurring theme from everybody—from people working for the UN, the WHO, doctors, everybody. The International Committee of the Red Cross were there with a field hospital. Most of the time in a conflict zone, the civilian population can move and get away from it. They may have to walk a long distance and suffer doing that. This is the equivalent of just putting a blockade around the city of London, saying you cannot leave, and then dropping bombs month after month and then closing down all the healthcare facilities. That is what is happening. It is astonishing that it is continuing. We all found that it was beyond belief that this could continue.

Q24 **Chair:** Do you regard what you saw as genocide?

Professor Mamode: I am not an international human rights lawyer, so I cannot talk about the absolute definitions, but it is difficult to find another word for it given what we have seen. I certainly think that the Palestinian people feel that that is what is happening to them, and there is a sense of resignation that they are all just waiting to die with no chance of escape. So, in a word, yes.

Q25 **Chair:** The Israelis would say that they are dropping leaflets warning people to move to different areas, so that it is not targeted at civilians. What are your thoughts on that?

Professor Mamode: First, they are supposedly not targeting the green zone, but most of our casualties were from the green zone and many of them had no evacuation, and no warning at all—a bomb would just drop. We had a vehicle blown up five metres from the emergency department in the main street; we certainly did not get any warning, and if I had been crossing the road to buy something, that would have been the end of me.

In terms of evacuation orders, the way it works is they normally send a message out to all mobile phones saying, "Area number whatever, evacuation order"—so if you have a mobile phone, and it is charged and working, which is not that easy if you are in a tent, then you have a chance. But the bombing typically would start sometimes minutes, sometimes hours later. I was on a ward round one morning with one of the Palestinian doctors who worked very closely with me, and he suddenly looked at his phone and said he had to go. He ran out of the hospital and ran to find the tent where his wife, his two young children—the youngest of whom was one and a half—and his father were living, and they had to pack up the tent and walk for miles to find somewhere else, all the while thinking that at any moment a bomb might drop. That is the day-to-day reality for all those people.

Q26 **Monica Harding:** You have talked about the day-to-day reality, and children being targeted, and healthcare workers being killed, and about a sense of resignation that civilians think they will die. Can you give a sense of what they think about the international community—do they think at all about what we can do?

Professor Mamode: They were very pleased to hear that I had spoken to some MPs last week. When I messaged colleagues there and said, "This is what I am doing, but I don't know if it will make much difference," they said, "Small steps". I think they feel abandoned by the international community; some still hope something might happen, and I think they hugely appreciated the fact that people were coming to help them and stand by them. That was one of the main reasons for going.

Q27 **David Reed:** Thank you for coming and speaking to us, and for having the strength to share your experiences. I know how difficult that must be. Going back to the point around targeting, was there a threat that the Israeli Defence Force was seeing? Was Hamas in the community? Could you see where it was?

Professor Mamode: I am laughing because this is a question I asked when I got there. I asked, "Is Hamas in the hospital? Have they been in the hospital?" They just laughed at me. They said, "There is no Hamas. There are a few fighters hiding in tunnels, but there is no Hamas; there never was any Hamas in the hospital". Everybody hates Hamas, and we never saw any evidence in the street or in the hospital. I have been in conflict zones before, and normally, if fighters come in, they come in with guns, or with their friends with guns. We never saw any of that. We were allowed to go wherever we wanted in the hospital, and there might have been a tunnel underneath—who knows?—but if Hamas were coming and

going in the hospital, it would have been fairly evident, and they probably would have been kicked out by the people who work there.

I remember something they described, with ironic laughter, from when Nasser hospital was attacked by the Israelis in February, and the Israelis killed a number of staff and put them in a mass grave along with a number of patients. That is well documented. They described one of their colleagues who was taken away, detained along with a number of others and killed in detention. They said he was an atheist and he hated Hamas, and before the war he was vociferous about those things. He thought Islam was stupid and Hamas was stupid. They took him away and killed him. That is what is going on. As far as I can see, it does not matter who you are in Gaza. If you are Palestinian, you are a target.

Q28 **David Taylor:** Following on from what Laura and Gordon were asking you, what particular types of medical supplies would you say, in the circumstances, are the highest priority to get in at this point?

Professor Mamode: Basic medical supplies. Adequate things like gauze swabs, gowns, gloves, antibiotics, painkillers—all those basic things. Those are essential, but beyond that you need all the other ancillary things. You need catheters to put into people, specialist imaging techniques and so on. I have been a transplant surgeon for most of my career, so I know quite a bit about dialysis. Every morning, on the balcony of our accommodation in the hospital, I would look across to a building that had been the new dialysis centre, built by Kuwaitis, as I understand it. The building is 100 metres away. It is burned out, with no shell damage, no bullet holes; there was no firefight there. The Israelis went in and burned it out. So now they have six or seven dialysis machines for, essentially, the whole of southern Gaza. If you have kidney failure and you do not have dialysis, you die, so to my mind that is just not acceptable.

Q29 **Noah Law:** Thank you, Professor Mamode, for sharing these harrowing experiences. You spoke about the information that the defence forces have. On the point of being targeted as medical professionals, did you ever get a sense of the motivation behind some of those attacks, or is that far away and distant for you?

Professor Mamode: In terms of targeting foreign aid workers, there was, for example, the bombing of the MAP guest house in January. One of the surgeons who was with me was there at the time. A missile landed within the grounds, in front of the house, at six in the morning. Some people were injured; luckily, no one was killed. All those guest houses are in the Israeli army's computers—they are designated as "safe houses"—so my assumption is that it was a deliberate attack and that the aim behind it was to discourage aid workers from coming. I think it is the same as the shooting at the US convoys.

In terms of attacking hospitals and ambulances and so on, to my mind it cannot be anything other than collective punishment. It is just a consistent attempt to essentially wipe out a large part of the population. The thing that comes through again and again when you talk to people is the

humiliation, the aggression. I was operating on a young girl one night who died not long afterwards. I cannot even begin to describe her injuries. When I had finished operating on her, an ophthalmologist was trying to take out her left eye, which was just pulp. He was a lovely, gentle man, maybe five years older than me, and while he was working, he was just saying, "Yeah, when they came in February, they got all of us who were still here and put our hands behind our backs, tied them up, put a hood over our heads, made us stand for 10 hours, beat us, cursed us in Arabic—humiliated us." Then some were taken away, some were killed, some were detained, some were released.

We had a medical student who worked with us who described how the women had all been lined up, told to strip down to their underwear and made to stand for hours like that, which is deeply, deeply humiliating, particularly in that culture. When they told her she could go, they would not give her clothes back, so she had to run through the streets like that, which was extremely traumatic for her. There is a consistent theme of attack, humiliation and aggression against people who are simply trying to do their job and trying to help people in the worst possible circumstances.

Q30 **Chair:** You said "they" did this to the medics. Who?

Professor Mamode: The Israeli army.

Q31 **Laura Kyrke-Smith:** You were in Nasser hospital, I think you said.

Professor Mamode: Yes.

Laura Kyrke-Smith: The situation in north Gaza is getting more attention now for how awful it is. Did you have any contact with medical professionals trying to work in the north of the country?

Professor Mamode: No, only in the sense that there was a group of Jordanian doctors sharing the accommodation with us, and three of them said, "We're going to try and get into the north," and they got turned back at what is essentially a border now, and were not allowed in. But that was in August, when things were nothing like they are now.

Q32 **Alice Macdonald:** Going back to the effect on children, in other conflicts children have been able to be medically evacuated and sent elsewhere for treatment. Was that something that you were advocating for in the hospital you were working in? Did you see it happen? If it didn't, do you think that is something that could be pushed further?

Professor Mamode: I don't think it is a solution. There are a tiny number of people who get evacuated for medical care. If you were to do it, in terms of need it would be thousands going every month—literally. What is not picked up by a lot of the statistics is children who have had both legs blown off—people who have ongoing problems as a result. When I left, the WHO was trying to construct a tented area within the hospital grounds just to deal with constructing prosthetic limbs for people who had lost limbs in the war. It is a huge number. One of the acronyms that is now used in Gaza is for "wounded child no surviving family". You have so many children who come in as a result of a missile strike and all their relatives

have been killed. Eventually somebody pitches up and says, "I'm a cousin. I managed to come from a different part of Gaza." What is happening to the children is appalling.

Chair: Professor Mamode, I cannot express my gratitude and that of the Committee for your coming here today and for the work that you have done. If you could express our deep thanks to your colleagues who are doing the same work, day in, day out, we would be grateful. Please assure them that you have spoken to us, that we have heard, and that we will do all we can to act on your profound testimony. We will make sure that it is heard by everybody who is in a position to make changes to the horrific situation that you have described so eloquently to us. Thank you so much for your time. I do appreciate it.

Professor Mamode: Thank you.

Examination of Witnesses

Witnesses: Sam Rose, Rohan Talbot, Emina Ćerimović and Nebal Farsakh.

Q33 **Chair:** While we are waiting for our colleagues who are attending remotely, I will say hello to Sam Rose and Rohan Talbot. Rohan, you have been in front of us before, so thank you very much for coming back. It is quite useful to have you on the record from nine months ago, I think, and to look at how the situation has changed in that time. While we are waiting for our colleagues to join us remotely, Sam and Rohan, could I ask you to introduce yourselves and the organisations that you are representing today?

Sam Rose: Good afternoon, and thanks for the opportunity to brief you today. My name is Sam Rose; I am here representing UNRWA—the United Nations Relief and Works Agency for Palestine Refugees in the Near East.

Q34 **Chair:** What does UNRWA actually do?

Sam Rose: UNRWA provides education, healthcare, social services and humanitarian aid for 6 million Palestine refugees and other persons registered with UNRWA in Gaza, the West Bank, Lebanon, Syria and Jordan. It has operated for 75 years and educated, over the course of that time, more than 2.5 million children, who themselves have gone on to educate much of the rest of the Middle East, and particularly the Gulf. It has produced tens of thousands of doctors, healthcare workers and professionals, and it is mandated to continue providing services to Palestine refugees, and protection, until such a time as there is a just, lasting and comprehensive solution to the Israeli-Palestinian conflict.

Q35 **Chair:** I quite often describe it as like a local authority. Is that the right description? How would you sum it up?

Sam Rose: I think it probably is, with all the foibles that come with being a local authority. In terms of the types of services that we provide, we are running an education system and a health system. We do not run the

refugee camps, but we provide municipal-type services inside those camps.

Chair: Is that things like sewerage?

Sam Rose: Sewerage, water purification, water supply, drainage—that type of thing—and social services too. We have hundreds of social workers, nurses, sanitation labourers, etc. I think the one key difference between UNRWA and a local authority, at least to a degree, is that we do not generate revenue on the back of the services that we provide; we are reliant on voluntary contributions from donors, which are primarily the member states of the United Nations.

Q36 **Chair:** Thank you. I am very pleased that we are joined by our colleagues, Emina and Nebal. Nebal, you also came and spoke to us, I think it was in January, so thank you very much. I will turn to you both in a moment, but, Rohan, could you tell us who you are and the organisation you are representing today?

Rohan Talbot: Thank you very much for inviting me back. I wish it wasn't necessary, to be perfectly honest, but I appreciate the opportunity to share some updates. My name is Rohan Talbot; I am the director of advocacy and campaigns at Medical Aid for Palestinians. For those of you who do not know MAP's work, we are a humanitarian relief and development agency that began working in Lebanon 40 years ago this year, supporting Palestinian refugees, and has since gone on to work in the Occupied Palestinian Territories. We have colleagues who are operating and working on the ground—Palestinian colleagues—in Gaza, as well as the West Bank and Lebanon, who are currently, of course, largely engaged in humanitarian relief operations.

Q37 **Chair:** Thank you. Emina, could I turn to you? Could you introduce yourself and the organisation that you are working for? Thank you very much for joining us today; it looks like much better weather with you than where we are.

Emina Ćerimović: Thank you so much for having me. I am an associate disability rights director at Human Rights Watch, an international non-governmental organisation that monitors human rights developments in more than 100 countries around the world, including Israel and Palestine. We have a dedicated division working specifically on the rights of persons with disabilities, and that is where I work.

Q38 **Chair:** Thank you, Emina. Nebal, thank you so much for joining us today. Can you tell us a little about yourself and the organisation you represent?

Nebal Farsakh: Thanks for having me. The Palestine Red Crescent is the lead emergency medical service provider in the Occupied Palestinian Territories. We provide healthcare services through our hospitals, medical points and even field hospitals in the Gaza strip. We provide emergency medical services across the Gaza strip, in addition to distributing humanitarian aid, establishing shelters for internally displaced communities and providing psychosocial support for children and women

impacted by the ongoing war. In addition, we provide other rehabilitation services, work with people with disabilities and do community work to raise awareness of internally displaced communities, and of how they can protect themselves from infectious diseases and other emergency issues.

Chair: Thank you so much. Different Committee members are going to ask you questions individually. We have broken it up into themes. However, I am aware that each of you may want to add to a question that was not directed at you, in which case raise your hand and we will bring you in if we can.

Q39 **Monica Harding:** Thank you for coming in today. This is one for you, Sam. Can we go back to January 2024 and the effects of major countries' withdrawal of funding following the allegations of staff conspiring with Hamas? What will be the long-term effects of that?

Sam Rose: Absolutely. I believe around 19 countries suspended funding when the allegations were announced by the Israeli Government, among them the UK, of course. Over a period of several weeks and months, all Governments apart from one—the US—did restore and resume funding. So that support—political coming along with the financial—was restored from all but one of the donors. Of course, the one donor that did not restore funding is by far UNRWA's largest donor. Typically, in any "normal" year, the US would provide about 30% of any funding to run UNRWA's programmes. We typically spend between $1 billion and $1.5 billion a year across our five fields of operation.

When any organisation loses that amount of money, it is a shock. It is a shock to our ability to manage and plan, given the uncertainty in terms of the supplies that we have to buy to assist the population that remains; at that time it was on the verge of famine. It also creates difficulties in terms of our ability to plan for staffing and staff salaries. The bulk of what UNRWA does in our fields of operations is through staff; 80% of what we spend is staff salaries. If we do not know where the money is coming from, from one month to the next, it makes it very difficult to plan, but also to manage the disquiet and uncertainty among our workforce.

So it created all sorts difficulties, particularly in Gaza. It meant that money that was assigned or budgeted for UNRWA found its way into other organisations' pockets, which is good for the humanitarian community's ability to meet the needs of the population in Gaza, but led to concerns that UNRWA was being instrumentalised, that its role was being undermined and that providing this aid through other organisations was not always the most efficient way to meet the lifesaving needs of the population.

Q40 **Monica Harding:** You said that the bulk of your bill was for staffing. Were those staff laid off? What happened to them in that time?

Sam Rose: No, they were not laid off. It was just that we were never able to guarantee funding for salaries more than one month at a time. It meant that the majority of the efforts of the senior management team went into raising funds, or rather bringing forward funds that had already been

committed by those donors who did not suspend, to try to get those funds brought forward in donor forecasts, which, as we know from the UK side, is not always easy to do—these things are very closely managed by the Treasury.

At the same time, we had to engage in a concerted effort to provide reassurances to donors who had suspended their funding that the agency was on the right track and was doing everything it could within its means to respond to and address the allegations. So it was fundraising, but it was also reputation management and risk management in other ways as well.

Q41 **Gordon McKee:** This question is for you as well, Sam. I want to ask about the Israeli ban passed through its Parliament on UNRWA. Could you give us an assessment of the impact that the ban will have on your staff, as Monica asked about, but also on the services you are able to provide to people in need?

Sam Rose: On both sides, the impact will be absolutely devastating. No one has the scale, scope, resources or wherewithal to provide the services that UNRWA is providing in Gaza right now. We are, in many ways, doing more than we were doing before the war. Before the war, we were providing 1.2 million people with food aid. We are now providing 1.9 million people with food aid. We are assisting hundreds of thousands of people who are registered in UNRWA shelters. These shelters were previously schools and have been turned into shelters—not just for the purposes of this war, but in response to previous wars, because the reality for children in Gaza for the past 20 years has been a childhood surrounded by conflict.

There will be bigger impacts in terms of some of the systems and public services we provide—I described some of those earlier in relation to healthcare, sanitation, solid waste management and the broad range of public health services that cannot be picked up very easily or quickly by other organisations. We are not just talking about rechannelling money over to other organisations; these are health systems and public health systems that have been developed over several decades. That is now in jeopardy. With that, in an environment where people are living in the squalor they are living in, the risk of infectious disease re-emerging, as we saw with polio just a few months ago, is incredibly high.

For the staff, it creates major uncertainty as well, not just in Gaza, the west bank, including East Jerusalem, and parts of south Lebanon—where, if applied to the letter, the Knesset Bills could also suspend UNRWA's ability to operate—but across the entire body of staff. That is for two reasons, really. One is what this means for their issue—the Palestinian issue—and that being taken outside of agreed political parameters and the frameworks of international law in which we operate in Gaza and elsewhere. The other is in terms of their own immediate futures. In Gaza, we have 13,000 staff and, in the west bank, we have 3,000. That is out of a body of about 30,000. If those staff stop working and money has to be withdrawn from our equivalent of a pension fund, it places the entire instrument in real jeopardy. It will also have an impact on donor funding

decisions around UNRWA, which could make it increasingly difficult for those staff to continue their functions.

Q42 **Gordon McKee:** Are there any steps you can take to mitigate it? It is obviously incredibly difficult, but could you give us an overview of what UNRWA has done since this was passed?

Sam Rose: We are advocating in the first instance. UNRWA is an organ of the United Nations General Assembly, so any changes to its mandate should come through that vehicle. We are advocating at the highest levels with the General Assembly through our governing organ. We are advocating with member states to exert the influence that they have on the Government of Israel to not implement the Bill. We continue to work with other UN organisations to understand what the impacts of any changes to UNRWA's ability to operate would be, but we are not in a position right now to engage in detailed contingency planning—first, because if we were to do that, it could be seen as facilitating a decision that runs contrary to the principles of the United Nations and the UN charter, and secondly, because of the types of services that UNRWA provides. Although some, such as the delivery of food aid, could in theory be picked up by others, the systems that we are running—the education system, the health system and the solid waste management systems we are running—are not things that can be handed over in the space of 90 days.

Q43 **Chair:** That is something that has been perplexing me, because an occupying country has a duty to civilians to provide basic services, which in reality UNRWA has been providing. Have Israeli politicians been debating how they will be able to deliver those legal services?

Sam Rose: Not as far as I am aware. It has been made clear to the Government of Israel, including recently by the Secretary-General of the United Nations, that it would be Israel's responsibility to provide those services in accordance with international law and the responsibilities upon an occupying power, but we are not seeing any moves in that direction, or at least not so far.

Q44 **Noah Law:** To pick up from there, to what extent can your organisations, Rohan and Nebal, work to fill the void that we are getting a sense of?

Rohan Talbot: It would be impossible, and not just for organisations like Medical Aid for Palestinians. The clear position across the humanitarian sector is that we as a collective will not be able to fill that gap.

There are two issues here. One is that UNRWA is the backbone of the humanitarian system in Gaza, and not just in terms of its logistics—the provision of things like fuel, which we depend on to run our operations—and various such support. The closure of UNRWA's clinics would be far beyond our capacity to meet and far beyond the capacity of any other agency, or the collective of those agencies, to meet. It is already a humanitarian catastrophe, but it would create total system collapse.

As Sam has just said, we need to be very careful about focusing our minds on contingency planning. Obviously, we always need to keep all possibilities under review, but our first and primary priority needs to be to protect UNRWA and to make sure that it is not dismantled, in any format, because there is no viable contingency, in the immediate future or in the long-term future, that would meet the needs of the people it serves.

Nebal Farsakh: We at the Palestine Red Crescent have the same position. No local or international party could fill the gap that UNRWA would leave. No one has the infrastructure or the means to do that, so banning UNRWA would absolutely have catastrophic consequences for the civilians and the humanitarian response in the Gaza strip. This includes in respect of the entry into Gaza of not only aid, but everything from fuel essentials to EMS and health services, much of which relies on the logistics and trucking managed by UNRWA. It will affect the entire humanitarian response, as UNRWA is the backbone of the humanitarian response.

Q45 **David Taylor:** I have a follow-up question for you, Sam. UNRWA is doing essential work in Gaza, and it is welcome that the UK Government have restored funding. Can you briefly outline, in relation to the Colonna report, the reforms and changes that you have seen UNRWA implement, specifically around the vetting of staff?

Sam Rose: We share the names of all our staff with all host authorities, as well as with the Government of Israel, who are not a host but with whom we share them. We have been doing that for the past 15 years and we do it twice a year. We continue to do that and to share the co-ordinates of all our locations and facilities with the Israeli Government on a daily basis as well. As you may know, until 27 January or the end of January this year, we had not once received any response from the Israeli authorities in relation to that list of names that had been provided.

The Colonna report has been issued, and it speaks to the high standards and the robust systems—the most robust system, I think, among any UN agency. We have taken additional measures and steps to get on top, and remain on top, of what remains a very fluid, difficult, politicised and fragile environment inside Gaza and in other fields of operation.

We have put in place a number of measures to provide more systematic, regular quarterly briefings to our key donors on what we are doing and the reality of the situation on the ground, so that we can keep apprised and on top of what is happening and of any changes to the environment.

We have hired, and are in the process of setting up, a risk management unit in the organisation. We have wanted to do that for several years, but it just was not possible, because of a lack of resources. So a number of senior staff have been brought in to provide some focused effort on that initiative. Even if we get through this, that will remain something that we have to keep on top of for the coming years.

Chair: If you want to get more on record, you could write to us on that. I am just mindful that we have an awful lot of questions.

Q46 **Alice Macdonald:** We have got the message very clearly that there is not an alternative in terms of some of the services provided. You mentioned the UN General Assembly and UNRWA being a body under that. What is the timeline and what is your optimism, I guess, around any change and the ban not going ahead? If the UK Government were going to put pressure on at certain points, is there more that you would like them to do right now?

Sam Rose: The Bills were passed on 28 October, with a 90-day timeframe for implementation and, I believe, a requirement that whatever committee it is report back on progress every six months on their implementation. A letter was sent to the chef de cabinet of the United Nations about 10 days ago basically saying that the laws were now coming into effect and, essentially, that the clock had started ticking. As we have seen with the 30-day notice period that the Americans gave for improvements in the importation of aid, we do not know precisely, down to the day, when this will come into effect, but we are planning on it being 80 days from now. What that means precisely, given the lack of specificity in the letters—we are literally talking about a couple of sentences; that is what we have received in terms of details—remains to be seen. So we are pushing on member states, through entities like this, to highlight the impact and criticality of this, the obligations on member states in relation to meeting the findings of the ICJ ruling earlier this year and the obligations on Israel to facilitate the delivery of humanitarian aid. A decision to dismantle UNRWA would completely go against that. We call on the UK Government and other member states to do what they can with the political capital—the advocacy and the lobbying—that they have, both directly and through the Security Council, and through any influence that you have with other member states.

Q47 **Brian Mathew:** I have some questions on healthcare facilities. Before we move on to that, Sam, can you tell us a little about the basic water supply and how that is dealt with? Are you dealing with desalination? Are you dealing with water that is pumped from Israel? How is water getting to the people?

Chair: Can I ask for a very brief answer, please?

Sam Rose: Water was difficult before the war. Water comes into Gaza in three ways—it is available in three ways. There are three Israeli lines that come in, there are desalination plants and there are water wells, including many that UNRWA operates. The desalination plant has at times been unable to operate, due to lack of fuel and supplies. My understanding right now is that the main desalination plant at Deir al-Balah in central Gaza is functioning. Water wells' ability to function is dependent on access, fuel and supplies. I believe we have six water wells in Jabalia camp; none of those has been operating now for several weeks, because of lack of fuel and lack of ability to reach them.

On the Mekorot lines, the three lines from Israel, Israel has said a lot about restoring those lines at different points in time. But even when those lines are restored, if the infrastructure itself is damaged through the

intensity of the conflict, and if the municipal staff have not been able to reach it to repair it, which they have not—on many occasions they have been killed while trying to carry out their duties—the fact that the lines are open does not mean that people are able to meet their water needs. That is particularly the case in an environment where almost everyone is displaced. Water anywhere in Gaza is set up to provide for people where they are. If you have hundreds of thousands of people in displacement camps on the beach, there is not the water infrastructure there to support them, so it has to be trucked in.

Brian Mathew: Sorry to labour the point, but it is quite an important one.

Chair: We are running out of time.

Q48 **Brian Mathew:** How do people collect the water? Do they go with small buckets?

Sam Rose: Your life as a child in Gaza right now starts with walking along with your yellow jerrycan or your yellow bucket, queuing up on the side of a road where a water truck comes past. You even see rows of hundreds of jerrycans all laid up in a neat order.

Q49 **Brian Mathew:** Thank you for painting that picture. Rohan, could you outline the current state of healthcare facilities across Gaza?

Rohan Talbot: To go back to January, we were warning at that point about the systematic dismantling of the healthcare system. That has continued unabated. There are now no fully functioning hospitals left in Gaza. There are 17 out of 36 that are partially functioning, and partial functioning in some cases is incredibly minimal. I will get on to Kamal Adwan in a minute, but that medium-sized hospital now has two paediatricians and one general practitioner treating a patient load of 120-plus casualties coming in. That is what a partially functioning hospital might be.

There are currently 14,000 patients in need of medical evacuation. That is only the most critical cases. That excludes the many who would normally travel to East Jerusalem and other places for, for example, cancer or other treatments, as they would have done before October last year.

The civil defence and ambulance services—I am sure Nebal can speak to this point as well—are hugely restricted both in terms of their operating environment and their ability to reach people, but particularly up in the north. The civil defence in north Gaza has essentially suspended all operations, because they do not have fuel, but also because they do not have security. They cannot run their ambulances and cannot reach people, because of insecurity.

So the health system is in a state of steady collapse. That collapse is most intensive in the north at the moment, where there are three hospitals on very minimal functioning because there is no aid reaching them and no medical supplies. Several of them have had large proportions of their staff

forced to flee the hospitals to go south or, as you heard earlier, arrested, detained or killed.

Q50 **Brian Mathew:** Thank you. Sam, what has been the long-term impact of people going without their medicine and routine treatment?

Sam Rose: More people will die. More people will suffer. More children will grow up unable to meet their potential in terms of contributing to society. It has devastating impacts on individual levels, family levels, but also on the level of society as a whole. We heard earlier that, as well as the 43,000 people who have been killed and over 100,000 injured, there are many who are just going without in terms of routine care and treatment. That includes the elderly and middle-aged, who have got sedentary diseases, diabetes, hypertension, things like that, or are having cancer treatment, as well as people who have fallen sick as a result of the conflict, who are not able to get the care that they need. For example, there are children who develop paralysis as a result of polio—polio cannot be cured, but if you get to a hospital and get treatment, you can have palliative care that will help you deal with some of the worst impacts. All of that is gone or is going. You also have a medical workforce who themselves have gone through unbelievable trauma and are also suffering, so their ability to tend to the needs of the people—which they do remarkably, above and beyond anything seen in recent memory—and continue to provide that care, is massively constrained.

Chair: Emina, we can see you trying to get in, and I think Brian has questions for you, too.

Q51 **Brian Mathew:** I was going to come to you next, Emina. We have heard so many stories today. In your opinion, do Israeli attacks on Gazan hospitals violate international law?

Emina Ćerimović: Is that a question from you?

Chair: Yes.

Emina Ćerimović: Human Rights Watch has reported that attacks in Gaza on healthcare facilities, including medical transportation, by the Israeli army have been unlawful. I wanted to come in on the questions already raised in terms of long-term impacts of the lack of access to healthcare, as well as the immediate impact. For my report, I interviewed Layan, a 12-year-old girl who was injured in an Israeli air strike. Because she was not able to access immediate, urgent and adequate healthcare, by the time she reached Egypt, where she was evacuated for healthcare, her wounds became so gangrenous that she had to have her leg amputated. Here we are talking about a child who did not lose a limb in a traumatic amputation, but lost a limb because it took days for her to access adequate help.

In terms of long-term impacts, the report I recently put out documents that children with disabilities and chronic health conditions who received regular medical treatment prior to 7 October and have not been able to receive it since then, have faced serious health consequences.

To give you another illustration that has stayed with me since I heard about it, think about babies born with a club foot condition. Club foot is a condition that is treatable in any place in the world that has a functioning healthcare system. Dr Ana Jeelani, an orthopaedic surgeon, told me that when she was in Gaza she saw four babies who were brought to her with a club foot condition. She told me that these babies are going to grow up having a disability—and the only reason for that is that the only facility in Gaza able to provide casting and bracing for babies born with club foot has been demolished and closed, and the only person with training to test babies with a club foot condition has been killed. What we will see, as doctors have told me over and over again for the report that I worked on, is that children with disabilities will either die or their disabilities will become more complex, because they do not have access to healthcare.

Q52 **Sam Rushworth:** We heard earlier about the lack of medical aid and basic medical equipment getting in. My question is to Nebal. Since you appeared before the Committee in January, has the situation with regard to border checks improved?

Nebal Farsakh: I would say that since January the situation is only getting worse. From May, the crossing has been closed and that has affected the entry of humanitarian aid. Israel is still obstructing the entry of humanitarian aid. Before May, the Palestinian Red Crescent managed to receive thousands of aid trucks. That was the minimum; it was not enough. I can tell you that since May until this moment, we have only received 65 aid trucks through other crossing points, because the Rafah crossing is still closed. Instead of increasing the entry of humanitarian aid, less aid is getting in through all the crossing points that are currently open. That is why the humanitarian situation is only deteriorating. The healthcare system is also continuing to collapse, because all hospitals in Gaza are lacking medications, medical supplies, and even the fuel that is urgently needed for the power generators. At the Palestinian Red Crescent, many of our ambulances have had to stop operating many times because of fuel depletion. We also suffer, as do other healthcare providers, in our hospitals and medical points across the Gaza strip, because of the shortages of medications and medical supplies. This is a real problem.

The war is only getting more intense, and we are in need of more humanitarian aid. That includes food relief items in addition to medications. The aid is still getting in on a very minimal basis that is not even scratching the surface of the need. That is why the Palestinian Red Crescent also continues to call for safe, sustained uninhibited humanitarian aid access to all areas of Gaza. We do not need 20 or 30 trucks to enter per day; we need enough aid to get in, and it should be getting in without any limitations and restrictions. It should be able to be delivered to all the people across the Gaza strip, including the people who are currently trapped in the north of Gaza. For over 40 days, the people in the north of Gaza have not been able to receive any aid. That means no food, no water, no medications—nothing. The situation is unimaginable; I cannot even describe the situation for civilians in the north of Gaza.

I can tell you, as the Palestinian Red Crescent, currently there is not even a single ambulance operating in the besieged area in northern Gaza. That means Jabalia refugee camp, Beit Lahia and Beit Hanoun. However, the Palestinian Red Crescent is operating in the north of Gaza, but not in the besieged area. We work in the southern parts of the northern governance. We have very restricted access and we cannot reach any of the besieged areas. Unfortunately, despite getting calls from people who appeal to us to send an ambulance, we feel helpless because those areas are considered red zones by the Israelis, and we are continually denied access to them. Any ambulance that tries to reach them will be targeted. This means that people bleed to death, literally, without being able to receive emergency medical care. Those who are lucky enough to be transported to hospital, even by donkey cart, are sent to one of the three remaining hospitals, which are in a catastrophic condition. Currently, we are organising evacuation missions in co-ordination with the WHO and the ICRC, from time to time, to evacuate patients from the north of Gaza to other hospitals that are still operating in Gaza City.

I want to add one point that is necessary to our session today. The question is: how bad is the situation in terms of healthcare? The situation is beyond catastrophic, it is unimaginable, and it will continue to stay bad because of the unimaginable attacks that are happening on an unprecedented scale. It has never happened before. We are seeing more hospitals being taken out of service. The Palestine Red Crescent runs only two hospitals, and both of them were taken out of service. Al-Quds Hospital in Gaza City was taken out of service at the beginning of the war after it was besieged and attacked, forcing everyone to evacuate, including the medical staff and patients. Later it was burned out, and now everything inside the hospital is damaged. So even if the war ends, we will need time to be able to reopen the hospital again.

A second hospital for the Palestine Medical Centre, Al Amal hospital, in the south of Gaza, was also attacked repeatedly, besieged, and then raided by the Israeli forces, who arrested a number of our medical staff and volunteers, and later caused the hospital to be evacuated and damaged it. We managed to reopen the hospital, so it can provide healthcare services for the people in the south, taking into consideration that Al Amal hospital is one of the major hospitals there; the situation is that the majority of the population were forced to flee towards the south. There are lots of healthcare services being provided, especially for people with chronic diseases, for pregnant women, and for other cases, because primary hospitals can barely provide lifesaving services for the wounded, who are trauma patients because of the bombardment. That means that pregnant women, children who are sick with infectious diseases, and other cases go without any services. This is what we try to provide through our hospital, and we managed to establish 25 medical points across the Gaza strip, to provide essential healthcare services to the community. I have lost 19 Palestine Red Crescent Society members, and all of them were killed in the line of duty.

Q53 **Chair:** Nebal, thank you so much—you have painted very clearly what the

situation is, and I thank you, your staff, and all the volunteers in the Palestine Red Crescent. The work you have done has been truly remarkable. May I also pay tribute to your colleagues who have been killed trying to do their duty to the people they serve and support? The Committee went out to Al-Arish and met your counterparts, the Egyptian Red Crescent, and saw firsthand the frustrations put in place at border control. My admiration for your organisation and theirs knows no bounds. Could I clarify one point—you said that 65 trucks have just got in.

Nebal Farsakh: For the Palestine Red Crescent.

Chair: Today was the deadline set by the US Secretary of State, Antony Blinken, to the Israeli Government to return to just 350, and when we spoke in January, we were looking at 500 a day as the absolute bare minimum when there were still reserves in warehouses. Can you tell me whether you are seeing any indication, based on that deadline set by the US Government, that aid is going to get in now?

Nebal Farsakh: Unfortunately, based on figures from last month, we are receiving less aid than the previous month. As for the north of Gaza, nothing managed to get in. We hope to witness a real increase in the entry of humanitarian aid—as I have said, we really need safe and sustained entry of humanitarian aid to be able to deliver this essential aid to all the people of Gaza, and we also need protection for hospitals.

The situation will continue to worsen, and if no serious action is taken, our call for the international community is to take serious measures to protect hospitals and medical personnel. No hospital should be attacked, and as I have said, I have lost 19 PRCS members, all of whom were killed in the line of duty while trying to save other people's lives. This should never have happened. Paramedics should be respected and protected, and allowed to do their jobs safely for others, but unfortunately, my colleagues have to say goodbye to their family every single day, not knowing if they are going to meet them at the end of their shift because of the great danger they endure every single minute when they are trying to save other people's lives.

Q54 **Chair:** I cannot even begin to imagine what that must feel like, and I am incredibly grateful to your colleagues for getting up every morning to do their best by the civilians they are trying to serve. I would like to bring in Rohan, then hand back to Sam.

Rohan Talbot: As you raised the US letter from Blinken and Austin, which I think is important—the deadline was today—I wanted to draw the Committee's attention to an independent scorecard by humanitarian agencies that was released today. That includes the NRC, Oxfam, Save the Children and others. Essentially they broke down the demands that were made of Israel into a number of criteria and analysed if any of those have been met over the last 30 days. Not a single one has been fully implemented. I think two have been partially implemented.

The demands: 350 trucks to be entering per day—over the last 30 days, we have seen some of the lowest number of trucks entering Gaza of the

entire year: 42 per day on average, compared with 500 before the beginning of the conflict, and some days as few as six; humanitarian pauses to enable aid—not implemented; improving security for humanitarian operations—not implemented; 50 to 100 commercial trucks to be allowed to enter—not implemented; ICRC access to detainees, including medical staff—as we have heard, not implemented; and ending the isolation of north Gaza—clearly not implemented and getting much worse. Across the board, on every indicator, Israel is not complying with what is being demanded of it by the US.

We also have our own scorecard, which I am very happy to share with the Committee, on the implementation of the International Court of Justice's provisional measures in January, March and May to prevent genocide. Again, across the board, every single provisional measure has not been implemented. As Nebal mentioned, our message is that a strategy focusing on aid but without accountability—without some form of countermeasure to address the fact that Israel is not acting in good faith with regard to its obligations as an occupying power—has failed. We need a rethink on the way in which those interactions and those relations with Israel function if we are to see any form of meaningful aid response in Gaza and prevent further catastrophe.

Q55 **Sam Rushworth:** I want to ask one more question and, Chair, let me know if this is beyond the remit of this discussion. There has been clear evidence presented today of what I would say constitute breaches of international law, including targeting the symbol of the Red Crescent and blocking aid. I would be interested to know what sort of evidence gathering is taking place on this, because at some point there will need to be accountability and justice. Is there any active operation to start to look at which individuals are committing which acts?

Chair: Can I ask Emina to answer that, please?

Emina Ćerimović: In the first report on the situation of people with disabilities in Gaza, we clearly said that Israeli evacuation orders are not taking into account the needs of people with disabilities who cannot evacuate and that they are actually putting them at higher risk of death and injury. I interviewed dozens of people and children with disabilities, including a 14-year-old girl who had to beg her parents to leave her behind because she felt that she was a burden on them as they tried to carry her down to the south. She has cerebral palsy and lost her assistive devices in an attack on her home, and then literally two days after she lost her assistive devices, Israel ordered everyone to evacuate from the north to the south. One of our partners in Gaza, a 39-year-old man who was blind, ended up being killed because he could not evacuate.

On Thursday, Human Rights Watch is releasing a report on displacement and humanitarian destruction in Gaza—a definitive finding of war crimes and crimes against humanity. As part of this report, we also document that the Israeli destruction of infrastructure, including the healthcare system through sometimes reckless but often intentional attacks on hospitals, is building and providing mounting evidence that Israeli

authorities have no intention of allowing people to return to their homes. This report is coming out on Thursday and over the last year we have reported on it.

Also, I want to come back to what Professor Mamode said about the mental health harm caused to healthcare workers in Gaza. Our report on the detention of healthcare workers documented that the Israeli military intentionally detained healthcare workers in Gaza. The healthcare workers who we spoke with told us about the mental health harm and trauma that they have been through, and that, even though they have gone back to work, they continue to be traumatised.

I also specifically want to add that what Nebal said about the restrictions on humanitarian aid was really important, but we do not hear as much about how the specific restrictions that Israeli authorities have imposed are particularly harming children and adults with disabilities. Those are the restrictions that Israeli authorities have imposed on so-called dual-use items. These items are civilian items. We are talking about eyeglasses and wheelchairs, which Israel claims cannot enter Gaza because of security reasons. Israel claims that these items can be used for military purposes.

In fact, we have heard from the Foreign Office that, even with the aid provided by the UK Government—the aid that the UK Government is trying to provide to Palestinians in Gaza—the warehouse is piled up with wheelchairs that cannot enter because of these specific restrictions. And because people with disabilities do not have access to assistive devices that are essential, they are at higher risk of dying, because it is harder for them to flee, and at higher risk of infections because it is harder for them to access water. As Sam spoke about earlier, it is difficult for anyone in Gaza to access water. Just imagine how much more difficult it is for people with disabilities, especially if they do not have access to assistive devices. We have also documented that, when it comes to children, because they do not have access to assistive devices—such as, for example, medical boots, walkers or wheelchairs—which is coupled with the lack of access to healthcare, their conditions have worsened.

I would just say that there is lots of evidence already out there, and Human Rights Watch has been calling—and continues to call—on the UK to take more concrete steps in condemning the war and condemning the violations of international humanitarian law, and to make persuasive efforts to press Israel to comply with international humanitarian law. That is also something that I would like to speak about, whether now or later, but there are things that can be done.

Q56 **Chair:** If we can do that later, that would be great. And if you could maybe write to the Committee on those recommendations, we would be very grateful. I am going to say to everybody that we still have more questions—we still want to hear from you—but I am going to have to ask people to speed up their answers. Nebal, do you want to come back in?

Nebal Farsakh: I really want to stress the importance of the protection. There was a question regarding the violation of international humanitarian

law. Unfortunately, we have lost 19 people, and no serious actions were taken by any country, despite us having horrific conditions in which our paramedics were attacked, despite being part of co-ordinated missions. "Co-ordinated missions" means that they were deliberate targets, because Israeli authorities are very well aware of the ambulances' plate numbers, and of the staff names and ID numbers. Despite that co-ordination, which was to ensure the safety of the staff, they deliberately targeted our staff.

Here, I cannot go on without recalling the story of my colleagues Yusuf Zeino and Ahmed Al-Madhoun, who were killed when they were trying to rescue six-year-old Hind Rajab. That happened on 29 January, when Hind Rajab was in her family car with her relatives, trying to evacuate Gaza City. Israeli forces opened fire on the family, killing everyone except Hind and her 15-year-old cousin, Layan. Layan was on the phone with our dispatcher. She was screaming, "They are firing at us!" and she was shot while she was on the phone with the Palestine Red Crescent dispatcher. We called the same number again and Hind picked up the phone, and we had the most devastating, heartbreaking, longest call in the history of the Palestine Red Crescent.

For three hours, this little girl was begging our dispatcher to send her an ambulance—to send someone to save her. She was terrified, screaming, shouting, hearing the sound of gunshots all the time, saying, "The tanks are close to me," and, at the same, surrounded by the dead bodies of her family—for three hours. She was only asking for help and unfortunately, we could not send someone to save her right away. We had to co-ordinate safe access for our staff.

It took us three hours to co-ordinate the safe access. Unfortunately, after that, when the ambulance was dispatched, it was bombed upon its arrival. Guess what? It took us 12 days of uncertainty, not knowing if our colleagues, Yusuf and Ahmed, had managed to rescue Hind or not. After the withdrawal of Israeli forces, we learned that the ambulance was bombed, Hind was killed, and our paramedics were metres away from her car. How can a story like that pass without anything—without even accountability?

The families of Yusuf and Ahmed are grieving their loss every single day. I cannot even imagine the pain they endure every single day. They did not even get the chance to say goodbye to them, because the remains of their bodies were collected from the ambulance. Yusuf has five children, including twin two-year-old little girls. Up to this moment, when they hear the siren of an ambulance, they think their dad has come back. It is a shame on our humanity, and a shame on the international community, that medical personnel lose their lives while they are trying to save others.

That is not a single incident. We have another story where my colleague, Mohammed Al-Omari, was killed while trying to evacuate patients from Gaza hospitals to the south. It was a co-ordinated mission by the ICRC. It took us one week to co-ordinate that mission. After they managed to evacuate patients from Al-Ahli Baptist hospital, Israeli forces opened fired on an ambulance convoy, killing my colleague Mohammed Al-Omari and

injuring others. Inside the ambulance were patients who were children, who needed to be evacuated to the south. That endangered the lives of patients and killed our medical staff, despite co-ordination. This will continue to happen, since there are no serious consequences.

My colleague Hidaya, the director of the youth and volunteers department, was at Al-Amal hospital in Khan Younis at the time it was besieged. The hospital was attacked and there were injuries. She rushed to save one of the injured but a sniper shot and killed her. The bullet came in through the Red Crescent emblem, which should have provided her with protection.

I have spoken to my colleague, Ameer. He is a volunteer, grieving in pain over the loss of Hidaya. He told me, "I cannot imagine that we have lost Hidaya. She is like my mum. I cannot imagine that the bullet went through her Red Crescent vest and killed her. I cannot imagine how, after that, I am going to have dissemination and IHL sessions for the new volunteers, teaching them about the Red Cross and Red Crescent emblem which should provide them with protection." Unfortunately, a month later, Amir was also killed, shot by a sniper while he was inside Al-Amal hospital.

Q57 **Chair:** Nebal, I am personally ashamed that the international community has not done more to stop the horror that you are describing. Any attack on an aid worker is a disgusting, despicable and wicked thing. There are laws in place and they need to be honoured by everybody. I am truly sorry for the loss of your colleagues, and I am truly grateful that you have shared their stories, so that their deaths are able to be recognised, honoured, and, I hope, are able to help us prevent what is going on. Thank you very much for sharing that.

Rohan, you wanted to come in. I am really sorry everybody: we do want to hear what you are saying, but we are going to run out of time. I will ask all of you, if you want to, to write to us. I know it is not the same, but we do want to hear everything that you are saying. We do want to document it and we do want it to make a difference, but I am aware that we are pushing up against time now. So could I ask people to make statements wherever they can? I would be very grateful.

Rohan Talbot: I want to address the point head on. One of the provisional measures ordered by the International Court of Justice to prevent genocide was that, "The State of Israel shall take effective measures to prevent the destruction and ensure the preservation of evidence related to allegations of acts within the scope of" the genocide convention. No forensic specialists have been able to enter. No independent human rights experts have been able to enter. No international media have been able to enter. To be perfectly honest, humanitarian agencies feel there is a sword of Damocles hanging over us if we speak out too strongly on issues of accountability, although they are essential for the protection of the people that we serve.

I want to register, however, that there has been, based on expert testimony and open source information, at least one major investigation by an independent UN commission of inquiry, set up by the Human Rights

Council, which found just over a month ago that, "Israel has implemented a concerted policy to destroy the health-care system of Gaza. Israeli security forces have deliberately killed, wounded, arrested, detained, mistreated and tortured medical personnel and targeted medical vehicles, constituting the war crimes of wilful killing and mistreatment and the crime against humanity of extermination. Israeli authorities carried out such acts while tightening the siege of the Gaza Strip" in the context of "collective punishment" of the Palestinian population of Gaza.

So there is already on record an independent body that has found that Israel is violating international law, committing war crimes and committing the crime against humanity of extermination. Extermination under the Rome statute is the killing of persons, including by inflicting conditions of life calculated to bring about the destruction of part of the population. It is our assessment that this is a war on Palestinians—that the humanitarian crisis is not some accidental by-product.

Across the board, as you have heard from doctors there, from our own agencies and from Palestinians themselves—ask any independent observer or any person on the ground and they will tell you—this is a situation of mass atrocities. Therefore, the approach that the Government take simply cannot be based purely on aid alone. What is the point of providing funding for UNRWA if Israel is going to dismantle UNRWA's services? What is the point of providing aid that comes into Al-Arish—you see it packing up at the border—if it is not allowed to enter? If it does enter, there is no security, so it cannot be distributed, there is no warehousing and no fuel, and it is besieged from the north of Gaza.

Our colleagues tell us every single day that it's hell. What I am really worried about is that, when I ask my colleagues, "What do you want me to say in front of these people?", they say, "Don't bother. It doesn't matter any more. We're waiting to die."

Q58 **Alice Macdonald:** Thank you very much for that powerful testimony. Moving on to the issue of hunger, malnutrition and famine, I have a factual question for Sam. Has the availability of food improved since you spoke to the Committee in January?

Sam Rose: I spoke to the Committee in November, I think, but no, the situation on the availability of food in Gaza is—I left last Thursday—back to what it was last November in terms of the non-functioning of the private sector and the lack of humanitarian supplies. Many other witnesses have already mentioned the number of trucks going in, which is a bad metric, but it is the metric that we are using.

In relation to the siege of northern Gaza, no supplies have got in now for over a month. The little reserves that were available at the time the siege was put into effect have all dwindled away into nothing, and the ability for bakeries and other food producers in Gaza to operate is massively constrained.

Q59 **Alice Macdonald:** Emina, we have been talking for a long time about

famine looming and starvation looming large. There is still a high risk of famine. At what point is starvation deemed a weapon of war under international law? Do you think that is what is happening right now?

Emina Ćerimović: We have reported and documented that Israel is using starvation as a weapon of war against Palestinians in Gaza and particularly from the perspective of children with disabilities who are in general at high risk of malnourishment. Many of the children who have died had a disability. We have documented and reported on this. Even with the trickle of aid that has been going in, the food items needed by children with disabilities and adults with disabilities did not come in. These crucial items did not come in. Over and again, Human Rights Watch has been reporting that Israel is using starvation as a weapon of war, and as a collective punishment of the Palestinian people by cutting off electricity, water, food and medical supplies.

I do want to emphasise something—Rohan mentioned earlier the Commission of Inquiry, but we should also recognise that the UK Government have concluded that there is a clear risk that UK components could be used by Israel to facilitate or commit serious violations of IHL, and because of that, the UK Government have suspended the F-35 parts from going directly to Israel. Even the UK Government have recognised that—directly or indirectly—Israel is committing serious violations of international humanitarian law, and this is something to keep in mind and to take tangible action to press for accountability and justice. If I can, is there time to provide some concrete asks for what the UK could be doing going forward?

Chair: Very briefly, please.

Emina Ćerimović: One is to suspend all arms and assistance to Israel, including those that could go to Israel indirectly, maybe through the US or other third countries. We are also calling for the UK to impose targeted sanctions against the Israeli Government officials who are responsible for violations. It is important for the UK to undertake a comprehensive review of its trade, military, security, and diplomatic relations with Israel—including by suspending the current UK-Israel trade partnership agreement— and not to enter into any free trade agreement with Israel as long as Israeli authorities are committing serious violations of international human rights and international humanitarian law. We are calling for the UK to ban trade with illegal settlements in occupied Palestinian territories.

Something concrete that the UK Government can do is to join Norway, who are currently seeking a resolution by the UN General Assembly to ask for a binding and expedited ICJ advisory opinion on the banning of UNRWA. It would be great to see the UK join Norway in this effort.

Something I have not had a chance to speak about is that Israel is not only controlling what can enter Gaza, but has imposed severe restrictions on who can leave. UNICEF has said that it would take seven years for the 2,500 children who need urgent medical care to be evacuated and get treatment outside. We are calling on the UK to press Israel, to ensure that

children and adults can indeed be evacuated for medical treatment they need but cannot get in Gaza. We are calling on the UK Government, as with other governments who have sophisticated healthcare systems, to accept patients from Gaza, and to work together with Palestinian and Israeli authorities to ensure patients' right to return.

Finally, in other public communication, I ask you please to raise the alarm on the significant harm caused to children with disabilities. I have been doing this work for a year now, and have been documenting it, and am still in touch with all the children and families that I have interviewed, and the situation is getting more catastrophic day by day.

Q60 **Laura Kyrke-Smith:** We have heard a bit about the challenges pregnant women experience getting any support whatsoever, but could I ask Nebal in the first instance to talk a bit more about the impact of this conflict on women specifically?

Nebal Farsakh: The impact of this ongoing war on women is truly indescribable. We are talking about women being killed first—as according to the figures, thousands of women were killed, and have lost also their children. Many thousands of women have ended up alone, so now have to be the father and take care of the children, and deal with the everyday struggle of getting a little food and water for the children. Many women go hungry, without eating, to save food for their families.

Almost 60,000 pregnant women in Gaza are lacking everything. They are malnourished, not able to receive the food they need and not even receiving the proper healthcare service they deserve. They are living in shelters, thousands of people are sharing one toilet and you cannot even imagine or relate to how a pregnant woman has to endure such inhuman conditions when displaced. And that is not only once; many women have been forced to flee multiple times, and an average family has fled three, four or even five times.

Pregnant women are enduring very difficult conditions where there is ongoing bombardment. They have lost their family members and their loved ones. Many have lost their homes, having already been bombed and forced to flee multiple times. When we talk about evacuating, most of the time, the evacuation process is on foot. You have to walk very long distances on foot with rubble everywhere, with no transportation, and under horrific and hard conditions to arrive in any area. Then you have to find a shelter, though usually, when we say "shelter", there are no actual shelters; there are just schools that are turned into places where people can stay, but with no services. It is just a place where you can sleep.

Then, as I said, there are those daily struggles, even for a woman who is in a tent. We have witnessed an increased number of infectious diseases spreading among internally displaced communities, including among women and children. And unfortunately, because of the collapsing healthcare system, as a pregnant woman, you barely have the luxury of delivering your baby in a hospital. If you are lucky enough and if that happened, it would be almost in and out, where the woman would not

even have the opportunity to stay at the hospital, which is already overcrowded with many patients. Sadly—tragically—many women have had c-sections without anaesthesia because it had run out. That is one of the continuous struggles, with hospitals lacking anaesthesia, painkillers and other basic medications and medical supplies.

Q61 **Laura Kyrke-Smith:** Rohan, I think you have spoken to the Committee previously about neonatal intensive care services being out of action. Has anything changed? What support is there?

Rohan Talbot: It has deteriorated further, I am afraid to say. One of the last remaining neonatal intensive care units that was supported by MAP over a long period of time, including during this crisis, was at the Kamal Adwan hospital, which as you have heard is one of those hospitals that is now in the besieged north. The intensive care unit was essentially shut down because it was not possible to protect those babies. At the very early stages of the intensified besiegement of north Gaza, they were evacuated down to the Patient's Friends Benevolent Society hospital in Gaza City, which, again, is supported by MAP. We have done what we can to establish a jerry-rigged paediatric intensive care unit to care for those babies and others. Across the board, however, I am afraid to say that those services are simply not available in the way that they need to be and at the scale that they need to be to save the lives of the youngest and most vulnerable members of Gaza's society.

Q62 **Noah Law:** We have heard quite a bit already about the potential long-term impacts on people, and particularly children, with disabilities. You raised potential long-term serious health consequences. Are there any other impacts on people with disabilities, which we should be mindful of and which you would like to raise?

Emina Ćerimović: One thing I have not had the chance to mention is that it is really a vicious cycle. We documented that due to Israel's use of explosive weapons within densely populated areas—it is something that UNICEF and Save the Children have reported in the past—thousands of children are acquiring disabilities and thousands of children and adults have been injured. They then face this vicious cycle in which more and more children and adults acquire a disability. At the same time, they are at high risk of death and injury because of their inability to leave, which is often due to lack of access to the accessible and effective advanced warnings that Israel should provide, as well as the heavy destruction and unsanitary conditions, living in makeshift camps where their basic needs cannot be met.

I often think about the children I have interviewed who have acquired a disability through traumatic amputation. One child, Malik, went with his mum to get food coupons in a shopping mall, so it was civilian infrastructure. While there, an Israeli strike hit the shopping mall and his mum told me that, when she regained consciousness, she was still holding her child's hand. She started running, but at one point realised that her child's hand was light. When she turned around, she realised that she was holding only his hand and that Malik was nowhere to be seen. I wanted to

bring Malik's story here today because I feel that people have got used to hearing that thousands of children have lost limbs in Gaza. However, when you actually come across a specific child and you understand the impact it has on them, and how preventable and unnecessary all of that is, that is one thing that I ask you to keep in mind. It is not just about the children who had disabilities prior to 7 October but the thousands of them who have acquired a disability. That is why we continue to call on the UK to suspend all arms exports to Israel, including indirectly through third countries.

Q63 **Noah Law:** Lastly, can you give some examples of how the Israeli dual-use border checks impact on children with disabilities?

Emina Ćerimović: What we know is that, since the Israeli military took over the Rafah crossing, not more than 237 patients have been allowed to leave Gaza. There are severe restrictions on access to treatment inside Gaza. I want to briefly mention—there was a question earlier about pregnant women—that only 12 healthcare facilities in Gaza, out of 36 hospitals that were functioning previously, can provide some kind of healthcare to pregnant women. Even then, we know that women have been rushed out of hospitals really quickly. Going back, just imagine then if that is also a woman with a disability, on top of being pregnant. That ties back to the restrictions on not only what enters Gaza but what can leave Gaza.

We are also calling on those Governments who are working towards evacuation, who are pressuring Israel to allow patients to leave Gaza, and who are providing and offering beds and treatment in their home countries, to include children with disabilities. They have been left invisible and the focus has mostly been on injured children, not children with disabilities. The main restriction that we know to exist is, even when Israeli authorities give a child permission to leave Gaza, the permission is not extended to the immediate care-giver or other children in the family. That is problematic because we definitely do not want to allow for any family separation. Family separation should not be happening because it has its own psychological impacts on a child. As I mentioned earlier, just think about the numbers that have been provided by UN agencies. In fact, I think it was only two weeks ago that UNICEF said that if Israel continues with its severe restrictions on evacuations, it will take seven years for children who need urgent medical care to be able to leave.

Q64 **David Reed:** I will just go back to one of the first questions that was asked by Monica about funding. Obviously, almost a third of your budget has been cut because of the US pulling out. What is UNRWA's thinking at the moment in terms of President-elect Trump coming in, the new Administration and whether funding will be recommenced, or will you just have to do with what you have at the moment?

Sam Rose: It is an interesting question, but it is one that I am not really able to talk about, given that I do not want to involve or engage with the domestic politics of a member state.

We know what happened under the previous Trump Administration in terms of the withholding of funding from UNRWA and also the unilateral measures that were taken at that time. So, we are concerned—very concerned—that the current suspension of funding may continue. We hope that it does not, but beyond that there is not much more that I can say.

Chair: Your evidence today has had a profound impact on this Committee, as you can see; I am sure that it has also had a profound impact on the people watching this sitting; and it is our duty to make sure that it has had a profound impact on the decision makers, as well.

We may well come back to you for additional evidence or clarifications. But on behalf of the whole Committee, may I say "Thank you so much" for taking the time to be here? I know that all of you have an awful lot of pressures on you right now that are not of your own making, so it has been very generous of you to come and speak to us.

Also, may I give my deepest sympathies to all of you who have lost colleagues that have been directly impacted by this situation and to all of you who have been indirectly impacted by trying to support your colleagues through the most difficult time that any of us can imagine? We really, really appreciate the fact that you do get up every morning and that you do keep on fighting for those civilians who need our support more than ever before.