

Foreign Affairs Committee

Oral evidence: The Israeli-Palestinian conflict, HC 488

Monday 16 June 2025

Ordered by the House of Commons to be published on 16 June 2025.

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Members present: Emily Thornberry (Chair); Alex Ballinger; Aphra Brandreth; Phil Brickell; Richard Foord; Uma Kumaran; Blair McDougall; Abtisam Mohamed.

Questions 325-342

Witnesses

I: Anna Halford, Emergency Coordinator for Gaza, Médecins Sans Frontières; Dr Tanya Haj-Hassan, Paediatric Physician, Medical Aid for Palestinians; Rohan Talbot, Director of Advocacy and Campaigns, Medical Aid for Palestinians; and Shaina Low, Communication Adviser, Norwegian Refugee Council.

Examination of witnesses

Witnesses: Anna Halford, Dr Tanya Haj-Hassan, Rohan Talbot and Shaina Low.

Q325 Chair: The Foreign Affairs Committee is meeting today for a public evidence session in our inquiry into the Israel-Palestine conflict. We are very grateful to be able to hear from NGOs working on the ground in Gaza. A number of today's witnesses have first-hand experience—some very recent—of the situation in Gaza and the Occupied Palestinian Territories, so it is only right to tell those watching today's session that they should be aware that some of the accounts that they hear may include information that causes distress. Let's begin by getting everybody to introduce themselves.

Anna Halford: Good afternoon. My name is Anna Halford. I am currently MSF's emergency co-ordinator, based in Brussels, for operations in the Occupied Palestinian Territories. I left Gaza for the last time in January.

Rohan Talbot: It is very nice to meet you all today. My name is Rohan Talbot. I am director of advocacy and campaigns at Medical Aid for Palestinians and I'm based in London.

Dr Haj-Hassan: Hello, everyone. My name is Tanya Haj-Hassan. I am a paediatric intensive care doctor who has worked in Gaza multiple times over the last decade but, most recently, twice with Medical Aid for Palestinians as part of the emergency medical teams, most recently in February and March of this year.

Shaina Low: Hi, everyone—thanks for having me. My name is Shaina Low, and I am the communication adviser for the Norwegian Refugee Council's Palestine mission. We are an independent, impartial and neutral humanitarian organisation that focuses on displacement and operates in around 40 countries. We are also the FCDO's largest INGO partner in the Occupied Palestinian Territories. We are a UK-registered charity and we provide a range of services, including shelter; water, hygiene and sanitation; protection; legal aid; and education. Part of our work in Gaza involves co-ordinating different shelter actors working together on the shelter response. I am currently speaking to you from Amman, Jordan, as Israel has stopped issuing humanitarian visas for humanitarian workers.

Q326 Chair: You have introduced yourselves broadly, which is really helpful, but I want to know what work you have been doing particularly in Gaza and the West Bank. Also, given what is going on in relation to the regional war, and the way that the eyes of the world have recently turned away from Gaza and the West Bank, what exactly has been happening in the last few days?

Dr Haj-Hassan: Most recently, I went with Medical Aid for Palestinians and I worked as a clinician. Last year, I was based in the middle area of Gaza at a hospital called al-Aqsa and, most recently, this year, at Nasser hospital. The period I was there overlapped with the ceasefire, so I was



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able to travel and visit some of the paediatric hospitals with the Medical Aid for Palestinians team to assess the needs of critically ill or injured children in Gaza, because the institutions that I used to teach at, which specialised in paediatric intensive care and had specialised units, have, for the most part, been destroyed. We went around Gaza city and areas north of the middle area to examine what was left and to care for critically ill children, because the bed occupancy of the units that did have those services was constantly at full capacity.

Was your second question in the light of regional developments?

Q327 **Chair:** It has gone off the news, and it is not like things aren't happening, so I think it is important that we, at the beginning of the session, put such information as we have before the public, because they will not see it on the front page of the newspapers in the way that they might have if there had not been the war with Iran.

Dr Haj-Hassan: It is the most recent development of turning off the lights on what is happening in Gaza. For the last almost 20 months, international journalists and independent investigators have not been let in, so humanitarian workers are some of the only independent witnesses on the ground. We consistently emerge sharing harrowing details that are morally and legally sufficient to warrant a response, but we have not seen one. Now, for the last week, we see so many of the crimes we have been seeing for the last 20 months continue, but not receive public attention.

For example, Nasser hospital, where I was based, is the last hospital fully standing in Gaza that offers a lot of the specialised services that are needed for the population. It was Gaza's second largest hospital after al-Shifa hospital, which was destroyed. Nasser hospital was bombed while I was there—it was shelled by a drone attack, killing three patients and injuring several others on the floor immediately above where I was working in the emergency department. Since then, there have been subsequent attacks on Nasser hospital. Currently, it is essentially encircled, so it is almost like a tiny island that is not technically for evacuation, but staff are unable to reach the hospital safely and many staff and patients have evacuated. That is devastating. Some international NGOs have withdrawn from that hospital, where they were providing essential services. Maybe MSF can speak more to that.

For us, and for myself having worked there, we have seen the paediatric intensive care unit—they have a specialised intensive care unit for children—which is filled with injured children and at full capacity. They have since extended it to have three additional beds, but I hear from my colleagues on the ground—the Palestinian paediatric doctors working in the ICU—that it has been at full capacity ever since I left, and every time one of the injured children dies, they immediately fill the bed, because there is a queue of children who are waiting for the beds, and are dying as a consequence of not having access to one of the few remaining paediatric intensive care beds inside Gaza.



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Nasser hospital is currently at the same risk that virtually every public hospital in Gaza has encountered in the last 20 months. Al-Shifa and al-Nasr paediatric hospital where I used to teach, were completely levelled. You might recall al-Nasr hospital, which is different from Nasser hospital—to clarify for those listening: al-Nasr was the only general paediatric hospital in Gaza. You might remember the news last year of babies decomposing in their beds after the staff were forced by the Israeli military to evacuate. They were promised that the critical infants who required expert evacuation would be evacuated, and that did not happen. They subsequently died and decomposed in their beds. This was all over the international media.

That hospital is now levelled. I visited the site of that hospital. Its adjacent hospital, which was not a general but a subspecialty paediatric hospital, where children with blood cancers such as leukaemia, children with chronic diseases or any child who needed subspecialty care would have been treated, al-Rantisi was used as a military base for the Israeli forces.

The Turkish-Palestinian Friendship cancer hospital, the only specialised cancer hospital in Gaza, was also used as a base by the Israeli military, and subsequently flattened. There is no longer a cancer hospital in Gaza. Cancer services were moved to the European Gaza hospital, and in the last couple of weeks, the European hospital was encircled and, after being attacked several times, forcibly evacuated. It is now used as a command-and-control centre by the Israeli military.

I honestly do not know how and if cancer patients in Gaza are receiving care at the moment. There were an estimated 11,000 people with cancer in Gaza prior to October 2023. That applies across diseases. The dialysis centres were destroyed. Most recently, in the last month, one of the main specialised dialysis centres in the north was destroyed. The Nasser dialysis centre was destroyed. We saw it every day: it was charred. It was across the plot of land that was used as a mass grave, when Nasser hospital was besieged by the Israeli military.

I am trying to paint a picture of a healthcare system that has been systematically targeted and destroyed. From my perspective, it is a facet of the ethnic cleansing of the Palestinian people. That is not only from my personal experience and testimony; it is consistent across healthcare workers and humanitarian workers who have worked on the ground, as well as UN experts and international human rights groups that have concluded that Israel is committing extermination and genocide against the Palestinian people.

This is most recently demonstrated by a UN report on attacks on healthcare and healthcare workers. At least 1,500 healthcare workers have been killed to date in Gaza, including several of my previous students. I taught them when they were medical students, and I can tell your viewers that these are some of the most dedicated healthcare workers that I have ever encountered. I will end there, just to give others an opportunity to answer your question, but I think the most recent

international events mean that these same atrocities continue to be committed; they are just being committed outside of the world's watch.

Q328 **Chair:** Anna, are you able to give us an up-to-date picture of what is happening at the moment? Do you have sources that might be able to tell us what has happened, particularly over the last week? I do not want to constrict you if there are other things you want to say, but I think last week is particularly important.

Anna Halford: At Médecins Sans Frontières—Doctors Without Borders—we have worked in Gaza since before the war, but since the beginning of the war obviously the form and scale of our operations has changed radically. We currently have around 1,000 Palestinian colleagues, we work with a further 1,500 or so Ministry of Health staff and we have 30 to 35 international staff on the ground as well.

We currently work in three of the very few hospitals that remain functional, we work in seven clinics and we run our own field hospitals, so we are providing, as best we can—in conjunction with other colleagues and NGOs working in the medical field—a significant portion of the only remaining healthcare, because it is absolutely the case that what Dr Haj-Hassan referred to as a systematic targeting is happening. There is no other word for it: we have watched the dismantling of a system.

It is impossible to have gone from the number of hospitals, clinics and primary healthcare centres that there were to the number that there are now, without concluding that that was at least in part, if not in whole, entirely intentional. In the last week, understanding what is going on has been complicated slightly by the internet in northern Gaza and in the middle area of Gaza being cut. I do not use those words lightly. It was cut. It was not accidentally destroyed; there was simultaneous deliberate destruction to two separate lines. For our teams, and I imagine those of others, that is part of our contingency planning, and we are able to communicate with our own satellite back-up systems, but that relies on electricity or fuel, which is also systematically restricted. It makes operations and co-ordinating the movements of our colleagues and goods within an active warzone just that little bit more complicated.

The irony is that, since the escalation in the region, some of our colleagues have had a slightly quieter few days as the military attention, especially the aerial military attention, has clearly been directed elsewhere. There are still two major sets of ground operations in Gaza, one in the north and one in Khan Yunis in the south. Khan Yunis is a very large middle section of the southern end of the strip. It is important to understand that at this point, more than 70% of the entire territory of Gaza is within one or both of two regimes. One is a military exclusion zone around the border; the entire terrestrial border includes a section of x kilometres ranging from 500 metres to 3 km, where it is impossible to go and remain safe or alive. The other part is covered by the so-called evacuation orders, whereby instructions are given by the Israeli forces and authorities to everybody within certain areas, which have been delimited into blocks, to move out of those areas for their own safety. There is never



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a point at which you can return to those zones. They are never lifted or rescinded; they just continue to accumulate. That means that the vast majority of Gaza's population is forced into a little tiny strip along the coastal edge, which leads to a level of disease associated with proximity, but also a lack of access which is chronic.

Dr Haj-Hassan was referring to the difficulties to access, for example, Nasser hospital where MSF runs both a maternity and paediatric unit and a burns and orthopaedic trauma unit. We work with around 60 colleagues in that burns and trauma unit. Every single movement to and from that hospital currently has to be co-ordinated with the Israeli military authorities. If they do not answer an email or answer the phone, there is no communications, so what do you do? It leaves us with a choice of accessing healthcare structures to provide care to patients or just not at all, or not turning up or being able to refer patients from mass-casualty incidents. Further south in Rafah, the International Committee of the Red Cross field hospital has received more patients since the opening of the so-called distribution system by Israel than it has received since that hospital opened. That system began, and I use "system" with the heaviest possible air quotes—

Chair: Do you mind if I cut across you for a moment? We are going to cover that specifically a little bit later.

Anna Halford: It is just representative. As Dr Haj-Hassan offered, the escalation in the region will inevitably cause more suffering for even more civilians, but the situation in Gaza has not stopped or changed. There is still what amounts to a total blockade, which has been running since 2 March. Food is going in only under that system, and there is a desultory trickle of other goods that are allowed in available. It has been claimed that Israel has lifted that blockade because it has opened the corridor. No: it has opened one corridor where it knows extremely well that there were no goods stored. Sure, the Israel corridor is open, and you can bring stuff in from Ashdod or Jerusalem, but you cannot bring stuff in from Jordan and Egypt, which is where the majority of humanitarian aid is stored.

MSF has had four trucks in since 27 May. Part of that was some local purchase in Israel, which we scrambled to do at the last minute when that could be done. We have more than 100 trucks waiting, and these contain all the essential drugs, material and equipment to provide the surgery or the care for chronically ignored diseases that we are doing. As a medical organisation, we cannot run operations based on what we need this week; we need some kind of forward planning so that we can adapt to continuing needs. The scale of need is off the charts. What we have seen is virtually without precedent.

Q329 **Chair:** Rohan, what is your understanding of the situation on the ground in Gaza at the moment? Since MAP has a footprint in the West Bank too, could you tell us what is going on there as well? We perhaps ought to have a bit of evidence on that. Will you talk both generally and specifically about what has happened in the very recent past?



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Rohan Talbot: Yes, of course. Perhaps I will start in the West Bank, because it is important that we do not forget the situation there. MAP has been working in the West Bank for more than 30 years, and we have a permanent staff there who operate a range of programmes and partnerships across mental health, women and children's health, the rights of persons with disability and, of course, emergency care and primary care. Many Members of this House will have visited our mobile clinics as part of delegations that we take.

Over the period of the devastating attacks on Gaza, the situation in the West Bank has also been unprecedented for the level of Israeli military and settler violence meted out against Palestinian populations. Of course, most harshly hit are those communities that we would consider to be at the sharp end of the occupation—Bedouin communities and herder communities in, for example, the Jordan valley and Hebron, as well as, most importantly, refugee communities. We have seen the complete emptying out of Jenin refugee camp—an entire refugee camp is now entirely depopulated as a result of Israel's military attacks on that camp.

Q330 **Chair:** How big was the population there?

Rohan Talbot: It was more than 20,000 people. They are now displaced. I think there are more now across Jenin refugee camp and Tulkarm—

Anna Halford: It was 40,000.

Rohan Talbot: Was it 40,000? Okay. Tulkarm and other communities up in the north have now been essentially completely depopulated, their populations dispersed and unable to return.

Q331 **Chair:** How long had that population been settled in those refugee camps?

Rohan Talbot: For more than 75 years. When we talk about Gaza, it is worth bearing in mind that we are talking about a population that is more than 70% refugees as well, so we have to bear in the mind that the origins of this go far back—more than 70 years.

The situation in the West Bank has been really desperate. We have been doing what we can to support, for example, the provision of emergency care, ensuring that there is local availability of essential emergency care practitioners, because Israel has also very severely restricted movement across the whole of the West Bank.

Previously, it was possible to mount an aid response when there was a crisis or an increase in violence across the West Bank, but we have now discovered that we have to store things locally in order to make sure that people can get them, because access across the West Bank is much more restricted. Notably, as soon as the attacks on Iran and Iran's response began over the weekend, the West Bank was placed in a total lockdown: no movement was allowed through any checkpoint. Our mobile clinic could not reach communities that need primary healthcare and so on.

Q332 **Chair:** Again, for the public who might not have been to the West Bank,



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you say there is no movement through checkpoints; how many checkpoints are there now in the West Bank?

Rohan Talbot: There are more than 350 checkpoints and barriers across the West Bank. Some of the restrictions have started to be lifted, but only slightly. It is about not only being able to access, but the speed with which people can access, in particular, emergency care and go to appointments for cancer care, chronic diseases and so on. All these things are massively restricted, and the impact on people's lives and health is really severe.

Switching over to Gaza, I can endorse everything that you have heard; our colleagues in Gaza have had the same experience. We have a permanent team of colleagues operating on the ground who report this as being the darkest and most terrifying period of the attacks so far. In particular, there was very significant fear among our colleagues when the internet went out a few days ago about what was to come, and of course the attacks continued. As you rightly say, media attention has waned, but 50 to 60 people are killed by bombardment every day. We have continued to see people killed at these so-called aid distribution points, which we will talk about later, and the situation is completely catastrophic.

Obviously we and others here are likely to focus on healthcare, but I just want to emphasise that homes, healthcare, refugee camps, universities, schools and even the land that people need to cultivate in order to survive in Gaza have come under attack—everything. There is not a single square metre of space in Gaza that is safe for people—these 2 million people who are now, as Anna said, crammed into a tiny strip of land. The total dismantling of society and annihilation of Gaza's population is what we are witness to. My fear and the fear of my colleagues on the ground is that as attention starts to wane because of the conflict between Israel and Iran, this is not going away, and people worry that they, their colleagues, their friends and their families are going to die in the dark.

Q333 **Chair:** Yes—I hear you. Shaina, we are hearing quite a clear picture, and we are going to have lots of questions, but if there is anything that you feel it would be useful to add, would you mind speaking generally about the state of Gaza and the West Bank and, as I say, in particular about what is happening at the moment?

Shaina Low: In terms of Gaza, one thing that I would really like to stress is the ongoing shelter crisis. We have had 665,000 Palestinians displaced since 18 March, when Israel broke the ceasefire. Many of those people have had to flee with only what they can carry in their hands. While we were able to make a large effort in providing emergency shelter relief during the ceasefire, most of that work has now been erased as people have been forced to flee and forced to leave behind the shelter materials that they had been given. Many of these people have experienced multiple displacements over the last 20 months.

While Israel has allowed a trickle of flour, nutrition materials and medicines to enter through traditional channels since the end of May, no shelter materials have been allowed inside of Gaza since the siege was



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tightened to a complete siege on 2 March. That means that over 1.1 million Palestinians in Gaza—we believe that is a gross underestimate—are in need of shelter assistance. We ran out of tents. All shelter partners ran out of tents by mid-April. Just so you know, the Norwegian Refugee Council alone has close to £900,000-worth of shelter materials donated by the British Government waiting in Jordan and Egypt to be allowed entry into Gaza. This would be lifesaving assistance to tens of thousands of people. It includes 2,700 tents, which are essential, especially as the sun gets hotter and people are exposed to the incredible heat and humidity that Gaza is known for in the summer.

Q334 Chair: May I pause you there? The Israelis object to these tents because of—well, we have heard, but would you mind just putting it on the record? I am talking about the tent poles and the colours and so on.

Shaina Low: Israel has imposed arbitrary restrictions on tents and what we may bring in. These tents, I believe, would have been pre-approved were Israel allowing the flow of aid at this point. These are tents that would have been allowed in prior to 2 March, when the siege was imposed, but since 2 March almost nothing has entered Gaza via traditional humanitarian channels.

Over the course of these 20 months, we have seen arbitrary restrictions and denials on bringing in not only shelter equipment, but all sorts of equipment. During the ceasefire, we had trucks loaded with educational materials that were denied entry and access to Gaza, when children in Gaza have been deprived of traditional education for 20 months at this point. A colleague of mine told me just last week that her seven-year-old daughter still does not know how to read because she has no school.

These are impacts that are going to last much longer than the destruction. They are generational setbacks that are going to bring the Palestinians back to a place I do not think any of us could have imagined. Many of you may know that Palestinians have one of the highest literacy rates; they are extremely high academic achievers and incredibly talented and skilled. We are seeing a generation being lost because of the denial of access to education and basic necessities: food, shelter, water.

In addition to the work that we do on shelter, NRC has also been providing clean drinking water to tens of thousands of Palestinians each day, but this is also at risk due to the fuel shortages that the other witnesses spoke about. These fuel shortages are having, and will continue to have, an immense impact on the humanitarian response, in terms of not just telecommunications, but running regular infrastructure, powering bakeries and hospitals, and so on.

Since 18 March, when the ceasefire was broken by Israel, the work that we have been able to do has been really limited because we cannot guarantee the safety of our staff members when they move around. Most of our staff are restricted to the offices or their homes and are forced to do their work remotely. We can do some of this with the soft services that we provide, like legal aid, checking in with the temporary learning centres and



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with parents, and providing psychosocial support to them parents as well as to teachers, but we are tremendously limited in what we are able to do because it simply is not safe for humanitarians to move around when the notification system, which was working prior to the ceasefire, albeit not well, has failed to be reactivated. There is very limited movement available to our staff.

If I may turn briefly to the West Bank, we too are concerned about vulnerable communities, like the Bedouins and the herder communities that Rohan spoke about. Several members of this Committee visited communities at the end of February with NRC and some of our partners to see communities that the British Government and others are supporting in trying to prevent their forcible displacement. But over the last several months, we have seen continued settler violence and demolitions. The demolitions rate in the West Bank this year is by far the highest that we have ever seen, and that excludes the hundreds of homes that have been destroyed in the refugee camps in the north of the West Bank, because the UN simply does not have access to those refugee camps to document the demolition of those homes. But the displacement that we have seen in the West Bank is unprecedented since 1967.

We are particularly concerned, as attention turns to Iran and Israel, that not only will Gaza be forgotten, but these vulnerable communities in the West Bank will be forgotten. Over the course of the weekend, we have already seen and received reports of settler attacks against many of these communities. We know that these are triggers that will lead to forced displacement of Palestinians.

In the aftermath of 7 October, we saw the Israeli settlers go on a rampage throughout the West Bank, with communities attacked, communities displaced and many communities just erased from the map. As this is ongoing, we are watching the West Bank disappear as Israeli settlements continue to grow. Just a couple of weeks ago, the community Mughayyir al-Deir had an illegal Israeli settlement outpost established right adjacent to the community. Due to the harassment and violence that that community experienced, the entire community was forcibly displaced. Just a few days later, we saw that settlers set up another outpost close to Ras 'Ein al 'Auja in the north of the Jordan valley. That is a community that members of the Committee visited at the end of February. We know that that outpost has been established as a means of applying additional pressure and coercing that population to flee.

While we know that the two-state solution conference that was scheduled for this week has been delayed, it is important for states that purport to support a two-state solution to ensure that there is land left for Palestinians to have their state. We cannot turn our eyes away as this ongoing pressure to displace Palestinians continues. Whether it is the Palestinians who are being displaced over and over again in Gaza—pushed from place to place and deprived of basic necessities—or the Palestinian communities in the West Bank, in the refugee camps and in the Bedouin and herder communities in area C, we must ensure that these

communities are protected, and we need more than words to protect them.

Chair: We have a number of questions, and I want to get through as many as we can in the time available. Thank you very much for your informative and eloquent answers. As we rattle through the other questions, perhaps not everybody will be able to answer every one, but let us make sure we get through as many as we can.

Q335 **Phil Brickell:** Dr Haj-Hassan, off the back of your testimony on the extent of the destruction of medical facilities in Gaza, I read this morning that the United Nations is reporting that more than 2,700 children under the age of five were diagnosed with acute malnutrition in May alone. What impact is the destruction having on children in particular in Gaza? If you are able to speak to the West Bank as well, I will be very grateful.

Dr Haj-Hassan: My personal experience in the last year and half has been in Gaza, although I taught in the West Bank in the past, so perhaps one of the other witnesses would be more qualified to speak about children in the West Bank.

Over the past 19 months, children in the Gaza strip have been killed and maimed at unprecedented rates every single day. I am sure many of you have heard this, but that has made Gaza home to the largest cohort of paediatric amputees in known history. It is no surprise that organisations that serve to protect children, like UNICEF, have described Gaza as the most dangerous place to be a child, as well as a graveyard for thousands of children. Others have described it as a war on children.

Maybe the best way to illustrate this is by describing a walk through the intensive care unit where I worked. The last week I was there, in bed 1 we had a 12-month-old who came in early morning on 18 March with multiple bowel injuries and injuries to her chest. She was on life support; when we took her off the ventilator, she survived. She kept crying, "Mama, Mama, Mama." Her mother was killed in the same attack that critically injured her.

In the bed next to her, we had a baby who was a few months old and had been waiting to be evacuated for weeks. As you know, medical evacuations have almost completely come to a halt. There is just a trickle that are able to leave with the support of certain Governments. Without evacuation and proper diagnostic and therapeutic care, she will probably die too—if she has not died already.

In bed 3 we had Sham, who was five or six years old. She had injuries to her bowel, liver, spleen—they had to remove her spleen—and diaphragm. She had shrapnel going in one side of her brain and out the other, giving her a stroke on the other side of her body. Sham's mother and father were injured. When her mother finally came to visit her in the ICU, she said, "Please tell me the truth. I lost all my other daughters in the same attack, and I want to know if Sham will survive."



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In the bed next to Sham was Yousef, who was five or six years old. He had multiple injuries to his legs, including the severing of one of the main arteries. He almost bled to death. He required chest compressions—CPR—twice in the operating room. Ultimately, he survived—at least until I left—but the surgeons did not think that he would be able to keep his lower extremities.

Just for context, in line with what Shaina was saying, a lot of the expertise and education has been a target of this military campaign, so a lot of the specialists in Gaza have now been killed. Of the two complex orthopaedic surgeons in Gaza, one was tortured to death and the other is in an Israeli prison. Given the type of expertise that is needed to care for children like Yousef, you do not need only the space; you also need the expertise.

For example, I was meant to go in with a paediatric orthopaedic surgeon from the UK, who had been in Gaza just a year prior on a mission with the same NGO. She was denied entry with me, as was the other complex orthopaedic surgeon from Kuwait who was supposed to go in with the same team, so I am not sure whether Yousef was able to keep his legs.

I could go on and on, bed by bed. In the bed next to him was a child who we think probably had cystic fibrosis, but we did not have the ability to test him. He was very ill on a ventilator. Normally, he would have been cared for at the Rantisi subspecialty hospital, where the over 100 paediatric cases of cystic fibrosis in Gaza would have been cared for. But, as I mentioned, the Rantisi was besieged and occupied by the Israeli military, and only now have Palestinians begun to rebuild the parts of the hospital that they are able to, and to provide some of the services.

The chest specialist who I met in Gaza told me that, of the over 100 cases of children with cystic fibrosis, they only accounted for 10. We had to take in one of the essential drugs that the children with cystic fibrosis need, because there is no more of that drug in Gaza.

Also, following on from what Shaina was saying, and from what Rohan and Anna were saying before, supplies in Gaza are very difficult to come by. The restrictions are random and, at times, very bizarre. Healthcare workers who go in often have their own medications confiscated, so it is really hard to do your job when you do not have the basic tools and medications that you need to care for this population.

I am giving you an example of the first four or five beds in the ICU when I left, to paint a picture of what children are experiencing. That last child, with likely cystic fibrosis, was eight years old, weighed 18 kg and was very stunted and very malnourished. This was in March, and we are now several months later with a complete blockade on the Gaza strip. There are children dying of malnutrition and, as you mentioned, multiple organisations are very concerned about the rates of malnutrition in the Gaza strip among children.

In addition to children not having access to the specialised paediatric care that they need, they do not have access to the nutrition and shelter that



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they need. Everything else that is indispensable to the safeguarding and care of children has come under attack, including over 90% of Gaza's schools and all of Gaza's universities. What future have we left for these children? All of Gaza's medical schools would have produced the next generation of doctors, but so many doctors who had spent 10 or 20 years investing in their education and training have now been killed in an instant.

The reality for children is very grim: they are being injured, maimed, orphaned and starved. I just want to plead with everybody here, because when I was in Gaza last year, I remember being in the emergency department and having children laid on the floor in the yellow area, because the red triage area, where we are supposed to take care of critical patients, was so full. We had patients on the floor everywhere; these children would be laid on the floor, limp and lifeless, and we would declare them dead immediately. The ones who we do not declare dead would be fighting for one of the few intensive care beds that were available, in a hospital that did not have a paediatric intensive care unit, and whose adult intensive care unit was almost completely filled with injured and maimed children.

This was last year. I remember thinking to myself, "Wow. This must be the worst it could possibly get. Something is going to change. We're two months away from the ICJ ruling on plausible genocide, with provisional measures. Something will change"—and it hasn't. It is a frightening reality to go back one year later, to see some of the most horrific crimes being committed in front of our eyes, to know that Aleen, the seven-month-old niece of one of my colleagues, who was brought to the intensive care unit, is now the only survivor of her family, with eyelashes that are burned, hair that is burned and skin that reeks of the weapons provided by western nations, including the United Kingdom, and to know that, after a year of what I thought would be the absolute worst this could possibly get, it has only got worse.

I know we are meant to keep the answers short, but I will make just one last point. In the last 10 days that I was in Gaza, when Israel broke the ceasefire agreement, at the time UNICEF reported that they were killing and maiming about 100 children every single day, so I was trying to care for those patients in the ICU. Meanwhile, in the same period, the Israeli military shelled a UN team, killing and maiming members of it. In the same 10 days, they bombed the ICRC offices and directly shelled our hospital, while we were in it, with a drone strike, as I mentioned earlier. They levelled the only subspecialty cancer hospital in the Gaza strip. They killed multiple Palestinian journalists, while international journalists are still not let into the Gaza strip. You might recall this, because among the many atrocities it is one of the few that got global media attention: they also executed, at close range, 15 rescue workers who were desperately trying to rescue the wounded in Rafah, and then buried them in a mass grave along with their vehicles. This is one year after I thought things could not get worse. This is 14 months after the ICJ ruling on plausible genocide.

Q336 Alex Ballinger: I want to ask about the new humanitarian mechanism—the Gaza Humanitarian Foundation—that has been set up in Gaza after the blockade. We have heard numerous criticisms of the situation, not least of the long distances that Gazans are required to walk to reach the place, and there are the many incidents we have seen in recent days of civilians being killed while queuing for food. I thought it would be very helpful for the Committee to hear directly what the impact of this new mechanism is on the people you are working with in Gaza. Anna, maybe we could start with MSF.

Anna Halford: It is difficult to overstate at what point this is neither a humanitarian enterprise nor a system. This is basically lethal chaos.

Previous to the establishment of this so-called system, and while there was food available to do so—also an important point—there were perhaps 400 to 500 community-level points at which people could obtain food. There were kitchens providing hot meals and bakeries, most of which had been supported by international efforts for the last 19 months. There are now four—that is, where you can get food, and the amount of food given out per day is largely arbitrary.

In order to reach those places, you are asked to move into places where military operations are actively ongoing, either very close to or literally over the queuing areas. Most of the corridors have been created by means of berms. You are walking down a cutting; you cannot see what is to each side. Then there is an entry part, where there are fences, and then people must wait—for what, we are not quite sure—to receive food, which is handed out in some cases literally by hurling boxes to a crowd of people. I am sure my colleagues have also worked on actual distributions; I certainly have, and this is not how you do it. This is not how you ensure that people receive what they need to survive.

As for what is being given out, these are dry rations only. There is no clean water. There is no cooking fuel. There has been no cooking gas entering Gaza since 2 March. People are cooking on wooden pallets that have been broken up, plastic that has been salvaged from rubbish tips, or cardboard boxes that have been turned up. They are using kerosene, which is causing a large number of the burns that we see in our burn units. There is nothing humanitarian about this system.

I referred earlier to the International Committee of the Red Cross field hospital in Rafah. They run a 65-bed surgical hospital. They have had more patients since the opening of this so-called system than they have, cumulatively, since the beginning of the war and the opening of that hospital. There cannot be a system that so systematically exposes people to a level of lethal and life-altering risk. It is shameful. The worst thing about it is that the reason that has been offered for this is to prevent deviation and theft of humanitarian aid by Hamas or by allied so-called hostile forces.

I can speak for MSF in this. We have never lost material in a systematic way. It would be impossible in any setting to avoid a certain amount of



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theft—we are not going to pretend otherwise—but we have seen nowhere near the kind of theft or deviation of our goods that has been offered as the pretext for this. I would also like to point out that Israel has also never offered any evidence of this deviation. It is a strawman; it is a specious and cynical position meant to undermine a humanitarian system that was actually functioning.

Our biggest problem for the entirety of this war has not been deviation of our supplies once they are inside Gaza. It has been getting them into Gaza, due to the systematically imposed restrictions and the largely arbitrary rules. I am going to keep it brief, but in the last week we have had X-ray equipment rejected. We have had sterilising equipment over a certain capacity rejected. We are allowed to bring in sterilisers up to 35 litres, but not over. We are running trauma hospitals!

During the course of the war, a so-called dual-use items list has been kept. These are the items that are regarded by the Israeli authorities as potentially providing an asset to the enemy. Over the last 19 months, that list has included donkeys and paper, as well as things like tent poles, which Shaina referred to, medical equipment, and parts for generators or such things. This is the level of restriction that we are dealing with. The problem is not once we get into Gaza; the problem is getting stuff into Gaza in the first place.

Q337 Richard Foord: I would like to ask about the targeting of hospitals by the IDF. Rohan, I wonder whether I can direct this question to you. It is about international humanitarian law and the protected status of hospitals.

You will know that, under international humanitarian law, a hospital loses its protection if so-called “acts harmful to the enemy” are being conducted from it. You will have heard the Israeli Defence Forces say that that is the basis on which they have been striking hospitals. Have you encountered any evidence of combatants being sheltered or military operations being engaged in from hospitals?

Rohan Talbot: Thank you for this question; it is an important one. I would obviously defer to colleagues who have been inside the hospitals as well. We are not aware, certainly at the level that Israel has accused, or any level, in the cases of the emergency medical teams that we have been sending into Gaza, of any incidents of militant activity inside those hospitals. There is consistent testimony from emergency medical teams—our own and plenty of others on the ground—that they have not witnessed that sort of activity. Also, Israel has provided no concrete evidence for many of its claims against hospitals. There have, of course, been numerous investigations by independent news sources, human rights organisations and others finding Israel’s claims to be misleading. I will give you a couple of examples.

In November 2023, Human Rights Watch, looking into some of the Israeli claims, concluded: “Despite the Israeli military’s claims on November 5 2023, of ‘ Hamas’s cynical use of hospitals,’ no evidence put forward would

justify depriving hospitals and ambulances of their protected status under international humanitarian law.”

Zoom forward to 11 December 2024. *The Guardian* quoted the ICC prosecutor, Andrew Cayley, the former UK military chief prosecutor, as saying that Israeli’s allegations of military activities in hospitals has been “grossly exaggerated, but we need to be able to demonstrate very clearly what the level of military presence was, if at all, in these hospitals because I think we’ve been misled about that in the press.”

Just recently, on 15 May, Sky News—I would be very happy to share its investigation—investigated the accusations against the Gaza European hospital, which Dr Haj-Hassan was speaking about before, and found that the basis of Israel’s claims was entirely false.

As well as the issue of protected status, Israel’s actions are bound by the obligations of distinction, proportionality and precaution in attack, as part of IHL. As you have heard, the health system in Gaza has been systematically dismantled clinic by clinic, hospital by hospital. It is being destroyed in a way that can only be inferred to be intentional, as part of the elimination of the basic survival needs of the population.

For those hospitals that are put out of service, when Palestinians and others are able to go back to them, what do they find? They find equipment that has been smashed and shot up. They find services and facilities that have been burned out by the soldiers who have used that hospital as a command-and-control centre. They find eyewitnesses who have witnessed field executions. In the cases of Shifa hospital and Nasser hospital, they find mass graves of patients, doctors and others—people buried in mass graves when the Israeli military withdraw.

These allegations are very serious ones. We take them seriously, but note that Israel has not allowed anybody from the ICC, independent human rights investigators or international journalists to come in and verify their claims.

I should emphasise that MAP has been documenting attacks on Palestinian healthcare for more than a decade, going all the way back to their attacks in 2008 to 2009, 2012 and 2014. Over that period of time, there were 147 cases of hospitals and clinics being damaged and destroyed, and 145 health workers injured or killed. In the 2018 great march of return, 845 health workers were injured. Nobody has ever been held account for any attack on Palestinian healthcare that we are aware of over that period of time—not a single soldier, not a single commander.

I should make reference—I would be very happy to share it with the Committee—the independent UN commission of inquiry, which concluded in October 2024 that Israeli has “deliberately killed, wounded, arrested, detained, mistreated and tortured medical personnel and targeted medical vehicles” and facilities, as part of a concerted policy to destroy the healthcare system in Gaza. The commission of inquiry concluded that in



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doing so, Israeli forces have committed “war crimes...and the crime against humanity of extermination.”

Q338 Richard Foord: Is it possible that those healthcare workers are being indirectly targeted rather than directly targeted? Is it possible that they are—I hate this euphemism—collateral damage in an attack on sick or wounded combatants who are no longer taking part in the hostilities?

Rohan Talbot: It is not possible to conclude credibly that Israel is meaningfully acting in good faith with regard to its obligations under IHL. It would stretch credibility far too far, if you were to look at the fact that more than half of all hospitals in Gaza are now completely out of service, and the rest are only partially functioning. A military acting in good faith with regards to IHL would not burn out a hospital, completely explode the Turkish-Palestinian Friendship hospital—the only dedicated cancer hospital in Gaza. As Dr Haj-Hassan shared earlier, it would not have cleared out the staff from the al-Nasr intensive care unit up in Gaza City, when there were Palestinian babies on the beds, and denied them care. There is no credible way that we can conclude it is in good faith, read in the round of everything else we see. I have in front of me a list, which I am happy to share, of every single attack and displacement order against hospitals since the ceasefire ended.

For example, I will choose just one week in May: 15 and 19 May, al-Awda hospital in North Gaza was damaged by air strikes; 16 and 18 May, the Indonesia hospital in North Gaza came under repeated Israeli attacks and suffered structural damage; at the same time, 17 and 19 May, the al-Aqsa hospital in Deir al-Balah was directly damaged when an Israeli strike impacted its surroundings; the next day, the Jordanian field hospital in Khan Yunis, then the next day the Kamal Adwan hospital in North Gaza, the Nasser medical complex, et cetera—that is one week. I think it stretches credibility to say it is indirect; it is targeted. It is the same as denying people the very means they need to survive—food, education and shelter.

We have to read the policy in the round, and we have to take credibly the conclusions of Amnesty International, Human Rights Watch, independent UN experts and the majority of scholars around the world who focus on issues such as atrocity crimes and genocide, that that is what Israel is doing.

Anna Halford: May I, Chair?

Chair: If you are very quick—because I still have four or five more questions and we have only 20 or so minutes left.

Anna Halford: I will speak to the number of incidents that MSF has experienced. In the course of this war, we—MSF staff and patients—have been forced to leave at least 18 different health structures because of threats, destruction or proximity of ground operations, and those health structures have been destroyed. We have endured 50 violent incidents against ourselves. Those include airstrikes against hospitals where we



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were physically present at the time; tank shelling of clinics where we were physically present at the time; tank shells being fired at deconflicted shelters for our own staff, killing our own staff; offensives into medical centres; and convoys that were fired on. We have lost 11 of our colleagues in the course of this war, yet we have been lucky, with due consideration for that word, compared with some.

Chair: I understand why you wanted to give that testimony. Thank you.

Dr Haj-Hassan: To add one sentence on the targeting of healthcare workers: hundreds have been detained by the Israeli military, with reports of torture in detention. When I asked them, after their release, why they had been detained, they say they were called: "You, the one in the scrubs, come here", or, "You, the one in the white coat, come here", so they feel that they were specifically targeted for their profession.

Q339 Blair McDougall: Shaina, the UK Government are currently reducing their aid budget, but they have said that they want to protect, in particular, humanitarian support in Gaza and the West Bank. What is your expectation of what British humanitarian assistance will look like over the coming year? What would you like to see the UK Government do more of to ensure that aid gets through?

Shaina Low: First, funding is needed and, as of mid-June, only 16% of the UN's flash appeal has been funded, with many core sectors like shelter, protection, water, sanitation and hygiene severely under-resourced—of course we need additional financial support. We hope that the UK Government will increase their flexible funding for frontline humanitarian partners, including NGOs, and will call on other donor states, their peers, to help close the gap. We need to have multi-year, unearmarked funding for our operations to be prioritised.

Right now, however, as I think we have all shared, our biggest issue is that we have lots of aid waiting to get into Gaza. We have that aid prepared, sitting in warehouses, sitting on trucks and accruing demurrage fees—which is wasteful of UK taxpayers' money and of the limited resources that we as humanitarian agencies have—so what we really need is a concerted effort from the UK, working with peer countries, to put pressure on Israel to ensure that our aid gets in.

We are pleased to see that the UK has rejected the Gaza Humanitarian Foundation and what that organisation is trying to do, but we need more help from the UK to get in the aid that we and traditional humanitarian partners—which adhere to the principles of neutrality, impartiality and independence—have. We need your help to get our materials in and to have safe access.

In order to do that, we need additional pressure and action. We need there to be consequences when Israel fails to abide by its obligations under international law, as the occupying power, to facilitate humanitarian assistance.



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An ICJ advisory opinion on Israel's obligations in the Occupied Palestinian Territories, as they pertain to humanitarian assistance and the facilitation of humanitarian aid, is coming out, probably at the end of this month or in early July. When that decision comes out, it is essential that the UK and other Governments ensure those obligations are being met. We also need to see enforcement of the 2024 ICJ advisory opinion, which found that Israel's occupation of the West Bank—including East Jerusalem—and Gaza is unlawful, and steps taken to ensure that the occupation, rather than being entrenched, is actually dismantled and removed. We know that you guys are an important leader in principled humanitarian work, and we hope that you will, along with other peer countries, continue to apply pressure on Israel and take meaningful steps to ensure its obligations are being met. I would be happy to follow up with you about what some of those specific recommendations would be.

Chair: We would like those. If you send them in, that would be very helpful. Thank you.

Q340 Blair McDougall: Does any other witness have anything to add? I think Shaina's point touches on one of the really horrific things about this, which is that the shelters, the medicine and the food are kilometres away from the people who need them. What more would you like to see Britain do—specific actions—to make sure it gets through?

Rohan Talbot: I would endorse everything that has just been said. As you have heard, the UK Government's frame of reference, in terms of planning their action, should have been set all the way back in January 2024, when the International Court of Justice concluded that there was a "plausible" case that genocide is being committed and made a number of recommendations. I will read you a few of them.

The ICJ's provisional measures demanded that Israel, of course, stop "causing...bodily or mental harm to Palestinians" in Gaza, and stop "inflicting on their group...conditions of life calculated to bring about its physical destruction in whole or in part". Then, in March, the ICJ demanded that Israel "take all necessary and effective measures to ensure...in full co-operation with the United Nations, the unhindered provision at scale by all concerned of urgently needed basic services and humanitarian assistance, including food, water, electricity, fuel, shelter" and so on. None of those provisional measures has been implemented.

The UK's obligation to prevent genocide was primed at that point—the ICJ had said "this is a plausible case"—and, since then, absolutely none of this has been implemented. Essentially, the point, which has already been shared, is that there need to be effective and urgent countermeasures against those responsible for, for example, using starvation as a weapon of war, for denying all of us, as aid agencies, safe access, and for attacking aid operations frequently and repeatedly on the ground. They need to know that failing to comply with these measures will have consequences.



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I think that at that point, on recognising what the ICJ said, the UK Government should have conducted a root-and-branch review of its relationship with Israel—diplomatic, military and economic—and tried to identify any points within that relationship where there was potential complicity or potential enabling of these sorts of actions. Everything that we have talked about today is enabled by impunity, and it is only through accountability that this ends.

Chair: I want to be able to get in Abtisam and Uma's questions. We also have a question about the 80% tax, but that might be better to leave for correspondence, if you are able to write to us. That is about the Knesset legislation imposing an 80% tax on foreign Government funding to Israeli foreign society organisations. That is obviously something of huge importance, but, if we are able to get answers to that in writing, I will go straight to Abtisam.

Q341 **Abtisam Mohamed:** Apologies if this was covered earlier—Dr Haj-Hassan, you referenced the impact of the war on children—but I would like to take it back to the impact on women. Could you speak about the impact on health and fertility services in Gaza and where women are able to get the support that is needed, especially in fertility care?

Dr Haj-Hassan: Someone else might be better able to talk about this, since I do not treat infertility. I have treated several children who were quite injured and whose mum said, "I really struggled to conceive this child." I know that the main fertility clinic in Gaza was destroyed. That was mentioned in the UN report that concluded with concerns about genocide, based on the intentional destruction of that fertility centre with thousands of embryos, as far as I remember—someone else might be more up to date on the facts.

As far as I am aware, there is no fertility treatment in Gaza at the moment; everybody is very much in survival mode. I have two pregnant colleagues who are very worried about where they will deliver their children, given that most of the hospitals in Gaza that specialised in, or were known for, maternity, obstetrics and gynaecology care have been destroyed, including al-Shifa hospital and the Emirati field hospital, which is the maternity hospital in Rafah. For those who are pregnant, safe delivery is a concern and it has been very difficult. Nutrition for pregnant mothers has been extremely difficult. As far as fertility treatment is concerned, I am afraid I am not the right person to address that question.

Abtisam Mohamed: Would that be you, Anna?

Anna Halford: I am afraid I am about as limited as Dr Haj-Hassan. It is absolutely one of the casualties, among many, of specialist services. Without exaggerating, there are basically no specialist medical services running anymore in Gaza. There is scrambling to do basic lifesaving and basic primary healthcare. MSF currently runs two maternity units—one in Gaza city and one in Nasser hospital. Safe delivery is the first concern at this point, rather than safe conception. We also have standard sexual and reproductive health services available at the six or seven primary

healthcare clinics where we work, which includes antenatal care and the normal package. The conditions for maintaining a safe pregnancy, or indeed safe conception, are simply not there; it is essentially random.

Dr Haj-Hassan just mentioned nutrition, and I will return to your earlier question about malnutrition. Among the pregnant and lactating women that we see in our primary healthcare cohort, about 15% are malnourished. That is very high for adults. The malnutrition rate in children is concerning, especially when you consider that, before the war, Palestine did not have malnutrition; it simply was not a problem and did not exist without a comorbidity—another medical issue—as the cause. The rates that we have seen, although they are very difficult to track, given the mobility of the population, are already concerning. In adults, it is indicative of people favouring children for meals. We have a lot of anecdotal evidence of adults saying, “I am eating once a day, and what else I get is going to the children.” It is simply impossible to imagine that fertility or conception rates would be maintained with that level of adult malnutrition, but we do not take figures on that.

Shaina Low: This is not medically related, but about the experience of women both in Gaza and in the West Bank. In terms of Gaza, some of the most vulnerable households are female-headed. We see that the only way for people to get food right now is making long treks to distribution sites operated by the GHF. That means that women who are alone with their children are unable to make those journeys, or it is quite dangerous for them and potentially puts their children at risk of being orphaned.

The multiple displacements and the fact that communities in Gaza have basically disappeared, and people are displaced among strangers, are also putting women and girls in vulnerable situations and at risk of sexual exploitation and abuse. These issues are not as heavily reported on, but they deeply impact women.

I will just mention the impact of displacement on women in the West Bank. The communities that we work with tell us how difficult it is for women, in particular when they are displaced. There is a community called the Wadi Siq community, and Foreign Minister Lammy met with this community last year. They were forcibly transferred in the aftermath of 7 October. The community leader, Abu Bashar, and his wife and children have been forcibly displaced an additional three times since 7 October. In addition to dealing with the trauma that has been inflicted on the children by repeated settler attacks and the disruption of their education, his wife is isolated. They are living alone, without their extended families and communities.

We are seeing the disintegration of the fabric of Palestinian society as a result of ongoing violence and displacement. These issues are persistent in all the communities we work with in the West Bank, where women are isolated and unable to go about their daily work gardening, tending to fields or picking up their children, because it is simply unsafe for them to move—let alone the women in Gaza, who are living in fear of their lives

and are unsure about whether they will be able to feed their families from one day to the next.

Q342 Uma Kumaran: Thank you all for giving evidence today. It has been harrowing to listen, and I cannot imagine what it has been like for you on the ground. You have described the situation to do with the aid blockade, including of medical supplies. I have two related questions. First, if this blockade remains in place, what will happen in terms of medical supplies and what that means for people on the ground? Secondly, what practical measures can the UK now take? We are parliamentarians; what can we push the Government for?

Dr Haj-Hassan: Even in March, when there was a so-called ceasefire—I say “so-called” because at the hospital we were still receiving patients who were freshly injured from Israeli military violence—the healthcare system was really struggling. We did not have enough of the supplies that we needed. A lot of the sub-specialty services, as I mentioned, were not available or were being provided with great difficulty. I visited the Gaza European hospital, for example, which had taken over cancer care at the time, and they were struggling to dispose of chemotherapy safely—you need safe equipment to dispose of chemotherapy drugs.

I visited the Rantisi paediatric hospital, where some colleagues were trying to set up an intensive care unit, as well as another intensive care unit in a non-governmental hospital, the Patient’s Friends Benevolent Society hospital, which is supported by MAP UK. I heard these paediatricians who provide intensive care in Gaza talk about not having enough ventilators. When I explored further, it turned out that there are 33 ventilators waiting in Israel to enter Gaza. They have been waiting for months. UNICEF purchased them and has been struggling to get them in. I confirmed just two weeks ago that those ventilators have still not been allowed into Gaza. These are ventilators for children, which would allow us to expand the number of intensive care beds. This is all, again, during a ceasefire period and during a period when aid was initially getting in. These essential medical items were prohibited from entering.

Now we are in a situation where the stock of drugs that were used most often when I was in Gaza is running out. I spoke to the director of paediatrics at the Nasser hospital last week, I think. He was telling me that they ran out of baby formula and that they no longer had something called intravenous immunoglobulin, which we were using to treat the many patients who were presenting with something called acute flaccid myelitis—so, children who come in paralysed. The reasons for that are unknown, but sometimes, for some diagnoses, intravenous immunoglobulin can reverse that paralysis. Unfortunately, we no longer have the testing capabilities, the imaging capabilities or the drugs to treat some of the things that we could diagnose if we had the diagnostic capabilities. They had run out of intravenous immunoglobulin, as well as multiple antibiotics, since the period when I was in Gaza.



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I can speak from personal experience, but perhaps MAP or MSF spokespeople can speak more generally about operations and the medical supply blockade.

Rohan Talbot: To focus on the question about practical things that the UK can do, last week Hamish Falconer, the Minister for the Middle East, was in the House and was speaking about the sanctions that the UK had imposed on two Israeli Ministers—an important forward step. He said in relation to a question on aid: “We are doing all we can to ensure that food and medicine reach children and all those in need in Gaza.” I wish that was true, but unfortunately it simply is not.

As we have said previously, the obligation, both legal and moral, to respond to a situation of mass atrocities, extermination, starvation as a weapon of war and—as has been concluded by human rights experts and groups—genocide means that the UK should have reviewed all relations in light of that. There are a few things that we as MAP think should have been imposed long ago.

First and foremost—this will be no surprise; we have been calling for this for more than a year—an immediate arms embargo on Israel and a suspension of military co-operation, in particular a suspension of the provision of F-35 parts, which are among the most lethal equipment used by Israel to kill men, women and children.

Secondly, supporting meaningful accountability for all violations of international law. Those responsible for starving people, for ethnically cleansing people and for bombing Gaza out of existence should know that there will be consequences for that.

Thirdly, using all available means to enforce a ceasefire and ensure that aid can flow around Gaza safely. Failure to comply with the ICJ's provisional measures, as I said earlier, should be met with meaningful and impactful counter-measures—diplomatic levers, economic levers and others.

Also, the UK's legal basis should be a little bit clearer. We have been waiting for nearly a year now for the UK to publish its response to the ICJ's advisory opinion on the legality of the occupation. That advisory opinion concluded: “The Court considers that the duty of distinguishing dealings with Israel between its own territory and the Occupied Palestinian Territory encompasses, inter alia” that third states must “take steps to prevent trade or investment relations that assist in the maintenance of the illegal situation created by Israel in the Occupied Palestinian Territory”. That is pretty clear, but we are still waiting for the response to it.

Across the board, there are practical things that the Government could do. I should just briefly say that although there have been important steps, it is not digging deeply enough into the policy toolkit. It did resume funding for UNRWA—very welcome—but has done nothing to meaningfully hold to account those people responsible for killing UNRWA staff in their literal hundreds. It has stated its support for international law and increased the



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strength of its rhetoric. However, as I mentioned, it has not published its response to the ICJ advisory opinion. It has suspended some 30 arms exports, comprising less than 10% of the total exports, but F-35 parts continue to flow. It has imposed sanctions on some settler leaders, and of course on two Ministers for extremist rhetoric, but continues to allow the import of goods from illegal settlements into the UK, and allows UK companies to do business in those settlements.

What we are asking for is to dig far deeper into that policy toolkit, as the UK has rightly done in other situations of severe violations of international law, including, of course, Russia's actions in Ukraine, and take seriously the warnings of atrocities that we and every other reasonable observer on the ground are making.

Anna Halford: Perhaps I could complete the contribution of Dr Haj-Hassan from her personal experience and expand it to the macro experience, in terms of what the consequence will be if the actual blockade is not lifted. The simple answer is that the quality and quantity of care provided will dwindle and stop.

Already, the level of care being provided, in terms of quantity—the number of beds, specialists or general practitioners available—and in terms of structures proportional to the number of population is sub-par by a long way. We are essentially talking about six hospitals that are providing anything near a level of function that is needed for the local population, and that is quite an exception. We would not normally regard these hospitals as acting up to standard, but compared with the average, they are at the forefront.

As Dr Haj-Hassan referred to, we are already at critical pre-rupture levels for some key things, including abdominal compresses. They are quite useful if you are doing war surgery; that is what is going to stop your bleeding and enable people to have life-threatening wounds treated. We are limited on the number of external fixator kits, which are what you need when you are doing orthopaedic surgery on lower-limb injuries by gunshot and you want to stabilise them. It is also what you need if you want to limit to a minimum the number of interventions that, for example, a paediatric patient will need over the course of their lifetime. If those wounds are not treated as best they can be at the beginning, you are simply adding on 10 or 20 years-worth of procedures over the patient's lifetime, because they were not handled at the beginning. We are already not able to do that.

I would say that we are weeks away from having to make choices about the quality of care. That means using second, third or fourth-line choices instead of first-line choices—let us be clear; we are already making second-line choices. We are then going to have to make the choice to stop providing care because there will not be any care that you can provide. We will not be able to make reasoned diagnostics. We will not be able to take charge of what we have been able to diagnose. We will not be able to maintain a course of treatment for either acute or chronic injury or disease—that is the consequence.



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Chair: Thank you very much. Does the Committee have any other pressing questions? We have raised the issue of the 80% tax, which would be really good to hear about, if anybody has anything. I know that there have been offers during your evidence, if we want to hear anything more, to come back to us in writing, and we would appreciate that as well. We want to thank you very much for your time today, for your passion and for your dedication. Thank you very much for sharing your testimony with us. If any further thoughts occur to you after this session, please do write to the Committee.