**Night in Gaza with Dr. Mads Gilbert**

November 9, 2015  
The Jerusalem Fund

http://www.thejerusalemfund.org/5995/night-gaza-dr-mads-gilbert

**Zeina Azzam:**

Good Afternoon. Good afternoon and welcome to the Jerusalem Fund and our educational program the Palestine Center. My name is Zeina Azzam, and I am the Executive Director here. I am happy to have you all here for this very important event. Welcome also to our online audience. We are so honored and so pleased to have Dr. Mads Gilbert with us today. We are so pleased that he chose the Jerusalem fund as a stop on his tour in the United States. Thank you for being with us to tell us about your most important work in Gaza during the last invasion in the summer of 2014 and for so many trips and work that you have done in the past.

Dr. Mads Gilbert arrived in Gaza a few days after the Israeli invasion of Gaza in 2014. He worked day and night for the next two weeks at Al Shifa hospital dealing with casualties, repairing serious injuries and trying to save countless lives. While helping the wounded, he kept a camera inside the pocket of his scrubs enabling him to document some of the human cost paid by the Palestinian people for enduring the Israeli invasion. His book, *Night in Gaza*, is the result of his camera work. It is a photo story of the real situation in Gaza hospitals that very few people actually see. This story and this book is also a tribute to the courage, endurance and amazing spirit of Palestinian health care workers and volunteers, a spirit that we see throughout the society of Gaza that has endured so many difficult challenges for many years.  The book will be available after the talk. Dr. Gilbert is ready to sign copies as well.

Let me introduce him quickly. Dr. Mads Gilbert is a medical doctor at the University Hospital of North Norway. Since 1981, he has been going regularly to Palestine as a teacher and an emergency-care doctor in Palestinian hospitals on behalf of UNRWA, the UN agency to help Palestinian refugees. Over the last few years, he has worked in Gaza during successive waves of Israeli attacks on the densely populated area under siege.   He is also coauthor with Erik Fosse of *Eyes in Gaza*, which is hailed by the influential Norwegian newspaper *Klassekampen* as the best book of 2009. He will speak to us for about an hour, after which we will take questions. For those of you who are online, we will not be streaming the photos because they are confidential, so you will have to do with just listening to Dr. Gilbert. Please join me in giving a warm and hearty welcome to Dr. Mads Gilbert

**Dr. Mads Gilbert:**

Thank you so much for the good words. Good morning, good evening and good afternoon. Salam Alaykum everyone. I’m extremely happy to be here. It is my second time at the Jerusalem Fund, and every time I feel privileged that I am here. This first picture is a really telling story. This picture is what it is all about today. It is about Gaza, it is about children, it’s about the future, and it is about Israeli brutal attacks on Gaza. This is a little girl. This is in her neighborhood in Shujaiya. It is August last year, just after the ceasefire. She is indeed the representative of the Palestinian future: the young generation in Gaza mostly below 18 years, 60 percent being 24 or less, and she is walking through the totally devastated neighborhood of her friends and her family. Her school is probably damaged, she is walking towards her future. Still under siege, she is still there as we are speaking. She is part of our responsibility. There are two main events in Washington today. This is the first most important, and the second most important is that Netanyahu is going to the White House, which is far less important because he will just get the same old guarantees that the U.S. government, the U.S. money and the U.S. arms industry is continuously supporting the occupation of Palestine, and they will continue to support all the war crimes and all the colonial efforts to expand Israel at the cost of the Palestinian people.

Pictures are important. Children are important. Justice is important. [Here are] some moments of truth that we all remember that lead to major changes. Those of you who are old enough to remember this picture from Sharpeville: do you remember that picture? It is the young boy, Hector Pieterson, who was killed by the apartheid white police forces. It is 1960. It is the uprising in Sharpeville, and over 500 people were killed in this uprising that include Soweto. The picture went all over the world, and it hit the hearts of the people all over the world. It was a part of the start of the end of apartheid in South Africa. The end of the apartheid in South Africa rested on the people and the support of Boycott, Divestment and Sanctions on a wide scale.

The second picture [is] from Vietnam. We all remember the little girl running with burning Napalm on her back. It is a very graphic illustration of the brutality of the U.S. occupation of Vietnam and the just struggle of the Vietnamese people. It is June 8, 1972. During those days, we still had an unembedded media. They reported honestly from what happened around the world. They were not in green uniforms sitting at the table of the generals doing summations of the bombings. They were truly independent journalists. Today, the mainstream media is mostly lying to you: lying about realities, lying about the facts on the ground and lying about the human suffering of the militarism and the military so-called solutions.

What I am going to do today is to share with you some of my pictures to try to show you the sharp end of the Israeli occupation of Palestine and what kind of human, moral and political consequences the U.S. support for this colonial project has for the people, ordinary people like you and me, on the ground in occupied Palestine.

We know that these pictures started a large movement in the U.S. – Kent State University, the killing of the students and the opposition against the U.S. government use of U.S. military forces in Vietnam. Sooner or later, they were all taken back to the U.S.

July last year, four Palestinian shebaab: please I ask that you only take pictures of me and graphs but do not take pictures of patients. You can take a picture of this because it is a public picture. These are the four small Bakaar boys all killed on the shores of Gaza city just next to the fisherman’s harbor while playing soccer with their three cousins whom we treated in Shifa. They were shot down by Israeli rockets for no good reason. It should be a picture similar to the Soweto picture. It should be a picture turning the guts, turning the tables, turning the power. Unfortunately, the mainstream media is not probing deeply enough into it and giving us the true story.

So I will talk to you today with the title *Night in Gaza* what I have seen. I am a very proud supporter of the Palestinian cause. I have been working with the Palestinians since 1981. In 1982 I was in Beirut during the Israeli siege and bombardment of Beirut, and it was a graphic experience for me as a young doctor to see the sharp end of the Israeli military machine as they pounded west Beirut for the entire summer of 1982. They did the same as they do in Gaza now. They cut the water supply, the electric supply, the medical supply, the food supply, and they bombed everything. Hospitals, ambulances, residential areas, schools, pipelines, water pipelines, sewage; everything. I’ve been working in Gaza for the last 15 years. When I travel to Gaza, I travel on behalf of my university, which has a flying penguin as its symbol, which is very stupid. We don’t have penguins in the North—they are in the South—and they can’t fly. That is why we have [this] symbol because, of course the one-liner is, that they told us it was impossible, but we are flying high. I am very proud to be a part of a strong solidarity movement in Norway among medical staff and medical institutions to support Palestine. When I go to Gaza, I go as a representative of my hospital. I’m on call. I get my payment. They pay my ticket and my insurance, and I represent my university and my hospital in Gaza as one of the many supporters of the Palestinian cause.

I will share with you some of my experiences – some of the painful ones and some of the less-painful ones. The photos are all taken by me, if there is not a photo caption on them. I have permission to show them from the patient, from the family and/or the hospital director and/or the Minister of Health. Every picture in the book has a signature from the Minister of Health to be shown. I do not have permission to spread it uncontrolled on the internet, and that is why you cannot take pictures of my patient’s pictures. Would anyone allow a Palestinian doctor to walk into a hospital in Norway and start taking pictures of patients and show them in Palestine? No. Just being sharp about these sort of separate decisions that you have to make is to take a little battle with your own orientalism because colonialism and orientalism is still at the core of most western humanitarian support for the Global South. We have to fight that attitude all the time.

Where do I come from? Well, I come from Tromso, which is far up north here, two days north of the Arctic Circle. We used to say that we have eleven months of winter and fpur weeks of less-good skiing conditions. Now, we don’t have any sunshine at all, but we do have the fantastic Aurora Borealis. Tromso is a very international city. It used to be called the port to the arctic. It’s been a twin city formally with Gaza City since 2001 and it’s been a true blessing, this twin city construction. It’s a political decision in city council. Now we don’t have sunshine but Aurora Borealis. In summer, we have bright sunshine for 24 hours. I took this picture at midnight last summer. I was out kayaking. We are all stinking rich in Norway and obnoxiously spoiled. We are rolling around in wealth and prosperity, and it is our damned duty to share our prosperity with the less fortunate. I think that is an obligation for all of us. Thank you. So, we have a very strong friendship organization and we have regular travels between the two cities, whenever we can and whenever the occupiers are allowing us to travel. Currently, I am being banned from traveling to Gaza as you know. I will go back, inshallah.

This is me at work on call. I am sitting in the doorway. This is our state ambulance helicopter. This is the paramedic in the helicopter, the pilot is flying. I am trying to direct the pilot. We are training on how to rescue half-fat, spoiled Norwegian skiers sitting here in the mountains having some pain in their legs or something, or being cold and tired and saying, “I just want to go home.” Well, that’s the very funny part about this. This is a serious business, but I think the picture shows us how much value we put to one, single human life. How much we are willing to invest and organize to save one single human life. Nothing wrong with a helicopter. It can be used to fire Hellfire rockets to kill Palestinian children; it can be used as an ambulance helicopter to save people.  It is all about your basic attitudes and political ambitions.

So, when you are on call, which I am a week at a time – I was on call two weeks ago – I should not only look out for some pristine, beautiful snowflakes myself; I should keep an eye on the less fortunate like the family in Zeitoun who just lost their children, their home, and the boy who just lost all of his playmates in Zeitoun. That is part of my responsibility. That is part of my plight. So, this gorgeous palace is my university hospital that is always supplied with water, power, electricity, drugs, and supplies of all sorts, staff, salaries, safety and freedom. Let’s bear that in mind when we travel to Gaza because all of these preconditions for good health work are lacking Gaza in Shifa Hospital. Let’s leave my paradise city and go to Gaza.

[Here is] the first impression of what it is like when the Israeli war machine is bombing the incarcerated people of Gaza: 1.8 million people are not allowed to escape. (Sound plays). Rafa, 100,000 inhabitants; Gaza City, 600,000 inhabitants not allowed to escape. No shelters, no early warning systems, no civil defense, just a naked civilian population. There have been four attacks in Gaza since 2006, not three: 2006, 2008 to 2009, 2012, and 2014. Every one more and more brutal. The last one by far the most brutal. We thought that it couldn’t get any worse than 2009. Last year was 500 percent worse, and I will come back to the number 500 percent. So if you are eight years or older today, you have been through four Israeli military attack and you have lived your whole life in a besieged ghetto. Again, the average age in Gaza is between 17.7 and 18 years, and less than 24 years. It is a child population.

This boy I met in the emergency room in Shifa Hospital, and you can read his eyes and his expression. His family house has just been bombed, and he is looking for his parents. We clean his wounds, we stitch him up and we have to send him out again because we don’t have room to admit him.  That is the brutal reality when you work with medical systems in disasters. You have to do a sorting, a prioritizing and a triage. I have been working in Gaza through all these four attacks. I was there in 2006, I was there in 2009. I was working in Shifa in 2012, and I was there last summer in 2014. Every time that I have been part of the Palestinian health care system, that is what I define as solidarity medicine, I report to the minister of health, whoever he is, and I say that I work under their leadership where they want me to work. We don’t set up anything outside. This is part of the medical solidarity tradition in Norway.

Now, I don’t support Hamas. I don’t support Fatah, I don’t support jihad, I don’t support PA and I don’t support any Palestinian faction or political party. Along with the Norwegian solidarity movement, I support the Palestinian people and their right to resist the occupation, and that is their legal right. According to international law, an occupied people have the right to fight the occupiers with the weapons that they see fit. I condemn any attack on civilian structures now, previous and coming from either the Palestinian or the Israeli side. Civilians should not be attacked. Of course, this experience of having worked in Gaza for the last 15 years and been a part of the medical system for the last four attacks has left a deep impression on me. When I talk to you today, I try to control my voice. I have met a few young Palestinians today, and I am actually much more emotional about this than I can show because then I wouldn’t be able to fulfill my lecture, simply. I can’t just stand here weeping, can I? There is an ocean of tears behind our faces, all of us who have been working in Gaza.

Two books: *Eyes in Gaza* with the last edition with a foreword by my good friend Noam Chomsky, and this is *Night in Gaza*, which you can buy here today, and all my incomes go the Tromso Foundation, which is a solidarity foundation where you can apply for scholarships. I don’t earn anything, of course. So, I dedicate this talk to the real heroes. I am not a hero. The real heroes are the people of Gaza and their medical staff. They are my role models, my tutors and my heroes.

Dr. Subhi Skaik, the surgeon and medical head of Shifa hospital. Dr. Abu Reish, my good friend, surgical chief, doctor and triage head and all the young doctors, the medical students, the volunteers and the paramedics, they are the real heroes. I dedicate it to the young fellows, the exhausted fellows, the nurses, the students, as I said, who work tirelessly, never giving up, never giving in, working hours 24, 72, 80 hours continuous bombardment, and they themselves as double victims because they were on call and many of them had their family members and neighbors coming in as patients, and god forbid as dead victims of the bombing. They never gave up, and look at their faces. I’m sure you remember it was Ramadan, so we had nothing to eat and nothing to drink from sunrise to sunset, and it was pretty hard work. I dedicate it to all the support staff like Shadi, my good friend, the janitor and cleaner who could clean the operating room in 4 minutes to make it ready for the surgery. There are six operating rooms in Shifa. We had 15, 20 waiting to have life-saving, damage-control surgery, and he was as a tornado when he was cleaning, always with a joke, always with a smile. I have listed here the deficiencies for all the medical institutions, in particular the surgical units in Gaza’s hospitals. Because of the siege, they lack everything. They lack basic supplies. They lack maintenance. They lack upgrading all of their medical equipment like [the] CT machine in Shifa hospital was broken because of the attacks. We had to take every head-injured patient out in an ambulance, which is really a deadly mission because the Israelis are shooting at the ambulances, to go to Mustashfa al-Quds in order to have the CT scan and then go back to Shifa. So this had dire consequences for the operations.

I have been accused of being a political doctor. Sometimes, I am introduced as a doctor and a political activist. I am not sure if that is a compliment or sort of an insult. I am very proud to be an activist. I am very proud to be a medical doctor. No doctor, no medical worker can be apolitical because medicine is all about distribution of power and basic living conditions. Virchow, the famous German pathologist, said that, “Politics is nothing else but medicine on a large scale.” I totally subscribe to that. Totally. And WHO has said, “The conditions in which people live and work can create or destroy their health.” That is the fundaments of public health, you know, preventive medicine. Nowhere else is that more graphically described than in Gaza.

I took this picture in 2009. This is a typical habitat in Gaza. Seventy-five percent of the 1.8 million in Gaza are formally refugees, internal refugees, but they have been refugees since ’48 or since ’67 or since whatever war there has been. This is how they are living. The preconditions for life are hard, and the preconditions for health are even harder. Now, we think about health and public health depending on ambulances, helicopters, fancy machines, open heart surgery and all that. That is not the basic foundation for public health. The basic foundations for public health are these seven points: safe water, food security, human security, sanitation, housing, work and education, and then health care. In Gaza, all of these factors are lacking, in particular: water, food and security. Ninety-two percent of the water in Gaza is undrinkable. There is no power, there is no gasoline. The energy prices have soared 400 percent since Sisi and his dictators have stopped all the tunnels in the southern parts of Gaza and the siege from Israel. There is almost no energy, no fuel, and no diesel. Food security: 80-85 percent of the families are depending on external help to have food. Food security is different than food safety. Food security means that, when you get up in the morning, you know what you and your family will have to eat for breakfast, lunch and supper. Human security: that you won’t get killed on your way to your work, your home, or your school—absolutely absent in Gaza and the other factors, also.

The *Lancet*, my favorite scientific, medical journal had a front page a few years ago saying that health is the most important foreign policy issue of our time. I totally agree with that because health is such a political issue. On a global scale, on a regional scale, on an individual scale like in Occupied Palestine. Richard Horton, the editor of the *Lancet*, has established the Lancet-Palestine Health Alliance, which is actually a research consortium in cooperation between Birzeit University and Occupied Palestine, West Bank and the Lancet. We have conferences every year, and I urge the young and whoever would be interested in medical science to participate in the conventions that are held in the spring time every year. The next one is in March in Amman. They’re the result of this scientific project, this campaign to build clients among Palestinian young doctors, and researchers are presented. This is the first printed addition of the *Lancet* series in the Occupied Palestinian Territory.

So, let’s have a look at the four major Israeli attacks on Gaza. Can I take off my jacket? Is that impolite? I had dressed up—made sure I am looking proper. At least they can’t say that I’m dressed like a jerk. Four attacks, and let’s just repeat what the Geneva Convention says about war and war crimes. There are international regulations regulating how you should behave in a conflict, in a war situation. They are pretty much adopted by the civilized world. It is prohibited to impose collective punishment, to organize indiscriminate attacks, and to use force in a disproportionate way. There are demands. Number one, the fighting parties should always take precautions during attacks; they should protect civilians; and maybe most importantly when it comes to Israel, the occupier is responsible to protect the civilian population in the territory that they occupy. Of course, they are not allowed to settle their own population like Israel is doing big time with the colonies in the West Bank.  Bear in mind that these are well-accepted rules of behavior in an armed conflict.

In my opinion, Palestine—Gaza, West Bank, diaspora—is not a difficult conflict. It is a difficult occupation. It is a difficult occupation that is illegal and needs to be brought to an end. It’s not really a conflict between two equal parties in a way having a disagreement over a piece of land or something. This is an occupation and, as such, is illegal. Norway was occupied for five years by the German army, from ’40 to ’45. I do not make a comparison to the Nazi regime and the Zionist regime, but I do make a comparison between occupation and occupation. We fought the German forces with arms. Our pregnant women would carry weapons in their strollers. Our resistance fighters are all heroes today. We make statues and jubilees and we’re really saluting them as our heroes. They were called terrorists by the Germans. If anybody today would call those five years the Norwegian-German conflict, they would be beaten up. It was the German occupation of Norway. Period. We threw them out by a collective effort where the people stood strong and said, “We do not accept occupation.”

Let’s go back to these four last attacks. I will not go into detail on 2006 because I do not have the time. Cast Lead—let’s start with that: 5400 injured, 1400 killed. The proportion of killed Israelis to killed Palestinians was 1/100. Thirteen Israelis were killed, ten of them soldiers, five of them by friendly fire from their own soldiers killing themselves or killing the other soldiers. Three were civilians none of which were children. Wounded Israelis/Palestinians: 1/10. This is Ahmed. He was killed. I will come back to him. Among the wounded, a large number of children: 1872 children wounded and 431 children killed. Operation Cast Lead—more than 2,300 children injured.

Now, I am going to ask you a question again and again. Suppose that fighter went into the tunnels and killed 431 Israeli children, what would the world have said? What would the White House have done? What would NATO have done? What would the EU have done? Number one, they would call it by its right name: terror. Number two, they would impose sanctions probably. As my friends in Gaza would say, “Dr. Mads, don’t ask these stupid questions. You know what would have happened. We would have been nuked.” This is the graphic, numeric illustration of apartheid. It is that the Palestinian lives, and in particular the lives of children, do not count as an Israeli life. The foundation for that, of course, is apartheid.  [This is] one of the many children that I have participated in the treatment of in very good hospitals with very good doctors but lacking everything.

In 2009, so many meaningless losses. This young man—I have just amputated his right leg because it was all off, I had to take it completely off to stop the bleeding—he is waiting for the surgical operation to finish up the amputation. It is a line up outside the waiting room. We have stopped the bleeding, he is stable now, but of course he will be without a leg for the rest of his life. He has done nothing wrong, except being Palestinian in Gaza.

2012: Pillar of Defense, 900 injured and more than 100 killed just three years after. Larger numbers of wounded were taken to the hospitals. Again, this is from the crowded emergency room unsorted. You know, Gaza is so small. It is only four kilometers on the top and twelve kilometers on the bottom. It is so narrow that from when we hear the bombing until we hear the ambulances come to Shifa, it is only minutes. It’s just load and go. There is no airwave control, neck callers and scoop stretchers. It is just load and go and come into the hospital. They are coming in in waves of blood, screams, death and horrible injuries. The result, the consequence is human suffering. This is Hanadi Abu Zur. She was ten. She comes from the Abu Zur family in Zaytun. Four o’clock in the morning, the Israeli drone comes and shoots a rocket on the rooftop signaling that we will take down this house in four to five minutes, get out. This is what Israelis claim to be ‘warning of the population.’ They barely get out of bed. It is a large family. They are trapped in the building when it is bombed. Three of her siblings were killed. Five of them seriously wounded, among them her twin brother. Severe head injury, and as you can see she is crying tears. This is no coincidence; this is doctrine. It is called the Dahiya Doctrine. The Dahiya Doctrine was developed in 2006 when the Israelis took on Lebanon, and they were going to eradicate the leadership of Hezbollah. They bombed Beirut, and Dahiya means ‘suburb’ in Arabic, and Dahiya was the suburb in Beirut [where] Hezbollah had its leadership. By the way, [this was] the same as Israelis tried in 1982 when they were bombing and attacking Beirut to kill the leadership of the then, militant resistance against the occupation, PLO, and Abu Ammar, or chairman Yasser Arafat.

The Dahiya Doctrine is simple, and it’s well documented. Here, it’s expressed by one of the commanders on the second day of the attack in 2009, Cast Lead. He said the aim of the attack should be “to send Gaza decades into the past.” That’s a nice way of saying bomb them back to the stone-age and imposing as much damage as possible, a maximum number of casualties, and keeping the IDF casualties at a minimum level. So the Dahiya Doctrine is to destroy as much as possible of the infrastructure, to make the rebuilding as difficult as possible – i.e. the siege and not allowing building material in – and to cause a maximum number of human casualties in order to deter the population from resisting the occupation. It’s a way to try to break the backbone of the resistance. It’s deliberate, it’s planned, it’s executed by the government of Israel, who is a hundred percent responsible, and it has the full support of your government.

That’s why I travel so often to the U.S. to speak: because you are the game-changers. It’s only the people of the U.S. who can change this. You are so important; that’s why I’m so happy to talk to you today. The results of the Dahiya Doctrine, here I am two days after the ceasefire travelling to Zeitoun to try to see the buildings and the neighborhoods from where we received patients and I participated in the treatment of these patients. And this is what I found in the street where Hanadia Busur was living. She was sleeping in this building with her family when it was bombed by the Israeli army. This is how it looks when you see the Dahiya Doctrine in real life. Is this distinction? Is this proportionality? Is this precaution? Is this protection of civilians? Is this no collective punishment? No, it is all of the above. These are all individual breaches of international law.

And again, I condemn any Palestinian attack on any civilian target in Israel, but as I will show you in numbers, that is not the problem. The problem are the Israeli attacks. And then, last year, July to August, Operation Protective Edge, more than 11,000 injured, 2,250 killed; the numbers keep rising. Here are the detailed numbers, and my source for this is the second *Goldstone Report* that came out just recently, which is the sum up by the commission that was established by the UN to investigate what happened during the last attack. It’s very detailed, of course, totally dismissed by the Israeli government, but it is the most factual source we can use. You see the numbers: 551 Palestinian children killed in 51 days. Now, which other government, which other army, would get away with killing ten children a day for 51 days and nights? Without sanctions? If it had been IS, it would have been “[gasp]” and rightly so, but when it is IS-rael, it goes away without any sanctions. I asked my publisher if I could use “IS-rael” throughout the book, and he said, “No way, you cannot do that.” And I am happy [to abide] by that. But I see the parallel. There is a striking parallel. And when you are standing in Gaza with a beheaded eight-year-old boy, I don’t care if that head was blown off by drone rockets or by shrapnel from an Israeli tank shell or from the sword of a crazy IS person. The child is without a head, and it’s done on purpose by some power. And they are responsible. And behind the numbers, there are faces. There are names, there are families; there are children.

I think this is the most painful picture I took: it’s a boy, it’s in the emergency room; it is the day the Israelis bombed the Mustashfa Muhammad al-Durrah, which is the pediatric hospital in northern Gaza. I went to see that hospital; it’s described in the book. I thought he came from there, but he didn’t; he came from another neighborhood [that had] just been bombed. He asked if we had seen his parents: no, we hadn’t. He was holding onto himself. You can see that he’s meager because he’s malnourished because of the siege. We clean his wounds, we stitch a few deep cuts, and we send him out again. Three and a half thousand injured children. Physically injured children. And more than 1.2 million youngsters and children, of course, being deeply affected. This is the report I just showed you; get it and read it because it is a very good source of information. They say, summing up, that the Israeli army – called the Israeli Defense Forces, in Gaza only called “IAF,” the Israeli Attack Forces – they carried out more than 6,000 airstrikes through the 51 days and nights; 6,000 airstrikes.

And it caused immense destruction. If you look at this satellite map, you can see that all these red and yellow and orange squares are destroyed buildings. This is Gaza City, in the northern part, Shifa is here, this is the harbor where the four shebaab were killed, and you can see the density of bombardment. Three and a half thousand buildings destroyed only in Gaza City. And of course these are civilian buildings, by and large, 98 percent. And in the buildings, there are people living. And when the Israelis are dropping leaflets or they are calling their mobiles or they’re knocking on their roofs with their drone rockets telling them to leave, they say, “Where should we leave? It’s actually safer to be in this house than in the streets running around.” And if the Israeli army and the Israeli government wanted to fight man to man between the Israelis and the Palestinian fighters, why didn’t they just open up the borders so the civilians could flee to Jordan or to Egypt? No, they don’t, they keep it besieged, and they’re bombing like in a cage. I cannot think of any more cowardly way of waging warfare than to bomb 1.8 million people who are not allowed to escape and who are denied the right to have shelters. And if they are provided with shelters, the occupier will bomb the shelters as well, as we will see.

Again from the report, while during Cast Lead 3,000 high explosive artillery shells were fired, during the last attack 19,000 artillery shells were fired on Gaza. It’s an increase of 522 percent my friends. And we thought 2009 was bad. Last year was five times worse, and I can tell you it really was five times worse. The Palestinians shot 4,500 rockets and mortars; 90 percent of them were shot down by the dome defense system developed by the U.S. and Israel together. I’ll come back to the numbers of losses. And again, immense destruction. This is an apartment building. It looks like an earthquake; it’s not an earthquake, it’s a picture of the Israeli army in action. In action. Deliberately targeting residential areas. Half of the killed were killed in families where three or more family members were killed. It seemed like the Israeli commanders were trying to eradicate the DNA of resistance. Never before have they executed so many families, total families, as during the last attack.

And here are the numbers: these are the Palestinian fatalities, and these are the Israeli fatalities. And again, it’s from the report; the source is given here. On the Israeli side, 71 [were] killed; 66 were occupation soldiers, four were civilians, one was an Israeli child. That is one Israeli child too much. No Israeli children should get killed. Of course, no Israeli civilians should get killed. They should live in peace and security, like my family in Norway. But history has taught us that an occupied people will resist and that an occupying power will not have peace until the occupation has ended. On the Palestinian side, 279 fighters, soldiers – these two numbers were updated, and I’ll come back to that in a minute. Eight percent casualties, fatalities on the Israeli side, at least 70 percent of the fatalities on the Palestinian side, were civilians. The end number was 551 killed Palestinian children and 229 killed Palestinian women. I want you to know these numbers by heart because I hear, too often, people talking about this and they say, “Oh, about 350 or 410” or some random number of Palestinian children. Had they been Israeli, I can tell you, all the world would have known the exact number. So don’t forget 551 and 552. 551 is the number of Palestinian children killed; 552 is the total number of children killed during the 51 days and nights.

Now if we do our math and we look at the ratio of injured and killed – and of course, behind the numbers there is a massive amount of injured. This is a young taxi driver; he was shot in his cab right outside of Shifa hospital. We thought they were actually starting to bomb Shifa. I was in the OR; he came directly in. He needs three surgical teams: he needs a team for his complicated orthopedic injuries, he needs an ENT team because he has complicated fractures of the facial skeleton, and he needs a neurosurgical team because he has shrapnel that has entered into his brain. He gets all the three teams; they manage to do this under very, very, very minimal circumstances. So if we do the ratio, this is what comes out. For every Palestinian fighter that the Israeli army killed, they killed 5.3 civilians. For every Israeli soldier that the Palestinians killed, they killed 0.06 Israeli civilians. And now you can ask yourself, who are protecting the civilians and who are attacking the civilians? These are the numbers. So the Israeli army killed five times more civilians than they killed their opponent, which is the armed forces of Palestine. Is this an attack, or is this defense? Who is attacking? Who is defending? In my view there is no doubt that Israel is attacking and the Palestinians are doing their best to defend their people. Distinction, proportionality, precaution, protection of civilians? No. It’s a massive collective punishment. Does might mean right? No, it doesn’t. And the day that we accept that might means right, we are losing grip of international law; we are losing grip of justice. That means that if you have a drone and you have rockets, you can do what you like. You can kill people at random, wherever you like. This is a very dangerous development.

This is a U.S. drone, very much used in Gaza. It’s equipped with four hellfire rockets, by the way, produced partially in Norway. Very embarrassing, Norway delivering the “peace prize,” sort of, and being one of the largest arms exporters, per capita, in the world. Double standards all the way; we’re no better than you are. But we’re not occupying. Well, a little bit. A little bit in Libya and a little bit in Afghanistan. So these drones had no pilot, they had a very advanced optical system and can see everything on the ground. They can be airborne for up to 72 hours, and they are directed from a control room where drone pilots are sitting. And the U.S. forces are currently training more drone pilots than jet fighter pilots. They can conduct the drone with a joystick; they have a little red button that can fire the rockets, and on their screens they see everything on the ground. This is called the “fire and forget” because you can forget about losing your own forces. And you know the politicians; one thing they hate is to have soldiers coming home in body bags. That’s always a political sort of pressure on their decisions. With the drones, you don’t have to worry about losing your own soldiers. Fire and forget, it’s called. We saw the results: 2009, 2012, and 2014.

This boy came in after a drone attack in al-Montar, together with an older guy. A young 24-year-old, he survived; that was the guy with the amputated leg. He had his right leg ripped off at the level of the hip, his left leg almost ripped off, and large concussion marks from a blast injury on the chest and abdomen, causing massive internal bleedings. This is probably from a DIME bomb – dense inert metal explosive. We try for some time, some minutes, to save him, but he dies between our hands. We can do nothing. And we cannot take him to the OR because the chances for survival are too small to actually justify the use of that table. And the drone pilots, they see everything on the ground. They can tell the difference between a man and a woman, a child and an adult, and everything is documented. Everything is filmed. There is no such thing as collateral damage. It’s only central damage. Another boy who came in, Ahmed, 12, both legs cut off like from a big sword, large burns from extreme heat; these DIME weapons cause a ball of fire and extreme heat, several thousand centigrade. His groin was open, his buttocks were sliced off the pelvis. I said we could not do anything; somebody told me in the ear that it was the cousin of Dr. Abu-Ashra, my good friend, the surgeon, who was doing surgery in the next room. I said, “Let’s start, I’m doing chest compressions here,” and somebody went across the hall to get Abu-Ashra. I’ve known him for fifteen years. He’s a very good general surgeon. He came into the room with his gloves on, his face mask, he looked over at the table and nodded, and he said, “Yeah, it’s Ahmed; it’s the son of my sister.” He went over to Ahmed, stroked his forehead, we terminated the resuscitation. I went around the table and put my arms around [him], and I cried. The few words I could say were “I’m so sorry.” He lifted my chin, looked me straight in the eye, and said, “Mads, this is our life. We just have to carry on.” He went back and completed the surgery, and we had coffee afterwards and talked about Ahmed and his love for soccer.

A recent report on the last attack – you can find this on the internet; it’s the Defense for Children International doing a very extensive investigation on Gaza’s children. Here are some of the results: these are the numbers of kids killed throughout the last four attacks; actually, they’re adding two minor attacks. If we add up with the last numbers, it’s 1,115 children killed by the Israeli forces since 2006. Again, ask yourself, which other governmental force would get away with killing more than 1,000 children in eight years without having sanctions on their head? You know, international sanctions, economic sanctions, trade sanctions, embargoes: never Israel. Never. And it was strange to be in Gaza last summer and see how EU, U.S., NATO were pulling out the sanction cards quickly, quickly, quickly, not against Israel as they were bombing, but against Russia because of Ukraine. And I don’t support what Russia did in Ukraine, but it showed so very clearly this double standard. There are international sanctions, they are being used, they are effective – and mostly used in an unjust way, actually, by the way, like with Iraq and Libya – but never against Israel, despite the killing of thousands of children. And if you break down the method of killing, 164 of these 535 that they studied from the last attack were killed by drone-fired missiles, like you have seen. 164 children? That is not by chance. That is not by chance. And Ahmed? Well, he was killed, he was executed. His crime? Being a Palestinian boy born in Gaza. Nothing else. Shimon Peres said on the 14th of January – that was just a few days before they withdrew from Gaza in 2009 – this was 90 percent “according to the plan.” They killed more than 400 children. Subtract 90 percent, that’s 40, and you have 360 children killed “according to the plan.” And who is held responsible for the killing of Ahmed and the other 428 children? Nobody, nobody, nobody. This is what Shimon Peres said, actually, in a speech for AIPAC, your dearly beloved AIPAC, in Jerusalem in January 2009. And he said, “The aim was to deal a strong blow to the people of Gaza.” What is that? Well, that is collective punishment. You’re not allowed to deal a hard blow to a people. You are supposed to target the military forces, and not the people. So this actually makes Shimon Peres a war criminal. Are they ever taken to the international criminal court? Never, ever. So I think that it is a core moral, political, and medical challenge to handle the Israeli impunity.

So far, so far my friends, one Israeli soldier has been convicted since 2006. One soldier. And he was convicted in 2012, following Cast Lead in 2009. He killed two Palestinian women, a mother and her daughter, who was coming toward the soldier with a white flag, and he shot them both at point-blank. For that crime, he got 45 days in prison. So a Palestinian life is 22 and a half days in prison, if ever you get convicted. That’s less than what you get for drunk driving in Norway. Again, an apartheid number. Again, an apartheid number. Both the number of unconvicted and the number of days when you are really convicted. And as I said, nowhere is safe in Gaza. Last year they were bombing, massively, the UN shelters – the UN shelters mostly being UN schools, light blue, painted in the UN colors, the coordinates given to Israeli generals through Geneva and through the mechanisms they have to communicate with the commanders – up to seven, eight, nine, ten times, [exactly] along the GPS positions. It seems like they used the positions to target the shelters.

This is Jabaliyya Elementary Girls School A and B, after the attack on the 13th of July. Actually, these are the numbers: they attacked four UN shelters, killing fifteen, twenty-one, and eleven civilians in the shelters and injuring more than 400, between three and four hundred. In UN shelters. Officially established, given the coordinates, absolutely no excuse, and absolutely no consequences for the Israeli army and for the Israeli government. And the key sponsor of what I would call this state terrorism is actually your government. That’s why you are the game-changers. This is a postcard I got during one of my speaking tours. I think it’s a very nice campaign: “Yes we can.” And the flip side says, “I urge you to hold Israel accountable.” So, my dear friends, you are really the most important people in the world when it comes to the occupation of Palestine. It’s you who can influence, it’s you who can be active; it’s you who can mobilize more people on the foundation of basic justice. You don’t have to be very political. It’s just simple decency in this world. So ending the systematic impunity for past crimes would serve as a deterrent against repetition, and is a true critical component to ensure the protection of civilians.

This is from a B’Tselem report; this is one of the brilliant Israeli non-governmental humanitarian organizations saying that to end the impunity is vital in order to have this not be repeated. I see the watch, no problem. I will skip the – as usual, I have too much to say; I always have too much to say. I’m just going to say two words about the siege. I was contracted by UNRWA last summer. I was in Gaza three weeks before the attack, and I made a report which you can find on the internet which is actually describing the conditions in the public sector in Gaza prior to the attack. I went home to be on call, and then the bombing started, and I hadn’t even unpacked, so I just put in some clean underwear and went back to Gaza, and that’s when the attack was in full action. So what I found was insufficient capacity of the healthcare system, insufficient supplies, largely insufficient medicine for non-communicable diseases and pregnancies of course, chronic disorders, no reconstruction of the human habitat from the three previous attacks, insufficient evacuation of people needing medical aid outside of Gaza, insufficient education, postgraduate education, because people aren’t allowed to travel, and no freedom. That was my sum-up, and in particular in the field of water, food, and solid waste and waste-water cleaning, the situation was disastrous, affecting the situation of public health for 1.8 million people. All man-made, all deliberately made, since 2007 because of the siege.

So I summed up that the Israeli siege causes widespread negative effects on public health structures and the civilian structures before the last attack. Now I said that demography – these are the last numbers: 43 percent are less than 15, 64 percent are less than 24, mean age [is] 18 years among the 1.8 million incarcerated people. This is a ghetto, this is a modern ghetto, and this is a ghetto where people fight to survive. What did the Jews do in the Warsaw ghetto? They were digging tunnels. What did they take, the heroes of the Warsaw ghetto? They took weapons and food through the tunnels. No siege, no tunnels. No occupation, no rockets. It’s as simple as that. End the occupation, end the siege, and there will be a solution.

What is the consequence of the siege for the children? Well, [there has been] a number of very important studies, this one showing that three fourths of the children below two years [of age] are anemic as a result of the siege. And every third child is either wasted, stunted, or underweight, stunted meaning that you’re two standard deviations shorter than you should have been. It’s a very sensitive indicator of protein balance and protein nutrition. So this is, again, the sharp end of the man-made malnutrition in Gaza. [Video] A wounded Palestinian child in Gaza, like this little boy: he is likely to have anemia, negative protein balance, prior to the injury. He’s already in a very bad position to handle an injury. He will lose more blood, he will need protein to rebuild from his scars, he will probably have septicemia, and course he has, already, a massive traumatic experience. This is prior to the last attack.

And the pregnant women, the same: there are at any given time 49,000 pregnant women in Gaza, there are 170 deliveries per day, and about 30 Cesarean sections. Many of them [were] not possible to perform during the bombing because it’s too dangerous to move. And for the first time, we have seen, for the first time in fifty years that the infant mortality has increased in Gaza. Gaza and Palestine used to be the most educated place in the Arab world, the healthcare extremely good, mortality rates going down, down, down. This is a study that was published in August, and you can see that the neonatal mortality is going up and the infant mortality is going up. This is only until 2011, and I think if you add the attack in 2012 and 2014 we will see a further rise in infant mortality, a man-made increase in infant mortality. So the key factors for Palestinian children’s ill health is the occupation, it’s the siege, and it’s the impunity. And the West and the powers – EU, NATO, US – are allowing this apartheid system to continue as we are speaking.

So, to end, the pre-attack situation in Gaza was already extreme, as I have shown you. And then came the attack, starting on July the 8th. [Video] And here you can see the bombing of Beit Lahiya. In one hour they completely destroyed the whole neighborhood with the Israeli bombing. You can see how immensely powerful it is. And we had the patients coming into Shifa, particularly the children, young ones, those who were looking for their parents, having to take care of their small siblings, those who were being scared in whatever shelter they might find, and all the injury. And to end with – I still have seven minutes because we started seven over, right? Do you allow me to go on for a few more minutes? Can we make a vote? I’m very democratic. [Audience: Yes.] Okay, Shifa Hospital. Let’s go to Shifa Hospital. My brother, my good friend Max Blumenthal, has called Shifa “the home of the brave,” and I absolutely subscribe to that. By the way, my book, my last book, has the introduction by a Jew, Max Blumenthal, and the post-script by a Palestinian, Mohamed Umar, and then there is a Norwegian clattering between the two. So it opens with a Jewish voice, it ends with a Palestinian voice, both of them against the occupation, both of them saying, “We will have victory.” Shifa Hospital surgical block: main entrance here, most filmed emergency entrance in the world. If we go on the inside, there’s just been a bombing, and it looks like this. [Video] This is Dr. Abu-Rish doing the sorting: to the right, the dying, the dead, the walking, talking, the lucky ones. To the right, walking, talking, dying, and dead. To the left, those with injuries that we think we can save. The operating room is totally crammed; here we are just finishing another traumatic amputation. Barefoot surgeons because we didn’t have more greens, and as I said, the hospitals were lacking everything. And even worse, when the bombing starts, the electricity is cut by the Israeli occupation forces, they’re bombing the one single power plant, we are without electricity 18 to 20 hours per 24 hours. There are two generators for the hospital lacking spare parts, the light goes out three, four, five times an hour, then the operation room lamps are sort of blacking out and we are using mobile phone screens to see where is the spleen and where is the liver, because Palestinians are not allowed to have torches of course because you can use them in the tunnels. So I’m the only one with a headlight, so I have to run from room to room with my headlight.

Well, it’s almost unimaginable that they can do such fantastic surgery as they do. And this is how it looks after bombardment; this is the northern part. This was a hospital. This is al-Wafa rehabilitation hospital, one of the seventeen hospitals more or less damaged by the Israeli bombing. Not only did the Israeli attack cause a massive influx of patients, but it also took down the capacity of the medical system. So there was a systematic attack not only on the population but also on the medical system. Normally, you know, like here in Washington, today, we have a balance between medical resources and medical needs. Probably we have an overbalance of resources. Since Netanyahu is in town I guess there are multiple surgical teams waiting to handle the situation. Gaza? Total unbalance: increasing medical needs, decreasing medical resources. Why? Well, because of the bombing we have 12,000 casualties, of course, all the dying and dead also coming to the hospitals, increased needs for the chronic diseases, for the pregnant women, and of course, for people with mental health problems. Resources diminished by the siege, by the lack of equipment, drugs, supplies, by ambulances being bombed, staff being killed, and hospitals being attacked. You don’t believe it before you see it. So, injuries increasing vastly, hospitals being destroyed vastly. A hundred percent man-made disaster.

The morning of the Shujaiya massacre, the 20th of July, we had 400 patients coming to Shifa that night. My friends – surgical resident and boss of surgery – would your hospital handle 400 patients in a night, without water, electricity, and supplies? The Palestinians do. We were hearing cries from the emergency; we ran down and it was our friend and dear colleague Fouad Jaber, 27 years old, married, with a daughter of four, and Khaled Hamad, a brave Palestinian journalist. Both totally marked with international marks with Red Crescent symbols on the ambulance and on their uniforms, both killed when the Israeli tanks shot a rocket at their ambulance and killed all on board. They came in, and we were absolutely devastated. The Israeli army killed 21 medical staff, injured 83, and destroyed 47 ambulances during the attack last summer. In 2009 they killed 16 medical staff, injured 38, and destroyed 15 ambulances. How can you get away with that? How can you get away with that without a single sanction on you? It is unbelievable. It is unbelievable. They destroyed 17 hospitals; more or less, that’s 53 percent of the hospitals, 60 percent of the primary health care clinics, 58 were targeted, destroyed, or damaged, with broken glass, falling down ceilings, you know, all sorts of damage.

This is al-Wafa Hospital. One hospital and seven clinics had to be completely closed in a situation with a massive increase in medical needs. Why is this silenced and goes unsanctioned? This is a map that the UN provided showing the exact precision of every destroyed and bombed hospital and clinic; the world knew all the time. And then comes the bombing of the Medicins San Frontieres, Doctors Without Borders hospital in Afghanistan, and, rightly so, there is an uproar, and your general commander, the President, and everybody are apologizing for the U.S. forces having bombed a hospital; that should never happen. But when Israel is bombing seventeen nobody says a word.

So, to end, a few glimpses from Shifa, home of the brave, the surgeons working tirelessly to try to save those who are needing. This is from the operating room, four o’clock in the morning. One of my good friends, a neurosurgeon, we’re doing shrapnel surgery to remove shrapnel from someone we think can survive. We published two papers, Dr. Sobhi Skaik and myself, on the patient flow. You can read them in the Lancet; I will not go into detail, only show you. [Video] So in 51 days, eight and a half thousand people came to this one hospital. 1,800 were admitted; half of them needed surgery. I will not have time to go through the surgeries, but this is a massive load, and few other places in the world, with this staff, would be able to handle this, if it hadn’t been for the Palestinian staff. The division, the sorting was simple: the lucky, the walking-talking with enough blood pressure to perfuse the brain, we looked over them, ABC principles, standard triage, stitching, cleaning, sending out. The second category, the needing, those who could be saved with a limited amount of damage control surgery like this man I talked about, and then the hopeless, those who, despite our resuscitative efforts in the first minutes, would die or would not have a return of spontaneous circulation, so we had to terminate, like this gentleman who died in the emergency room.

The killed, 2,200: this was a family of four; they came in on the morning of the Shujaiya massacre, first came the two siblings, eight and ten, lying on the same stretcher, the boy, without a head, his sister, half her head blown away. Dad and mother came after; they’re all in, each one in a body bag. In my emergency we have cotton body bags – no, not body bags, but linens on the stretchers, you know, white, crisp sheets. In Gaza, the sheets are plastic, and when you look closer there is a zipper along three edges of the plastic sheet, and you can open it and make it into a body bag. You saw that 490 were dying or dead already when they came; it was so frequent that we had to terminate the efforts in the emergency room and just roll them into the body bags, like this family of four. I will save you the pictures, because they are too gruesome. And he – we didn’t have enough body bags, so he was just tucked into a sheet and taken around the corner to the morgue, which was always filled up, outside, hundreds of bereaved family members and mourners in despair and grief and screaming agony, like we would have been. The children, three and a half thousand wounded; he had a partial amputation of the third toe on the right foot – no, on the left foot, sorry. We didn’t have enough local anesthetics, so the anesthetic is three strong men holding him as the orthopedic surgeon is cutting off the remaining bone parts of his toe. Very painful. Not because of a lack of empathy, but because of a lack of resources.

In Norway, he would have been taken to the operating room, had full anesthesia, the patient’s family present, everything, but this is Gaza 2014. Two boys, two brothers come in, it’s the morning hours, five, shortly before six o’clock in the morning, on the Shujaiya night massacre. We don’t know where their parents are. He has severe burns in the face. His hair is totally charcoaled; it falls off when I touch it. He’s started wheezing because his airways are getting swollen. It’s a very dangerous condition; he has inhaled the fumes. He has fragment wounds, probably penetrating. I take him in my arms, my colleague, the Palestinian doctor, takes his brother, we run around to the back side of the surgical block, where the burn unit is, put him on the bed; I get ready to intubate him. I put the camera down; I don’t notice that I’ve pushed the video button. I come home to Norway after the mission, I look through the material to start writing the book, and I find this video that I will show you. I could not remember his screams. And that tells you a lot about how concentrated we are and how much we have to, sort of, filter out in order to be operative. But when I came home and I saw this video, it opened up my ocean of tears, and I cried for a day. And I realized how much pain I had contained, and I can only imagine how much pain my colleagues, my brothers and sisters have contained, the parents, the siblings. This is what you will not see in the pictures; this is what it was sounding like in the burn unit when I was putting him asleep. I’m standing in this part of the picture in my greens. [Video] And the ketamine works, the anesthesia works, he falls asleep, I can put down the tube, and he has some few hours of rest and peace and sleep in his hard life. Both siblings, both boys survived; they are still in Gaza, still incarcerated, still under siege, waiting for the next attack. And it will happen if we don’t stop it.

[Photo] Ten years old, shrapnel to the neck, same facial burn, charcoaled hair, I’ve just intubated him, in addition to the very dangerous shrapnel to the neck, affecting the main artery to the brain. He has an open fracture with a threatened artery and nerves, so he has an orthopedic team here, a neurosurgical team here, and later a plastic surgeon team. They provide all of them. There are 220 surgeons in Shifa, extremely clever people to work under such circumstances. Again, a silent picture, but what do the children hear? What do they have in their memory when they come in? What did they experience on the way to the hospital? It is like this: this is a sound sample from the Israeli war machine symphony outside Shifa. I put it together with some pictures of children that I met and participated in the treatment of. First, two siblings, lucky ones, walking, talking, wounded, to the right. This is the sound of their childhood in Gaza, 2014. [Sound of bombings] These are the rockets from the F 16. These are the drones; one, two, often three drones overhead. And in the distance you can hear the bombing. And then we get the shrapnel injuries. Many more shrapnel injuries this time than in 2012 and 2009; lots and lots of shrapnel injuries because there were so many artillery shells fired at the densely populated areas.

[Photo] Here we’re doing a top to toe, another injury coming in, extremely damaged and challenging. We examine him; here are some of the shrapnels that we collected from the Israeli artillery shells, extremely sharp, like razors on the edges. And this is what it looks like: multiple inlets. We took him to the OR because we thought we could save him; every one of these wounds represents the inlet of a metal fragment, and you have to explore every single inlet to see if it has damaged vessels, organs like the liver, the kidneys here, the lungs here, maybe the bones, the femoral bone or the pelvic bone here. He has bleeding from both chest cavities; he is in life danger. His life is endangered, and we have to quickly find out where the bleeding is. And we’re trying to save her. She came in with a small wound in the left shoulder. I put her to sleep; she was a very darling girl. This is, again, from Shujaiya, that horrible night when we had 400. But these shrapnels are extremely dangerous, and when you look at the exit side, it’s a large wound and her axillary artery and her axillary nerve center is affected. And every one of the shrapnels has to be removed if the patient is to survive, at least the bigger ones. And it’s very tedious work, very time consuming, and very difficult; you have to be concentrated all the time.

Lots of amputations, man-made; this boy came in with both legs torn off at the level of the knees. We’re stabilizing him; I give him ketamine, take him to the operating room, he is surviving, but of course after surviving he will have a long ICU course because of septicemia and infections and malnutrition. And these patients are really demanding in the ICU; we had almost a double mortality