



Perspective

Standing by Our Colleagues in Gaza — A Plea to the U.S. Medical Community

Feroze Sidhwa, M.D., M.P.H.,^{1,2} Yasmeen Abu Fraiha, M.D., M.P.A.,^{3,4} Akiva Leibowitz, M.D.,³ and Naftali Kaminski, M.D.⁵

You shall not stand by the shedding of your fellow's blood.

— Leviticus 19:16

Three of us have recently worked in war zones, but the American medical community's responses to our experiences could not have been more different. When Drs. Leibowitz and Abu Fraiha described treating civilians injured in the October 7, 2023, Hamas-led attack on Israel, their accounts of gunshot wounds, severe burns, and complex trauma were met with interest and compassion. By contrast, when Dr. Sidhwa discussed his experiences volunteering in the Gaza Strip twice since March 2024, he often encountered distrust or hostility.

In Gaza, Sidhwa found a health care system devastated by a blockade, sieges and invasions of hospitals, a lack of supplies and equip-

ment, and a workforce constantly subjected to lethal violence. Between his two visits less than a year apart, at least six nurses and two physicians he had worked with were killed in Israeli attacks. Many more health care workers were detained without charges, starved, and tortured.

On March 18, 2025, during his second visit, Israel broke a ceasefire with a surprise aerial attack, killing more than 400 people in 10 minutes. Of the hundreds of injured people, 221 arrived at Nasser Medical Complex, where Sidhwa was volunteering. About half the severe injuries were in preteen children. The surgeon who led triage during this event was barely 2 years out of residency and had

spent 7 months of that time in Israeli detention. Forty-five minutes into the event, he received the body of his father-in-law. After a brief prayer, he returned to work, continuing for the next 16 hours before going to pray at his father-in-law's grave, then returned to work for the night.

Of the children he cared for that day, Dr. Sidhwa frequently thinks of 5-year-old Sham and 16-year-old Ibrahim. On Sham he performed tube thoracostomy and splenectomy. Despite a shrapnel injury to the left side of the brain, after extubation she eventually spoke, asking her mother for eggs and juice. Her mother collapsed on the floor sobbing: Where could she find such luxuries in a land in famine?

On Ibrahim, Sidhwa performed a loop colostomy for shrapnel injuries to the rectum. He recovered

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quickly. As Sidhwa made his way to Ibrahim's room on his last night in the hospital, Israel bombed the room, destroying the men's surgical ward and killing Ibrahim and his roommate, a wounded 56-year-old man who Israel claimed was the prime minister of Gaza. Israel later attacked the hospital twice more, ultimately destroying more than 50 hospital beds and killing at least 23 patients, journalists, and health and rescue workers.

When Sidhwa returned home and shared his experiences, not everyone was sympathetic. One colleague told him, "Everything you saw there is the Palestinians' own fault — they want their kids to die." After he published 65 volunteer health care workers' accounts of suspected targeted lethal injuries in Palestinian children,¹ some physicians publicly accused the workers of making "false or misleading accounts" and even of spreading a "blood libel."

The ongoing U.S.-backed Israeli attacks on Gaza represent one of the most severe and indiscriminate uses of military violence against a civilian population in the 21st century. Palestinian, Israeli, and international scholars and intellectuals, multiple aid and human rights organizations, including most recently Physicians for Human Rights Israel (PHRI) and a U.N. Commission of Inquiry, concluded that Israel's actions constitute at least crimes against humanity, as defined by international law.^{2,3}

According to the United Nations Office for the Coordination of Humanitarian Affairs and the Ministry of Health in Gaza, since October 7, 2023, more than 65,000 Palestinians, nearly 20,000 of them children, have been killed.⁴ According to Oxfam, more women

and children were killed in Gaza in the first year of the war than in a single year of any other conflict.⁵ The per capita child mortality rate in the war in Gaza is 134 times that of the war in Ukraine. And multiple studies suggest that these figures are underestimates.

The assault on Gaza's health system is devastating for both health care workers and patients. None of Gaza's primary care clinics are fully functional; 38% provide partial services. The World Health Organization reports that 94% of Gaza's hospitals have been heavily damaged or destroyed. These attacks have killed nearly 1000 patients, from both violence and interruption of care. Nasser Medical Complex in Khan Younis, the only large hospital remaining even partially functional, already at well over 300% of capacity, continues to be overwhelmed by dozens or hundreds of daily traumas. PHRI reports that at least 1580 health care workers (8.2% of the workforce) have been killed.² As of September 18, 2025, at least 301 health workers were imprisoned in Israel, all held without charge. The dead and imprisoned include Gaza's most senior physicians, nurses, and hospital leaders, ensuring that the medical system cannot recover.

Entry of medical equipment remains blocked by Israeli forces, so disposables such as endotracheal and chest tubes must be reused despite a lack of sterilizing solutions, soap, or clean water. The destruction of Gaza's health care system has left the population without access to even basic services, such as routine vaccinations and safe birthing, let alone the advanced trauma and reconstructive care that is needed. The demolition of the only dedicated

cancer hospital in March 2025 left 11,000 patients without treatment, 338 of whom have died as a result. Gaza's 19 CT scanners have been reduced to 7, and their 7 MRI machines reduced to zero. Of the 1100 patients undergoing hemodialysis in October 2023, fewer than 650 are alive after 48% of Gaza's dialysis machines were destroyed. Researchers report that Gaza's life expectancy has been cut from 75.5 to 40.6 years.⁴

The scale of the destruction in Gaza is overwhelming. The Israeli newspaper *Haaretz* reports the near-total erasure of most of the cities and refugee camps in Gaza, including Rafah, Jabalia, Beit Hanoun, Gaza City, Khan Younis, and others — destruction exceeding that caused by the atomic bombings of Hiroshima and Nagasaki, and far more extensive than that in Aleppo, Mosul, Sarajevo, and Kaboul combined.⁵

The systematic destruction of infrastructure has led to the catastrophic famine that international agencies have long warned about. By blocking aid from entering Gaza from March 2 until May 18, 2025, Israel used starvation as a weapon of war. The intentional collapse of the food-delivery system and the replacement of more than 400 community kitchens with four militarized food-delivery centers have exacerbated the famine and resulted in dozens of Palestinians being killed daily while seeking out food. According to the Integrated Food Security Phase Classification, nearly all households face food insecurity, and 30% face catastrophic famine. As of September 18, a total of 432 malnutrition-related deaths had been documented, 146 of them in children.⁴

Despite the enormity of the

crisis, the American medical establishment has largely been silent.⁶ When Dr. Kaminski informed a physician group that a letter protesting the targeting of medical personnel and infrastructure in Gaza had been signed by more than 600 Israeli health care workers, he received an official rebuke calling his message “political.” Kaminski trained at Hadassah Mount Scopus Hospital in Jerusalem, which houses a memorial to 74 health care workers murdered in the 1948 Arab–Israeli War. For him, as for all of us, medical neutrality is not a political issue. It is an ethical and moral issue, cemented in international law.

We therefore have come together to call our medical communities’ attention to Palestinian testimonies and the scale of this human-made catastrophe. We recognize the fear that discussions of the impact of the assault on Gaza may be misconstrued as “antisemitic,” but protecting medical neutrality and assessing war’s effects on health and the survival of entire populations are not antisemitic. On the contrary: these are obligations shaped by the medical community’s failures during the Holocaust.

U.S. medical societies and other medical leaders and organizations not only have an obligation derived from their professional and ethical duties to respond to this catastrophe. They are also well po-

sitioned to foster such discussions. Beyond soliciting data-driven research, they can listen to, believe, and amplify testimonies of victims and medical aid workers and issue moral and ethical statements, position papers, and guidelines. They can incorporate lessons from Gaza and other human-made catastrophes into medical education and training.

The American medical community is professionally, politically, and economically powerful, and with such power comes responsibility. With an entire society being destroyed, largely with American-made weapons, we urge U.S. medical institutions to break their silence and endorse four essential and immediate changes: unimpeded humanitarian access to food, water, fuel, electricity, shelter, and all other medical and humanitarian supplies; a ceasefire to allow such access; unlimited entry of medical personnel, equipment, research teams, and humanitarian organizations to all areas within the Gaza Strip; and release of all detained medical personnel and hostages held by both sides. These are the bare minimum requirements to comply with international law — and basic medical ethics.

We hope U.S. medical institutions will stop suppressing discussions about the destruction in Gaza because its victims are the “wrong” people and confront the realities of the devastation of a

society. The stakes are too high for us to continue our silence.

Disclosure forms provided by the authors are available at NEJM.org.

¹Department of Surgery, San Joaquin General Hospital, French Camp, CA; ²Gaza Strip Emergency Medical Teams, World Health Organization, Khan Younis, Palestine; ³Department of Anesthesia, Critical Care, and Pain Medicine, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston; ⁴Middle East Initiative, Belfer Center for Science and International Affairs, Harvard Kennedy School, Cambridge, MA; ⁵Pulmonary, Critical Care, and Sleep Medicine, Yale School of Medicine, New Haven, CT.

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