

Center for Strategic and International Studies

TRANSCRIPT

Event

“UNRWA at the Epicenter of the Gaza Crisis—Gaza: The Human Toll”

DATE

Wednesday, April 17, 2024 at 12:30 p.m. ET

FEATURING

Scott Anderson

Senior Deputy Director of Operations, UNRWA

CSIS EXPERTS

J. Stephen Morrison

Senior Vice President and Director, Global Health Policy Center, CSIS

Jon B. Alterman

*Senior Vice President, Zbigniew Brzezinski Chair in Global Security and Geostrategy, and
Director, Middle East Program, CSIS*

Michelle Strucke

Director, Humanitarian Agenda and Human Rights Initiative, CSIS

Caitlin Welsh

Director, Global Food and Water Security Program, CSIS

Transcript By

Superior Transcriptions LLC

www.superiortranscriptions.com

J. Stephen
Morrison:

Good afternoon, good evening, good morning. I'm J. Stephen Morrison. I'm a senior vice president here at the Center for Strategic and International Studies, CSIS, in Washington, D.C. This is the 10th one-hour episode of the CSIS broadcast series, Gaza: The Human Toll. It's produced by the CSIS Bipartisan Alliance for Global Health Security, in partnership with the CSIS Humanitarian Agenda and the CSIS Middle East Program.

Today our two keynote guests are Scott Anderson, who's the director of operations in Gaza for the UN Relief and Works Agency for Palestinian Refugees, UNRWA. Scott is a retired U.S. military officer, retired in 2007-2008 from the Army, a 21-year career. Served for a number of years in both Gaza and West Bank with UNRWA, directing operations there. Returned from his position at USDA, came back to Gaza in November of last – of 2023. And is now the director of operations for UNRWA in Gaza. Scott, thank you so much for taking time out of your day today. Scott's coming to us from Rafah in southern Gaza today.

Caitlin Welsh is the director of the CSIS Global Food Security – Food and Water Security Program here at CSIS. She's in person with us here in the Brack Studio. She and two CSIS coauthors, Anita Kirshenbaum and Zane Swanson, published a – just recently, just in the last several days – published "Famine in Gaza," a critical questions piece. Excellent piece of work, looking at this question of is famine happening and why are we not speaking more forthrightly about whether it is or it is not happening? And we'll hear from her.

The flow here – they are our two keynote guests. We're going to hear from them momentarily. I'm going to offer a few brief framing remarks. Then we're going to be joined by Jon Alterman, senior vice president and director of the CSIS Middle East Program, which is partnering with us in this. And, remotely, we'll be joined by our colleague Michelle Strucke, head of the CSIS Humanitarian Agenda and the CSIS Human Rights Project.

A few quick thoughts to frame today's conversation, then I'm going to turn to Scott to kick things off, followed by Caitlin. There's clearly widespread recognition of the enormity of the human tragedy and the anguish and suffering experienced by the Palestinian population in Gaza. The reporting on this – even though reporters don't have much access – the reporting on this story is overwhelming. There's excessively high civilian deaths and casualties, and those continue to mount. As of October – since October 7th, according to the UN OCHA, almost 34,000 Palestinians reported killed, 76,465 reported injured, 133 Israeli hostages still remain in Gaza, over 1.7 million Palestinians displaced in Gaza, accounting for 75 percent of the population.

We'll hear more about the threat of famine, 1.4 – 1.1 million projected today to face catastrophic levels of food insecurity. We'll hear more about that. Twenty-eight children reportedly have died of malnutrition and dehydration. Thirty-one percent of children under the age of two in northern Gaza suffer from acute malnutrition, and over 50,000 children are acutely malnourished at present. Only 11 of 36 hospitals in Gaza functioning. Over 640,000 cases of acute respiratory infection. Six field hospitals have been established. Our last show featured the leadership at the International Medical Corps, IMC, field hospital in Rafah. There are twenty emergency medical teams, including one in north Gaza, that are operational. And we'll hear more from Scott about UNRWA health centers. About a third of those are operational.

A few other just quick remarks. The continued anguish, of course, that Israelis are experiencing post-October 7th massacre and the continued captivity of the 133 hostages. April 1st, the killing of the World Central Kitchen seven employees through an Israeli strike was a thunderclap moment, of a sort. We'll talk a bit about that. It triggered certainly a change in the tone and substance of what President Biden has been communicating to the Israeli leadership. What we're seeing increasingly in the media is competing narratives at the highest level of leadership of both the UN and the Israeli governments about what's happening, whether we're talking about famine – is it really – is it galloping forward, or is it being contained and rolled back?

What is UNRWA's role? Is it essential to the response and needs to be put back on its feet? UNRWA is now – it was alleged a few months ago that 12 of its employees were implicated in the October 7th massacres. That investigation – there's two investigations underway. Those investigations are moving forward. We may see some report from the French Foreign Minister Colonna this week, in fact, about those 12 employees. But there's a whole question hanging in the balance about the future of UNRWA and its ability to sustain its operations and its funding. And it struggles with that, most importantly, from the U.S. standpoint, in the omnibus spending bill there was a ban put in place for U.S. funding of UNRWA through this next fiscal year.

There's debate around what happened post April 1st. Is the situation in terms of humanitarian access – the Israeli government made some commitments in terms of access and flow of trucks, truck traffic, opening of new entry points, establishment of deconfliction mechanisms, streamlining of inspections, improving the water situation. There's great debate in the media around has much happened or not in that regard. And obviously, there are looming uncertainties and gaps. The quest for a ceasefire, for a deal that would release hostages and prisoners and ease the humanitarian situation, remains elusive.

The siege of Rafah still hangs over as a distinct possibility. There are efforts to develop alternatives to UNRWA, including the maritime corridor, Fogbow's out fundraising, there's been discussions with Palestinian clan militias and others, there's been dialogue with the World Food Program and others. There's still no clear governance endgame to think about. And of course, as many of us, including Jon, have been writing and commenting on, the widening of the war with the Israeli strike on April 1st of the Damascus – the Iranian consulate in Damascus followed by the Iranian strike involving over 300 drones and missiles April 13 and 14 has widened the war and that may have implications – we can talk about that – for the focus on the humanitarian and health crisis inside this so – inside Gaza.

So with that, let me now turn to Scott to open us up – open this conversation up and take the time you need, Scott, to sort of roll us through how you are seeing the current situation. Thank you.

Scott Anderson: Thank you very much, and it's a great opportunity to join everyone today and I'm going to just try to set the stage a little bit for how I see things on the ground, the conditions that Palestinians are experiencing, particularly as it relates to health but also just kind of more generally.

I mean, you know, we've seen significant degradation in the health network in Gaza. Eighty-four percent of the health facilities have been impacted in some way. Of the 36 hospitals that existed in Gaza prior to October 7th only 10 remain somewhat functional. The main hospital Shifa has basically been, you know, rendered to a point or damaged to a point that it can no longer function.

So there's significant challenges with secondary and tertiary care access for people. The field hospitals do great to try to fill some of the need but it just can't handle the scale of what's needed, which is thousands of hospital beds, and this is exacerbated by a very difficult medevac process where if you're between 19 and 55 you can't go out. If you're a male you can't be accompanied by somebody that's younger than 55. So that you start doing this kind of a list it gets very short very quick.

So you have people that are waiting. For example, I met a 10-year-old girl that had a broken pelvis and it took three months for her to get medevac'd. That had to be a horrible experience for her and for her family but it's something that we hope we can try to change and to get people the medical care they need.

You mentioned that UNRWA has about a third of our health facilities still active, which is correct. We have eight of our health centers that are still providing primary health care. All those are double shifted. We do have, you

know, various levels of health points, up to a hundred, and mobile health points that are out trying to help people, provide initial primary health care, and we have looked at establishing initial trauma centers within our health clinics working with the World Health Organization who – you know, I didn't know – they told me that nine out of 10 people can be stabilized at least in a primary health care facility with proper training and then they can be transferred on to something else.

I think, you know, the focus on the north is very much correct and I hope we can dig into some of the details on crossings and things later. I'll just say I was last up there on March 19th and I met – went to Kamal Adwan Hospital and I met two mothers that had two-month-old babies. One was Layla (ph) and Yanam (ph) was the second one. And both babies were starving to death, right, because there's not milk available for them to drink and the mothers didn't have access to significant amounts of food so they could provide breast milk for them.

And as you're standing there talking to a parent – and I'm a parent so I can't even imagine what it would be like to not be able to provide food for your children and you feel like that as humanity we failed these people. It's an innocent civilian, an innocent two-month-old baby, really just caught by circumstances, that wasn't even born on October 7th, right? It was born far after the – you know, the horrible events that took place that day and is really just suffering by the circumstance of being born into a very difficult and very horrific situation.

You know, I think that as health sort of relates to famine, which I think we'll maybe talk about a little more, we're very concerned now as summer is coming. There's not significant enough drinking water. There's not enough gray water for cleaning. There has not been at least to this point a campaign to prevent the breeding of mosquitoes, to try to prevent the breeding of flies, and there are mountains of solid waste that need to be moved and taken care of.

You know, a famine is not only – doesn't only come about from people not eating. It compromises your immune system by not having enough nutrition and we're very concerned that there could be many outbreaks. We've seen acute jaundice. We've seen diarrhea, upper respiratory. All these things, you know, continue to plague people here in Gaza and, you know, it's just the scale of trying to provide wash support and all these other things for over 2 million people is one that's quite daunting. We're all doing the best we can but we need a lot more things to come in.

And I'll just say very quickly – and I'll end on this note – to date, just over 21,000 trucks of aid have entered Gaza, which sounds like a lot. But if they were getting 500 trucks a day that they were getting before the conflict, it

should be over 85,000. So we have a deficit of over 60,000 trucks, which is a lot of aid that could come into Gaza and help take care of people. And as I said, we just need more of everything, and especially medicine so doctors don't have to choose which patients to treat for which thing and whether or not to, you know, put somebody under for a Cæsarian section or not. I mean, they're being faced, both patients and the doctors, with horrific choices.

So I think I'll stop there. I hope that sets the stage for us, and then we can dig into some more detail as we go forward on the show. Thank you.

Dr. Morrison: Thank you so much, Scott.

Over to you, Caitlin.

Caitlin Welsh: Thank you. Thanks, Steve. Thanks for having me. Scott, very pleased to be following your comments, and thanks for getting us started by painting the picture of what you're seeing.

So when it comes to the question of famine in Gaza, Steve, as you mentioned, and Scott, as you described, of course, there is intense human suffering and anguish across the entire region. Whether or not there is famine is, of course, a related but somewhat separate question. And there is a technical definition of famine, and famine is measured by a partnership that's called the Integrated Food Security Phase Classification, which I'll just call the IPC. IPC came about this century, so it's not too old. And it's a partnership of almost 25 organizations, including countries' aid agencies, NGOs, UN agencies, and others. And it's meant to assess food insecurity – acute food insecurity – across diverse locations and times and circumstances.

And the three criteria that need to be met for a famine are, number one, acute food insecurity, so at least 20 percent of the population has to experience – suffer from acute food insecurity or an extreme lack of food. The second one is severe acute malnutrition, so at least 30 percent of children must be suffering from acute malnutrition. And then it's deaths – so it's deaths per date related – caused by starvation directly or by disease related to starvation; as Scott just mentioned, for example, diarrheal diseases that contribute to starvation and death.

When it comes to Gaza, what the IPC has seen – and the IPC has issued a couple of assessments since October of 2023. Its latest assessment was issued on March 18th, so just under one month ago. And as of March 18th, what the IPC said was when it comes to acute food insecurity, the famine threshold for acute food insecurity had already been far surpassed; in fact, that had been surpassed as of December of last year. When it comes to acute malnutrition, the IPC said that it's highly likely that the famine threshold for acute malnutrition had already been passed – so that one, highly likely. And

when it comes to deaths per day – and it's two adults or four children dying per day, again, related to starvation or disease related to starvation – the IPC said that the famine threshold for mortality is expected to accelerate and be exceeded imminently. And the IPC also said that all of these things will accelerate unless fighting is immediately halted and humanitarian access is fully restored.

We all know that fighting did not stop and that – and that humanitarian access hasn't been fully granted across Gaza. And for that reason, in the piece that we published last week – and thanks for introducing it – we did conclude that famine is present in Gaza today in the northern governorates, in Gaza and North Gaza. I think that that's a very reasonable conclusion to come to. And as we were writing our piece last week, as we were just about to publish USAID Administrator Samantha Power had also expressed the same conclusion at a hearing – an HFAC hearing last week. So we're not the only ones coming to this conclusion.

Up until this point, statements from leaders and policymakers had been quite circumspect, saying things like Gaza is teetering on the edge of famine or famine is starting to set in or things like that, but nothing amounting to, yes, there is famine. And putting all that aside, though, a statement from a head of an agency or from a policymaker or researcher, something, is something different from an official declaration of famine, a formal declaration of famine. We had not yet had that in the case of Gaza, despite the fact that the IPC is putting out evidence that would lead one to conclude that there is famine.

Dr. Morrison: Who would issue the declaration?

Ms. Welsh: The declaration would likely be issued by the UN and then reiterated by countries. So, again, IPC came about just this century, and since 2010 there have been only two formal declarations of famine. In both of those instances – it was Somalia in 2010 and South Sudan in 2017 – in both instances, the declaration was issued by the UN and immediately, either that same day or the following day, the State Department – the U.S. State Department issued its own declaration. So that's what I would expect to see in this case. Again, we see evidence; we've had at least one high-level official say that there is famine, but we have not yet had that formal declaration.

What I think is happening is that leaders, at this point, are being overly cautious about this. In the process of writing our piece, we did, according to all the research that we found – in one of those famines, in 2011, we found that the declaration of famine was based on an IPC assessment, a forward-looking assessment, followed by on-the-ground observations. What I think is happening is that leaders are waiting for the IPC to come out with a retrospective assessment to say that – so let's say at some point in the future

that IPC would come out with yet another assessment saying that we are formally saying that a state of famine has been existing for the past X number of weeks or months and not only projecting that it will happen in the future. I think that that's what's happening. The IPC is anticipating this, though, and other UN agencies are anticipating this and they're warning, directly warning leaders against waiting for a retrospective declaration of famine to act, and the IPC has also made very clear – in fact, at the same time that it put out its last assessment, the IPC clarified for everyone, we do not make famine declarations; we provide the information that allows leaders themselves to make declarations. So, upon reading all the information that's been put out by the IPC, I think it's quite easy to come to the conclusion that the IPC is handing a famine declaration to leaders who, at this point, have been reluctant to make one.

Dr. Morrison: And what's the implication? If a declaration is made, as it was in Somalia in 2011 and Sudan in 2017, what difference does it make?

Ms. Welsh: It makes a difference because, again, it's a very rare circumstance. Starvation, malnutrition are happening all over the world, unfortunately, but a declaration of famine is a very rare circumstance. Twice since 2010 and only four times this century have there been formal declarations of famine, so I think that they carry very specific political and emotional weight, certainly, and also the expectation of action from the humanitarian – from the international community. I would think that if a famine – a formal famine declaration were made then you could see steps that haven't been taken yet to pressure Israel to allow access into the Gaza Strip, other steps that I'll allow colleagues to speculate on, but I think that it would be an entirely different tone if a formal declaration were made.

Dr. Morrison: OK, thank you.

Scott, we're going to start our conversation here. I'm going to ask Jon to say a few things. I'm going to ask Michelle to respond. One thing I'd like you to think about in the conversation phase of this is, comment a bit about the funding disruptions that have grown out of the allegations of the 12 employees being part of the October 7th massacre and the funding ban on the U.S. side. And how are you coping with that? What peril does that put UNRWA in right now? We've had direct and very high-level allegations from the Israeli government, not the first time that it's chosen to really question the existence and the integrity of UNRWA itself, but this is an existential moment.

Jon, I'm going to ask you to open up the conversation here.

Jon B. Alterman: To a remarkable degree, six months into this conflict, the issue of humanitarian conditions in Gaza is just not part of the Israeli conversation.

The Israelis feel that they're in an existential battle against a genuinely genocidal organization that has talked about eliminating Israel. I would say there are genocidal voices in Israel but it's not the top of the government. But in Gaza it is the topic of the government, Yahya Sinwar saying genocidal things about Israel and Jews. And I think sort of contributing to that view on the Israeli side is polling that suggests that 90 percent of Palestinians don't believe that atrocities were committed on October 7th and 70 percent of Palestinians continue to believe in the utility of what you might call armed resistance, or fighting and killing Israelis, rather than living side by side. So I think we have a view in Israel that it would be providing aid and comfort to the enemy if assistance were provided. I think what it does, and strategically helping Hamas, is that it has really alienated Arab governments who had been increasingly aligned strategically and in a whole range of ways diplomatically with Israel and it's made an Israeli partnership of any kind extraordinarily difficult. And that serves Hamas' goal.

The other piece of this is that Hamas is not a passive actor in any of this. Hamas is trying to use the conditions and, indeed, the suffering of the Palestinians in Gaza to advance Hamas' both near-term and long-term goals. And I think one of the challenges for the international community is if you don't want to use supply pipelines and other things to reinforce Hamas, how do you build up something else, or something that is Hamas neutral? And Hamas has occasionally undermined those, attacked those.

It's hard to find a way to meet the humanitarian needs of the people in Gaza without supporting Hamas. And Hamas – my understanding is – Scott may have a different view – but it's my understanding that Hamas is acting with an eye not toward alleviating the suffering of the Palestinian people and the people of Gaza as much as possible, but instead ensuring that the long-term consequence of this war is not the Israeli goal that Hamas is permanently eliminated from power in Gaza, but instead Hamas is trying to capitalize on the humanitarian suffering, in order to plant the seeds for its resurgence.

Dr. Morrison: Thank you.

Michelle, over to you.

Michelle Strucke: Thank you so much. And thank you to Scott and Caitlin and Jon for the great comments so far. There are a couple points I thought were important to make. One is, you know, on this issue of famine, I think it's important to recognize not just the historical – the great point Caitlin made about the historical context of how rare it is that this happened, but the idea that this happened so quickly, in such a manmade context, that it is extremely significant. We've watched this happen, unfold over six months.

And Scott's comment that, you know, a baby who wasn't even born yet on October 7th is a victim of – or a potential victim of famine, I think is really spot on. That speaks to Jon's comment, when he said that, you know, if the Israeli government is thinking of the idea that they're providing support to Hamas, I think we've talked on this broadcast in the past about the blurring of lines between innocent Palestinians just trying to survive – that baby, of course, is absolutely one of those people – the fact that when lines are blurred that not only is an issue under international humanitarian law where they're required to make distinctions between civilians and combatants, but also has these devastating systemic consequences that we're watching unfold today.

So one of the things that I think is important to think about too is the fact that while we're currently in this desperate moment of thinking about the fact that the needs are so high, they're not being met, and while the Israeli commitments to increase aid are extremely important steps – to see those realized is absolutely critical – the issue of long-term consequences, I think, is also really important to highlight. A lot of these – you know, we've talked in the past about the devastation of the health infrastructure, really the kind of critical civilian infrastructure that allows the population to survive, and not only survive but to have a future, these are things that are – we're seeing be threatened by the situation right now.

In the case of famine, I thought it was interesting to refer to a study that was – I'm just opening it up – a study a few years ago in 2020 that indicated that, you know, from a historical analysis of the Chinese famine, that looked at the fact that there are long-term consequences of famine in terms of generations. This is from UC Berkeley researchers that specifically looked at the fact that not only do – you know, famine, can lead to long-term health consequences, like type two diabetes, which can – some effects can pass from generation to generation, it can also contribute to an increased transmission of infectious disease.

So just to say that there are such links from all of these issues we can't look at them in isolation. The lack of food, the lack of water, the devastation of civilian infrastructure, these are all harming, I think, the very important hope that Palestinians had that they would be able to have a future in this place that is so important to them. And we don't talk often in policy discussions about hope. It is obviously, to me, a motivating factor that people have when they think about why they want to remain in their land and why they would want to build up a future and stay in places even when they're in these circumstances.

Another point to bring up is that while the discussions about a potential ceasefire continue and are ongoing, that continues to be one of the number-one things that humanitarians are calling for, is having a cessation of

hostilities to be able to allow them to be able to have unfettered, unimpeded access to provide humanitarian aid. That is still – aid is still not getting in, not just by trucks – although trucks are part of it – aid is still not getting in to the extent that it must to avert or even ameliorate slightly some of these effects that are happening. So I think that it would be great to hear a little bit more perhaps Scott's views on some of these issues he previewed earlier about what steps should be taken more quickly, including opening up additional border crossings and including the streamlining of inspections.

The one last point I will make, Steve, is that, you know, given the scrutiny on Israel right now by the U.S. government, the pressure they're experiencing straight from President Biden all the way down to his staff, to allow humanitarian assistance in much greater quantities into the Gaza Strip, one of the things that I think is important to highlight is that Israel should be trying harder to demonstrate that they are doing this, not turning around to blame UN agencies for aid not getting in in sufficient quantities. I feel they should have an incentive to be able to counter the narrative that aid isn't getting in enough by doing more. I think we see some of that happening through them announcing additional, you know – you know, for example, boxes of flour that are waiting to get in. But to really – it can't be a symbolic approach. The distribution on the ground, obviously, is extremely difficult, and it's still their responsibility to ensure that aid actually is getting to people. They can't kind of throw up their hands and adopt a partial approach. So I think that's also an important point that the ability to follow through on humanitarian obligations is something we've talked about before, and the ability to follow through specifically on getting aid to people is not someone else's job.

So I'll end with that.

Dr. Morrison: Thank you.

I want to come back to Scott. There's a lot of points that have been raised here. Maybe you could begin to address some of those.

Mr. Anderson: Yeah. Thank you. I mean, I think it is – you know, it is very interesting. And I think we are seeing some different approaches by the government of Israel to try to get aid routes open. I was out yesterday, we met with COGAT, and we saw areas and crossings that are being prepared to use as a northern corridor, which we take as a welcome sign that things will move forward. And we also hope the maritime corridor comes to pass. But I think the important thing with all these is they have to be additive and not replacements for other crossings or other things that we're trying to bring into Gaza. Much more is needed. Having more crossings is certainly welcome.

You know, I think that – I read a very interesting psychological profile of Sinwar, and it speaks to a comment earlier, where he said that Israel's weakness is they care too much for their people, and I think Hamas' weakness is they don't care enough for their people. And I think that they can do more to help alleviate the suffering, to make sure aid is – you know, is coming in at scale by – and it's – you know, it's little things like not operating near hospitals so that you don't draw conflict to a hospital so the hospital can remain protected and the hospital can remain functional.

You know, I think there are certainly challenges with getting aid in and making sure it doesn't go to people that should not receive aid. You know, and I think the U.S. government had said there's no systemic diversion of aid in Gaza, and I believe that's true. I won't say there's no diversion at all because that would be, you know, impossible to prove. But we do distribution to PA ID number, so we can tell exactly when somebody got stuff. For example, flour, we have a live website. So we take all this very seriously because we want to protect the aid pipeline so that we can continue to get it to innocent civilians and make sure that everybody has what they need to survive every day. But I think that, you know, while all these steps are welcome, you know, as I mentioned the truck deficit earlier, this is still not enough. And we need to all do more to get more into Gaza.

And I think that there's a thought that I think is incorrect, that people think if you get flour into the north that solves the food problem. Well, that's not going to solve the food problem. That's going to help solve the food problem, but once we reach a certain point – and I'm not a medical doctor so I can't speak too much to this. But, you know, I have had children and I have elderly parents and elderly grandparents. When they get sick and they get to a certain level of weakness, you can't just give them normal food and they'll recover. It has to be, you know, very specific nutrition needs that need to be met.

So we need a much greater scale of aid coming in, but we also need a much greater diversity of aid coming in. And if we can do that, we can certainly get it to the right people. And, you know, I can't speak to whether or not this is a famine. What I can speak to is there are a lot of people in need, there are a lot of people that are hungry. And if we get the right amount of aid in, we can begin to counter that so, you know, people aren't hungry and the two-month-old baby that I referenced earlier doesn't have to – doesn't have to starve to death.

Dr. Morrison: Yeah. Jon, I mean, the points you raise – I mean, President Biden walked up to the edge of imposing conditionality, right, on future security assistance on the 4th of April, a couple days after the killing of the seven World Central Kitchen employees. And the response was, the Israeli government said it would open Ashdod Port, it would open Erez, it would open – facilitate 30

bakeries, it would open another pipeline – water pipeline. So, yes, the public sentiment within Israel may be very hostile towards humanitarian relief, for some of the reasons you've laid out, but what we've seen is as this crisis has escalated and it's become a much bigger issue here domestically, the president's not declared conditionality but walked up to it. And the Israelis made – have made some commitments.

On the maritime corridor side, you got the U.S. military rushing to install the pier. You've got Fogbow, this organization, out raising, you know, significant sums of pledges from Dubai and from the French and others, over \$100 million, to move goods forward. The Israeli military is in a discussion of some kind with what happens when it hits the beach. And you're right, Scott, in saying this is not to displace overland cross border deliveries, but it's happening. And I wanted you to talk a bit about that maritime corridor. Are we going to see that in the coming weeks begin to actually happen? And are the implications going to be?

Mr. Anderson:

So I think, yes, to your question. We are going to see it happen. I think it is, you know, somewhat imminent. I know the military is moving forward quite quickly to try to get everything in place. We've had briefings from USAID and CENTCOM, you know, on the plan. There's still quite a few details that need to be worked out, exactly when the pier will arrive, how it will work. You know, and we're trying to make sure that all this can be done safely so we don't have any more security incidents. But I think it will indeed take place. I think it could add potentially 150 to 200 trucks of additional aid coming into Gaza, which we all think is, you know, fantastic. Anything that gets more aid to people is something that we as United Nations welcome. And we have heard firm commitments from USAID during these briefings that this is meant to be additive and not a replacement.

I think the interesting thing about the initial military corridor is it's not meant to be permanent, right? Ninety to 100 days, give or take. And what Fogbow's talking about is something more permanent that would take much longer to build and, you know, would not get started quite as quickly. But I do think it's a good opportunity for Gaza, because eventually we hope this will end and we can move to a phase of reconstruction. And having a permanent pier that would allow, you know, for the importation safely of building materials would be very welcome. But our first and – our first choice will always be overland from Ashdod. That's a great port. We've worked with people there for years.

As that opens up, and we hope that it will open up, we've heard some commitments from the government of Israel that will and we can start as the UN sending aid through there again, that will always be our first choice just, you know, by proximity, and then overland from there. But we do welcome the maritime corridor. And it could start as early as by the end of this month,

if all goes well. And we'd very much like to see, as I said, additional aid coming through. I think it's more critical than ever now to prevent famine, but also to allow us to preposition and plan and be ready for what looks like an operation in Rafah that will happen at some point here in the near future.

Dr. Morrison: Can you say a bit about the disruption in funding as a consequence of the allegations of the 12 employees and the investigations that are ongoing? Can you say a bit about that?

Mr. Anderson: Yeah. As far as the investigations they are ongoing and I was interviewed, which I guess didn't provide much. I wasn't here when all this happened in October. I do know they're ongoing and we're just waiting for OIOS to finish those and see, you know, if – see what the, I guess, the situation is or what the outcome is.

I think that our funding resumption from some countries is linked to that and the Colonna report, which should be out here in the next week I understand. So most – many countries and our biggest donors – our top 10 donors – suspended aid when the announcement was made by our commissioner general of the 12 staff members and that they had been terminated. Many of those have come back and resumed funding again.

So I think that there are two different impacts on this. One is Gaza and the operation, and there's a new flash appeal that came out today that we hope will be well-funded for the entire international humanitarian community as well as for UNRWA. And I think that for UNRWA in Gaza, we can continue our operation, you know, at least through July. We have food that's coming, so the pipeline is there. And we will need funding, obviously, to extend that pipeline and continue to provide food to the over million people that we do.

And then there's the larger UNRWA itself and, you know, school that should take place in Jordan, Lebanon, and Syria. So, you know, we remain, I guess, cautiously optimistic is the best word I would use or best way to phrase it, that we can establish – reestablish trust with the donors that was broken.

I think with the United States there's probably still a lot of work to be done between now and next March when the ban on funding would end and I really hope that, you know, the conflict doesn't drag on much longer so we can, you know, get back to not necessarily responding to the crisis from conflict but continue to respond to the crisis that will exist even when the conflict ends.

But I just – I guess I would say that UNRWA does remain the backbone of the operation. We do significant amounts of distribution of food. We still do, as I mentioned, 80 percent of all vaccinations for children across Gaza.

We are the logistic pipeline. Of the 13,000 staff that we have employed with us in Gaza well over 4,000 are working every day. So we remain a very robust part of the response. We partner very well with the rest of the UN and, as I said, I hope that we can convince the donors that haven't resumed funding to come back so we can remain the backbone of the operation and ensure that we respond to everyone's needs.

Dr. Morrison: Thank you.

Caitlin, before you came out with your report there was the study that was done by the London School of Hygiene, Tropical Medicine, and Johns Hopkins, and we had Francesco Checchi, the lead investigator in London, and Paul Spiegel from Baltimore. Francesco came on camera with us in an earlier episode.

They laid out some fairly stark projections – and this is something that I'm sure Scott will have something to say – about under different scenarios what does excess mortality look like and they were – even under the rosier of circumstances it would – the situation was such that you were going to continue to see high excess mortality.

Is that sort of – how does this figure in what you've just done and the analysis that you've just done and this determination, looking ahead? Samantha Power has already said there is famine going, and that wasn't an official declaration but it was a prominent agency head standing in front of Congress and making that statement.

Perhaps there's more official declaration. But I'm assuming that our forecasters, FEWS NET at AID and elsewhere, is using whatever data it can collect in order to say what are the projections looking out into the summer.

Ms. Welsh: Yeah. See, the projection that you just mentioned seems to comport with what the IPC is saying when it comes to the criterion for death that the IPC, again, was saying that the famine threshold for mortality is expected to accelerate and be exceeded imminently.

I do want to mention, though, that the famine in Gaza today is exceptional and even unprecedented for a number of reasons, which we laid out in our piece. Number one, for the proportion of people suffering the most extreme forms of acute food insecurity – and this is a quote, but I think it bears repeating – but this is – according to the IPC, the proportion of people – they said the entire population of Gaza is suffering from the worst three classifications of food insecurity. The IPC says the highest share of – this is the highest share of people facing high levels of acute food insecurity that the IPC initiative has ever classified for any given area or country – the highest share of people the IPC has ever – has ever classified.

Second of all, for the number of people in the worst forms of food insecurity – so in catastrophe and in famine – IPC is projecting that as of July over 1.1 million people – full half of the population of Gaza – will be in IPC Phase 5, or famine. Looking at the last two famines that have been declared since 2010, in Somalia in 2011 it was 490,000 people. So what we're seeing in Gaza is – it's projected to be more than twice the people that were suffering in famine in Somalia. When famine was declared in South Sudan in 2017, it was 80,000 people who were suffering from famine, meaning that what's projected to be happening in Gaza as of this summer is more than 13 times the number of people who suffered from famine in Somalia (*sic*; South Sudan) as what we would have in Gaza. So unprecedented in that – in that way.

Again, the speed of the onset of the – of this humanitarian crisis is just six months, which is incredibly fast compared to the other two famines that were – that were declared due to months if not years of environmental shocks, economic shocks, governance challenges, et cetera. And finally, for the entirely manmade cause of this famine, entirely due to conflict and lack of humanitarian access. So a number of reasons that this is an exceptional circumstance.

It's very important that – Jon, that you mentioned that the Israeli government and Hamas likely both see strategic interest in extending the suffering and not in halting it immediately. But the longer – the longer that it happens, the more long-term consequences you will have, I believe, politically because Hamas, of course, will use this as a reason to extend antipathy toward Israel. It's not going to build any will – any positive will. And second of all, in terms of human consequences, there are generational genetic implications. It's not just this generation, and the implications will not halt as soon as a famine declaration has receded.

Dr. Morrison: Yeah.

Jon –

Dr. Alterman: And just to pick up on what Caitlin said, I think one of the really unique things here is you can't move civilians to safety, right?

Dr. Morrison: Right. Right.

Dr. Alterman: In most cases of famine, I'm sure every other case you're talking about, people can migrate. People have migrated. And there is something extraordinarily unique – I guess you can't be extraordinarily unique – (laughter) – there's something unique about the fact that you have 2.2, 2.3 million people trapped in an area twice the size of the District of Columbia with nowhere to go and a fear that if they go anywhere their families will

never, ever come back. And that creates, I think, such a unique aspect that nobody's ever contemplated in a humanitarian situation, that there is this political – level of political struggle that is at the core, as Caitlin rightly says, motivating both combatants to instrumentalize the humanitarian circumstance to win their broader political battle.

Dr. Morrison: And the other dimension that's extraordinary is, of course, that Hamas is underground. That it's – and so you have – you have this phenomenon where in order to get to the enemy, you've got to control the ground on top.

Dr. Alterman: And nobody's ever had to fight a battle like Israel is trying to fight in Gaza because you've never had enemies who spent 15 years building a subterranean network that you can't map.

Dr. Morrison: Yeah. Can I ask you, Jon, to say a bit more about opinion within Israel? When the World Central Kitchen folks were killed, that's an organization that was delivering relief inside Israel after October 7th. Chef Andres had shown a lot of compassion and had been in the – had been in the news and had demonstrated resolve and commitment to aid displaced Israelis. And did that – did that and the subsequent actions where Biden's dialogue with Netanyahu and the securing the commitments that the Israeli commitment – Israeli government had been very, very reluctant to make those commitments, but they made those commitments, has there been a shift of opinion within Israel in this period after the World Central Kitchen and after the intervention by Biden and others?

Dr. Alterman: Yes and no. I was struck that if you look at the Hebrew-language press, the Hebrew-language press had a lot more coverage of the World Central Kitchen event than the Schumer speech calling for new elections in Israel. The U.S. press was totally absorbed in the Schumer speech. The English-language Hebrew press was totally absorbed in the Schumer speech. The Hebrew-language press as not. But with the World Central Kitchen attack, there was this sense that something had changed. But at the same time, you also have Israelis say, look, in wartime things happen. The United States when it was evacuating Afghanistan was tracking – so it's, like, you know, yes, a tragedy, but I think a reluctance to step back and say that was facilitated by a profoundly misguided sense of – or, profoundly misguided approach to humanitarian assistance, deconfliction, targeting.

You know, there's a lot of very interesting commentary about how the Israelis can possibly target as many people as they've been targeting responsibly. And there was an article in +972 Magazine that argued that the Israelis are using artificial intelligence and not vetting it very carefully, because otherwise how can you generate that many targets? I don't know where the truth is. My guess is that one of the problems Israel has is that there's not enough coordination and enforcement of rules.

So there are processes for deconfliction. There are people who are committed to this. And there are people who say, you know what, we're fighting an existential war, we're going to go. And there's not enough command and control on the Israeli side. I spoke to COGAT a while back and got the impression that they said, well, it's reservists and it's very hard to train them. So, you know, we're going to get better. I think the challenge the Israelis have is if you're going to do something this sudden, this large, this long, this comprehensive, you have to think about how you set up processes to genuinely protect humanitarian workers, to genuinely protect innocent civilians.

And I think they were so disoriented by October 7th that they said, we'll just figure that out. And six months in, I think they're absolutely not where they're going to need to be. And the mantra from the United States is, unless you're looking after those issues you're not going to win a war. Because winning a war is a political issue not a military issue. And they're going to lose the political side because of self-inflicted mistakes.

Dr. Morrison: Let's hear from Michelle and Scott. Michelle.

Ms. Strucke: Yeah. As a former defense official, I'm kind of horrified listening to your analysis, Jon, just because, you know, whether someone's a reservist, whether they are – it's a short escalation of conflict or a long one, whether they're blindsided and shocked, does not have any bearing on whether a professional military follows basic rules of humanitarian law, establishes deconfliction channels to avoid targeting the wrong targets, or provides humanitarian aid in the manner that they're required. So I know – (laughs) – that's a difficult thing to hear. And we've certainly witnessed watching this on the – on the global stage as this is happening.

One thing I also reflected on as you were speaking was that, you know, in the case of – you know, with Israel drawing a parallel to the U.S. and what happened in Afghanistan, with mistargeting of an aid worker, which was – had horrific and – horrific consequences for many small children who died in that attack. There's certainly an opportunity that, you know, the government of Israel could look at this as a – basically a wake-up call, an opportunity to change their civilian harm mitigation approach, to revisit it to – particularly if they are – if it's true, that they are using – the reporting is correct and they are using AI specifically to inform targeting decisions, to do it at a higher scale.

All of these, I think, are reasons why they could certainly take a different approach and rely on their ally, the U.S. government, to help them to establish better procedures for deconfliction, better procedures for mitigating and responding to civilian harm, and ensuring that they don't

make horrible mistakes or kind of over – allow for a higher number of civilian casualties than is proportional. It's a moment where – I know when I worked at the Defense Department there was a lot of internal reflection happening about how to be better, and how to be more effective militarily by caring more and doing deeper and more effective procedures, policies, tools for military actors to mitigate civilian harm. So one way to look at this is, this could be a moment for them to really take stock and change, not just because the U.S. is saying they should, as a key ally, but because it will be beneficial to their own military. So I am, again, just – I certainly hope that, while I recognize this is a very complex, unprecedented situation and with the escalation with Iran now putting additional pressure on the military, as they still consider things like a Rafah offensive, I do hope that they take a greater look at civilian harm mitigation and humanitarian access, which are just really critical.

Dr. Morrison: Scott, where are you on some of these issues? Is Israeli behavior improving? Are there deconfliction measures in place that are giving greater confidence in – I mean, the troop drawdown by Israel has been pretty extensive in terms of the actual presence of Israeli forces inside Gaza – is at a very low level at the moment.

Mr. Anderson: Yeah, it is at a low level. And, you know, I think deconfliction is something that's been a challenge since I got here, certainly. Just as an example, I'm speaking to you from Rafah in a guesthouse in the UN and it sustained naval gunfire in December. While it should have been – it was deconflicted, it's not a moving target, literally – (laughter) – but nonetheless, you know, it was hit, which is kind of jarring in the middle of the night. But I think that – you mentioned that I'd been here before, and I was here during the conflict in 2014, and I thought at that time we had a very good relationship with the government of Israel, with the IDF, with COGAT. There was trust that existed. In the 10 years that I've been gone, I feel like that trust has been eroded, and some in the IDF don't see the UN as a trusted partner; they see the UN as the enemy, quite honestly. And I think the other part of this, for me, is that, and despite how long the UN has been here, many of the IDF soldiers have never worked with humanitarians; they have, actually, no idea what we do.

And I think in addition to, you know, what Michelle said about relooking the procedures, I think it's also an opportunity to train the soldiers on what humanitarians do, how we do it, why we do it, how it feeds into deconfliction, and why it's important, you know, because we're not here, you know, to help Israel militarily or to help Hamas militarily; we're here to take care of the innocent civilians. That's our role. But we do need assistance for that. So I think that, you know, it was a wakeup call, what happened to World Central Kitchen; you know, it was quite horrific. And I read the after-action report that the IDF had commissioned and the thing that, I guess, startled me is one comment – the drone operator said they made an assumption. I was in

the military. You don't fire on an assumption; you fire on a confirmed fact. So I think that that's something that needs to be revisited, and I think it can be. I mean, I do believe the IDF is a very professional military and I think they can learn from this, just as the U.S. did with the events that happened in Afghanistan.

Dr. Morrison: Jon?

Caitlin?

Dr. Alterman: You know, I think one of the challenges the IDF has is the nature of the Israeli population is shifting. A lot of leaders of some of the elite fighting units who grew up in the West Bank, they have a certain attitude both toward Israeli national security policy, toward Palestinians, and it seems to me that you're seeing this manifest in the way Israelis fight. There is a strand of Israeli military history that is Ashkenazi, Mediterranean, well-trained with a sort of history of seeking coexistence with Arabs. And I think what seems to me to be happening, in part, and certainly not all, but part of it is you're seeing a different Israeli population much more either skeptical or hostile to Arabs, depending on where you're coming from. They're just a larger share of the population, a larger share of the fighting force, and the nature of the IDF and its professionalism is shifting.

You know, interestingly, and it's just worth observing, the head of COGAT now, the head of Israeli military presence and territories, is Druze. He's an Arabic speaker. He doesn't speak English. He speaks Arabic and Hebrew. And, you know, it's just – it's complicated. And we have this sense that it's easy and, you know, this is just how it should be, and you just give an order. But I think Israel's a complicated place. This is a complicated kind of event, which was as disorienting for Israelis as 9/11 was for Americans.

I don't want to get into the comparison and say, well, you know, per capita, and all those things. But in terms of really rocking your sense of security, this was an event that profoundly rocked Israeli sense of security. And I think shows all of the strange seams and scars of the Israeli polity. And we're seeing the consequences of much more religious nationalist sentiment leading the military, which people have been talking about for years, but these are the consequences where the military is fighting on the ground.

Dr. Morrison: Scott, you have to prepare for the possibility or likelihood of advancing famine. You have to prepare for the possibility of a siege of Rafah and the need for relocation – systematic relocation of a million to a million and a half people. You have to prepare for the possibility that the widened war with Iran worsens, and what does that mean for coping with the humanitarian –

Dr. Alterman: You could have 150,000 rockets and missiles coming down from Lebanon that lead to profound destruction in both Israel and Lebanon alike. And that's not a remote possibility. That's a real possibility.

Dr. Morrison: Yeah. So, Scott, how do you – I don't know, I don't want to ask you how you sleep at night – but how do you prepare for these possibilities? You have this enormous demand on you for education, health services, emergency relief, and shelter for refugees. You've got over a million refugees that you care for. How do you manage that, while preparing for these other scenarios – for the possibility that the famine could worsen much, much more, and very rapidly? That you could be – that the siege of – I mean, the Israelis have made very clear that the siege of Rafah remains a strategic objective. That they have not walked back from that. And they – the discussion with Washington has been, well, have a – give us a responsible plan for dealing with the displaced.

Mr. Anderson: Yeah. So, yeah, there's a long list of things every day that we have to address. I mean, there's kind of – I try to divide it between daily operations, and then things that are more strategic that we need to plan for as we move forward. I mean, I think the key to this is, you know, remember, we're not alone. It takes a team to do all this. And you have to kind of leverage their strengths and deal with this as best you can.

I mean, having come from the military, it helps from the planning and kind of compartmentalization process that you have to go through to tackle all these different strands of things that we're dealing with every day. And I'd just say, I mentioned the 4,000 UNRWA staff that continue to work. And they're what make all this possible. They do much of the daily operations, so we can focus on some of the more strategic planning with the larger humanitarian community and the United Nations, the other agency funded programs. You know, and what happened to the World Central Kitchen was a horrific event. But I'd just like to state, we've lost 178 staff members during this conflict, which is a significant number that dwarfs any amount of UN staff that have been lost than any other conflict globally or in our history.

And despite the fact that they're all displaced, you know, they get up every day and they come to work. I met a doctor who kind of made a joke, she was displaced for the third time and she was living in the health center. And she said, it's a new definition of work from home – (laughter) – because she gets up and turns around her desk, and gets back to work. So but it's those people that make you want to do all this, right? It's the innocent people, the ones that are just trying to help their fellow Palestinians. And you just get up and you just kind of keep doing things to try to advance what you can.

And I think that, you know, you have to also understand what you cannot control. We do believe Rafah is going to happen. You said it is a strategic

objective for Israel. They have not walked back from that. I understand, you know, why they've stated that. And our job is to do the very best we can to try to figure out where we think these million people are going to go. You know, at that point, it will be nearly 100 percent of the population displaced. The only ones that haven't been are the ones that live in Rafah, because they have not had to displace during this conflict. They've absorbed a lot of people.

You know, where do they go? And some go to Egypt. Do they go back north? Do they go to the middle area? You have to just kind of start planning to try to figure out, the best that you can, while not trying to help forcibly transfer part of the population, which is something that we, you know, don't engage in, in our daily activities. So, you know, we're here for the innocent civilians. And as I said, that makes it easier for us to get up every day and work hard. I have a fantastic team of people, very positive attitudes, that also make it better and easier. And they're all very bright and can deliver a lot. And I'm happy and proud to lead the lead the endeavor here in Gaza, and hopefully things will improve for all of us soon.

Dr. Morrison: Thank you, Scott. We're getting towards the end of our hour here. Jon wants to make a remark in response to some of what Scott said, but I think we'll start with – we'll start with Jon, and followed by Caitlin and Michelle. And we'll end with you, Scott. Just closing remarks on what message you want to leave on this particular day in time for the audience that's tuned in and listening to us. But, Jon, you had other thoughts, but –

Dr. Alterman: Firstly, Scott's team's doing some absolutely remarkable, heroic work. I think one of the things that that we sometimes lose sight of is the human resilience in the face of tragedy, and, ironically, Israel itself, which rose out of the ashes of the Holocaust, so many people has so much trauma, and yet were able to lead productive lives and create culture, and literature, and arts, and all these other things. And I think sometimes we look at Gaza and we think it's all hopeless. And I think that in some ways the Israeli example, and Israel is, lord knows, an imperfect place, but I've met people who suffered absolutely unspeakable things during the Holocaust and went on to have productive lives and real relationships.

And I think that, in a way, we can't lose sight of the fact, Gaza's not hopeless. Gaza is tragic. Gaza is conflicted. They're suffering. But there's a human resilience to be able to overcome the suffering. But as Caitlin absolutely pointed out, there are going to be long-term consequences as well. And I think we would do well now to start thinking about what were the aspects that helped people in Europe recover from World War II? And what do we have to start having in place to help Gaza get to where it needs to get after what I – I'm afraid we all agree – there's got to be more suffering before there's less.

Dr. Morrison: Thanks. Thanks, Jon.

Caitlin.

Ms. Welsh: Yeah. And thank you, Jon. I think you posed an excellent question for us to start to answer, maybe even in a next episode here.

But, Steve, I just want to pick up on something that you and I had been discussing earlier, which is about what does – what does it mean when famine is formally declared, why is that important? And I said that there's political and emotional weight to that expectation of action. And related to that is the longer that we wait for a formal declaration the more we lose, because that's just the longer time we go without this – without what I would expect to be a surge in pressure, including in the United States a surge of pressure on President Biden.

Dr. Morrison: So your message would be do it now.

Ms. Welsh: Do it now, because the longer you wait the more people are – the more people die.

Dr. Morrison: And so the – Washington should not wait for the IPC or wait for the UN secretary-general; it should make a declaration.

Ms. Welsh: That, or – also, the UN should make a formal declaration. It's not just the United States.

Dr. Morrison: Yes.

Ms. Welsh: But the UN absolutely shouldn't wait either. The United States should either do it first or follow soon after. But again, the longer we wait, the more suffering – more suffering happens and more death happens.

Dr. Morrison: Thank you. Thank you.

Michelle, your closing thought?

Ms. Strucke: I agree, certainly, with what Caitlin said about the declaration. For me, just to pick up on something Scott said that I think was really important, that, you know, these are complicated things. When we're facing such a catastrophic, unprecedented humanitarian crisis that's evolved so quickly and affects such a(n) enormous population or percentage of the population, we need more people working together. Less blame, less finger-pointing is my addition to that; Scott didn't say that. But I believe we need less blame. We need more

trust. We need to see every day – and I say we as an international community, the IDF, the international partners that are working, UN agencies, Congress and others that are supporting and funding those efforts, more working together and trust; and waking up each day finding opportunities to do better by these people.

Palestinians in this situation are suffering. Israelis are suffering as they are witnessing this. They are – they are part of the – you know, the situation that their neighbors are in. It's part of their future about what kind of state they're going to exist in side by side Palestinians in the future, that what they do today will determine that. And so everyone is affected.

So more people taking that opportunity to work together. Not to be Pollyannaish, but to say that it is complex. It requires planning. It requires coordination. And there shouldn't be – there should be more effort and action than there are excuses and blame.

Dr. Morrison: Thank you very much.

Scott, we're all in your debt, and – for your service to the people of Gaza and the West Bank through UNRWA over now almost 17 years, 16 years with a break in there. We're delighted and so impressed that you've chosen to return and take on these duties, which are tremendously challenging duties and show – require so much courage and resolve to get up every day and carry them forward. So thank you for your service and for what you're doing. And thank you so much for taking the time out of your already, I'm sure, very hectic and demand-filled life to take an hour to be with us today.

So offer your – if you could, just any closing thoughts on the message you want to leave with our audience here.

Mr. Anderson: Yeah. Thanks again for the opportunity. I'm very happy to join you here – tonight, for me.

I guess one thing I would say is it's not too late, right? It's not too late to reverse this if we work together. We can do this. That we can allow a manmade famine to happen really is a common stain on our humanity, but it is something that if we allowed it to happen that we can also reverse. So that's all we're asking, is to get what we need to keep the innocent civilians alive. And I know we have the right team in Gaza to do that if we get the resources that we need.

So, again, thanks very much for having me here. It's been a pleasure.

Dr. Morrison: Thank you.

I want to thank our audience for being with us. We will post this on the CSIS homepage and in a couple of hours a transcript will accompany it. I want to offer my special thanks to Scott Anderson, Caitlin Welsh, Jon Alterman, Michelle Strucke for all taking the time out to be with us today. It's so terrific to actually have four of us from CSIS from our different perspectives contributing to this along with everything that you bring on the ground, Scott, today. So thank you all.

(END.)