Center for Strategic and International Studies

TRANSCRIPT **Event**

"Gaza: The Human Toll At The One-Year Mark"

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FEATURING

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J. Stephen Morrison:

Hello. Good morning. Good afternoon. Good evening. I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies, CSIS, in Washington, D.C.

Today is Monday, October 7th. It's the anniversary of the Hamas slaughter of 1,200 Israelis and the taking of 251 hostages and followed shortly thereafter by the massive bombardment and beginning of the war between Israel and Hamas. This is the 18th episode of our broadcast series, the CSIS series Gaza: The Human Toll. We began this series on November 13th, as a means of hearing from those in Gaza who have been most vital to the response in terms of health and humanitarian needs.

I'll introduce our guests momentarily. I want to offer special thanks to my colleagues here at CSIS Sophia Hirschfield, Qi Yu, and Dwayne Gladden – Qi and Dwayne on the production team; Sophia has managed this series very assiduously over the last year.

This is a particularly somber day. It's a day of mourning and remembrance from many different perspectives. And there's been a massive outpouring of opinion in the last few days. It's an extraordinary subject that we're talking about here. Of 1.9 million people displaced multiple times of the 2.2 million citizens of Gaza, of the 41,000 dead, including women and children and combatants, of the 100,000 wounded, of the estimated 8(,000) to 10,000 missing civilians. Gazans have nowhere to escape to in their 141 square kilometers. They are trapped.

And there's no end in sight to the war, and no end in sight to the fighting and the – and the killing and maiming of civilians in this war. It's a war that has drawn much commentary about the cynicism and disregard for civilian life that's been seen in the leadership of both sides to this war. It's a place that's been close to – remains very close to famine. It's a place of collapsed health system, of great peril to those who have put their lives on the line to provide humanitarian relief and health assistance. It's a place where disease is spreading in multiple ways, the most visible recent case, polio.

We are joined today again by two experts who kindly agreed previously to come on camera. We'll be hearing first from Dr. Yasser Abu-Jamei. He's a psychiatrist, a very prominent and well-known psychiatrist. He's the director general of the Gaza Community Mental Health Program. He's lived in Gaza Palestine since 2000 and has been working at the Gaza Community Mental Health Program since 2004. He'll speak first, offering some opening remarks on reflections on this past year.

He'll be followed by Scott Anderson. Scott Anderson is the director of UNRWA affairs in Gaza. Most recently, he was appointed as deputy humanitarian coordinator in the occupied Palestinian territories, leading field-level emergency response and deconfliction processes with all key humanitarian response actors. We'll also – we're also joined today by my friend and colleague Jon Alterman, senior vice president and director of the CSIS Middle East Program.

This broadcast has been a – from the very beginning, a collaboration, a partnership with the Middle East Program and with the CSIS Humanitarian Agenda, led by Michelle Strucke, who's not with us today. Thank you all for being with us today.

Dr Yasser, thank you for making the time to be with us. Why don't you open things up for us? Thank you.

Yasser Abu-Jamei: Thank you very, very much. It's really an honor to be here one more time. It's the third time, actually. And my presence here is for a very unfortunate reason. Just hearing the information that is some sort of just numbers that give little reflection of what's going on in Gaza still is already, I think, disturbing the audience, when you hear that more than 50,000 people were already killed and that more than 100,000 people already injured, and you speak about at least 17,000 children who have lost at least one of their parents.

And that – and in addition to that, that already one year is passing, and the international community haven't done enough, really, to put a stop to this war. This is something that for the audience, again, as I said, it's frustrating. So let's keep in mind the people who are living in Gaza still. We speak about a population of at least 1.9 million people who are living now in areas of displacements, most of them living in tents.

A couple of weeks ago – actually, this time a couple of weeks ago there was a small rain that, you know – for less than a couple of hours, and that little rain caused a devastating effect on the population in Gaza Strip. I was calling to my – talking to my cousins, to my colleagues, and to different people, and they said it's just the wind is going, you know, which is the normal beginning of the autumn or maybe winter, it made us all frightened what would happen to more sinking in our – drowning in our clothes. We don't have a second set of clothes for most of us. Even the clothes that we have are almost strung out.

And a serious – sorry, a recent report by one of the international agencies said that a hundred percent of the population in Gaza Strip is now under poverty rate, so you can imagine how things are. Even if you have some little money, it wouldn't really buy anything big. The prices

now for vegetables, like one kilogram of tomatoes would cost at least \$10 if you are lucky and live in the southern areas. In the northern areas in Gaza, it costs five times more than that.

And when you look at the psychological impact of what's going on, we think of three major things, actually.

One is the continuous exposure to traumatic events. We speak of the bombardments that continue to happen every now and then, 24/7, with scenes of the people who are killed or wounded. And unfortunately, in the recent weeks now the tents even are bombed, you know. Of course, we continue to say that there is no safe place at all in any place in Gaza Strip, and what is called shelter is just a school that is not offering any safety or any security. And contrary to what we think, many of the schools that are in Gaza used as shelters also were bombed.

A second very important thing that we need to keep in mind, that this is building on people who are already and are blockaded, and are living under occupation for decades. And even prior to October the 7th, more than 50 percent of the population were under poverty rate. One-third of the population was under severe poverty rate. So the resources that could help people if we could say, you know, financially, if we could say economically, one way or the other, with the ongoing intensified blockade, with the lack of any kind of support or most of the kind of support that was somehow scattered before May but now it's even lesser and lesser, that also is done.

And, third, the anticipation that things will be going to be better or not, and there is nothing really that tells the people that things are going to be better. I mean, I have in mind to have a sworn ceasefire. And the recent development in Lebanon had the most devastating also in, I mean, news to the population in Gaza Strip, because it means our status is going to continue to be the same because there are more of the attacks. So if I could characterize the feelings of the people, the emotions among the people, it's in one case the continuous anticipation that in some way it will get worse and worse.

And the second thing that is disturbing them, between anxiety and despair there are many other implications. On top of them is the impact on the social relationships between people. We speak within the families. We speak within the neighborhoods. We speak within the populations themselves. And with that you start to develop – (inaudible) – you know, some of the people out of misery, out of poor economy, they are praying about this to help their families, and some of them are following some illegal ways of securing some sort of support. And this is causing a lot of problems within the Gaza Strip.

And then when it comes to children – and we need to keep in mind of the fact that 48 percent of the children in Gaza Strip are – sorry, of the relation with children, we speak about more than 1 million 100,000 children. This is the second year that, I think, you know, the school year is going to begin and they don't have any clue whether they are going to go back to classes or not. There are many initiatives led by different organizations – civil society activists, teachers – that are trying to open the classes, you know, in tents, even sometimes in shelters. They are trying to offer the children some sort of sense that, OK, let's try to do something that brings you back to normality. However, at the same time children, they live in poverty. They don't have enough clothings. They are – they don't have enough even food. Twenty-five percent of the population in Gaza Strip, according to recent report, they are just under level five famine, which is basically famine, you know.

So and those children continue to hear the bombardment that happens every now and then, extremely terrified, extremely scared. They don't know what's going to happen next. They feel that. The winter is coming. They feel that whenever there is a raid. Everyone is afraid about that. And they feel from the community that nothing good is going to happen soon. And then finally, what really makes everything even worse, is the orders that comes every day and then by the Israeli Army asking people to leave their areas of displacement.

So this is like thousands of people who are displaced someplace. They are told to be – just to move. And they are given orders, and sometimes even before enough time happens in order to allow people to leave, the Israeli operations begin. And for many of the people, they think whether we live or die doesn't make any big difference, really. And in many of the cases, we heard of families who decided not to leave the areas of displacement because it doesn't make any difference. You know, we are going to die anyway, whether we are going to die immediately by building that is falling on our heads, or whether we're going to die slowly, because of famine, because of hunger, because of lack of enough resources, or maybe even because just they are with chronic illnesses there is not enough medication and so forth.

So these are the general feelings among the population. It's really getting more and more difficult for us to find any means to bring hope to the people. You know, especially with the recent development. There is no open horizon for a change, or for a ceasefire. People begin to get more pessimistic, and our work as mental health professionals is getting more and more difficult. We continue to struggle with that. We try to build on what people have. But unfortunately, for most of the population, there is nothing really left. Houses are not there. Lands are

not there. You are living in a tent that is almost destroyed. And sometimes parts of your family are gone, you know. And it's really, really difficult to help people out when it comes to psychological well-being.

Dr. Morrison:

Yasser, what's the status of the work that you do? You have a number of mental health centers. You provide in-person counseling. You provide medications. There is a psychiatric hospital that was early on in the war destroyed and closed. What's the status of the work that you do and the – that of your colleagues. through the mental health program?

Dr. Abu-Jamei:

Well, our main building in Gaza City, I think, out of seven story there is hopefully still – one floor is still up, or two floors, but the other floors are gone. Our community center in Khan Younis is gone. Our community center in Deir al Balah is partially destroyed. So what we are doing is that we try to operate and to work from – we have to – actually – (inaudible) – is to work from temporary locations. For example, between February and May we had an early location in Rafah. And unfortunately, we had to leave Rafah in May. And then we went back to Khan Younis. Our original place was in Khan Younis in the south, for example. That place there is lost now. We are operating from one area in Mawasi, Khan Younis, where most of the displaced people are there. We have a location, a rural one, in Deir al Balah.

Through both locations we try to offer specialized mental health care, which means drugs and medication to those who are in need, the ones with a disorder. However, our main outreach is through provision of psychological first aid. So 10 teams that go to visit people in their displaced areas, who speak about man and the woman, both psychologists who go to visit the displaced people in tents and their children. And they try to offer some basic psychological intervention, basic psychological assessment.

They go with psychological first aid kits, composed mainly of some stationary and some toys for children that they can try somehow to help them speak out, to help them express themselves, and talk about the difficulties, to make parents more aware of us going in the psyche of their kids, how they can work with that, and to provide some psychological support. And at the same time, when they find some cases who are in need for more advanced support, they will refer then to our community teams.

In the last two or three weeks, we were trying hard to find some more locations to work from. Unfortunately, the number of available spaces is extremely few areas, few places, especially when it comes to areas that you can operate. And in order to even secure five or six tents to establish a locality that you can operate from is really difficult, even for

an organization like GCMHP. So we are trying our best. We are working on things. However, we need more – actually, we need optimal working environment that we could work from.

Needless, of course, to speak about the difficulties that we have with transportation, with communications, et cetera, et cetera. Our organization, since the beginning of this year until the end of September, reached almost 30,000 people, about 25,000 people were reached through our psychological first aid services. About 2,500 people were reached. They came to our community centers. And they received medication. Still, with these numbers that look really big, we have just touched a tip of the pyramid.

And what we believe, the colleagues at GCMHP, that we will see more once a ceasefire takes place, maybe three to four weeks after the ceasefire takes place, because people are simply now in what we call, you know, survival mode. Which is, like, you just try to help yourself out, to live the day, to secure, maybe food, clean water for your children, something like that. But later on, when the fear and horror of the daily exposure to traumatic events subsides, the people will start to feel how the events, the one year or even more, I don't know, time of such exposure to traumatic event will really impact their life, how it had impacted their life, and how it psychologically affected them.

Dr. Morrison:

Thank you, Yasser. We'll come back to this momentarily. There's much more to discuss. I'd like to turn now to Scott Anderson from UNRWA. Scott, thank you so much for being with us today.

Scott Anderson:

Thanks very much. Very happy to be back again. I'd like to start by acknowledging what happened on October 7th last year, the loss of over 1,200 Israeli lives when Hamas attacked, there were 1,000 injured, over 250 were abducted and taken hostage. I had the opportunity to visit the festival site and kibbutz that had come under attack. And it really defies description, the events that took place. They were just truly horrific. And unfortunately, what came from that is and what we have now in Gaza. Shortly after that attack, events started in Gaza with the IDF attacking. And we're now 12 months into this horrible conflict that has impacted literally everybody in Gaza – over 41 – (off mic)–

Dr. Morrison: We lost him.

Mr. Anderson: – children, over 100,000 – sorry. Can you hear me?

Dr. Morrison: Yes. You're breaking up a little bit, but go ahead.

Mr. Anderson:

Yeah, I'm sorry. My internet is not great today. I was saying, we had over 41,000 people in Gaza have died, including 11,000 children. Over 100,000 have been injured. People are displaced across the Gaza Strip. Most of those have been displaced multiple times. And now most of them have are in Mawasi. So we have about 1.5 million people in an incredibly small area. And unfortunately, violence continues.

This last week, over 250 people died. It was a significant increase over the weeks before. We've had a large-scale operation begin in the north with more evacuation orders, including three hospitals overnight. And the only thing that's going to resolve all this is the political will to get a ceasefire in place, to let the hostages go home, provide some respite for people in Gaza, and allow them to begin rebuilding their lives.

The impact, as Yasser said, is significant on mental health, but it's also significant on physical health. The healthcare system is has been decimated. The only part of healthcare that somewhat works is primary healthcare. UNRWA is doing over 14,000 consultations a day of primary care. But the secondary care and tertiary care is basically nonexistent. There was a mass casualty event in July. I had the opportunity to visit Nasser Hospital to see what was happening with patients. And it really – the first thing you feel, or see, our experience when you walk into the emergency room is you can smell the blood in the air. There's so many people there, and they're unable to get care.

The hospital has about 35 emergency room beds, and most of those were full before the mass casualty event. So looking for family members, toddlers that were double amputees, and all this in the backdrop of the hospital that doesn't have disinfectant to clean the floors, and then doctors that aren't able to perform procedures needed on their own citizens because they simply don't have the equipment that would allow them to do so. To come in with wounds are very much at risk of sepsis, which they will not survive. And that's just one example of the hospital network across Gaza, which is just really not sufficient for people. And certainly nothing any of us, you know, would expect or accept in our countries.

You know, the other challenge that feeds into the healthcare challenges is food insecurity. I think Yasser mentioned, a number of people are living in famine-like conditions. We have not been able to bring aid in at the scale needed since the Rafah operation started in May. And we've actually seen a steady decline in the amount of aid trucks coming in. This past week, commercial truck access has been limited by the government of Israel. So we're facing a very big dilemma on our ability to bring aid in. And it's something we have to correct soon, or more people will see their health and nutrition impacted, especially children,

which does have lifelong effects.

I was at Kamal Adwan Hospital in March of this year. It's a pediatric hospital in the north of Jabalia – it's under evacuation orders today – where I met two families with two-month-old babies that were starving to death because there's not enough food in the market and there's not enough food for the mothers to lactate and provide breast milk for the children. And again, that's just one example of what I could give you. There are thousands of people that have not been able to access, really, the basic necessities that we very much take for granted in our daily lives.

Women and children have been impacted the most in this conflict, I think, as they are in most wars. Children don't – you can see it physically on their faces when you go to health centers. Women have not had the necessary sanitary supplies to meet their monthly needs at any point throughout this conflict. And you talk to some women that have gone months without being able to shower because there's simply not facilities available. And for them, and for most people, their daily lives consist of trying to find food, trying to find water, and just trying to find a bathroom and a shower – again, things we very much – very much take for granted.

I think that, you know, the water problems in Gaza are significant. There are desalination plants that can provide clean drinking water for the population, but they don't have enough power. And that's something that we're working very hard to try to correct. I think it was also mentioned, Winter is coming. We've had some rain that has had significant impact on the population. And that's just the beginning. There's piles of trash. The sewage network is not functional. And we're all very concerned that with the onset of winter we're going to see rivers of garbage and rivers of sewage just flowing through Gaza.

And people are forced to set up their tents and makeshift plastic structures where we're pretty sure going to flood, but there's just no other space available to them to try to find places. The shelters that used to serve as schools are full. We have over a million people that are registered in our shelters for services or sleeping in the shelters. And there's just simply not enough of anything. It needs everything, is the very quick needs assessment. And if we don't start to do better, prepare for winter, and get more food to everyone, we're going to have a significant challenge ahead of us as we try to take care of the population so they can meet their basic needs.

So I guess I would reiterate one thing that I said earlier on. The only thing that will really allow us to stall this is a ceasefire that returns the

hostages to Israel and allows people in Gaza to begin rebuilding their lives. Thank you.

Dr. Morrison:

Thank you very much, Scott. Just say a word about how UNRWA has been able to function in this period – to continue functioning. You suffered massive losses. You had an investigation of some members of the staff who are alleged to have been involved in the October 7th slaughter. You know, it's suspension of assistance, including from the United States. Some states have resumed funding. How are you – how you are able to function in this period?

Mr. Anderson:

I mean, it's very difficult, obviously. I think, you know, we're still probably 60 percent of the total response in Gaza, primary health care being the biggest one, the shelters. I mentioned a million people in our schools are seeking shelter. And those are the two big ones. And we have started some education, you know, learning activities, not formal education.

But, yes, the U.S. has not returned to funding, although many others have. The Knesset had the first reading of a bill to basically cut ties with UNRWA and Israel. So it's a very difficult time for us, but I would say I'm very proud of our staff that are focused on taking care of the population here in Gaza and trying to respond to this very complex, widespread crisis that we face. But our challenges are quite significant. There's a lot of work ahead for us to restore organizational integrity, but we will take that on as we continue to respond here in Gaza.

Dr. Morrison:

Thank you very much.

Jon, over to you.

Jon B. Alterman:

Thank you for having me.

There's so much trauma on all sides of this conflict. And what I find especially disturbing is the denial on each side of the trauma on the other side of this conflict and legitimacy of the other side of this conflict.

The Palestinian Center for Policy and Survey Research, a well-known Palestinian polling outfit – I think the most authoritative of all of them – has been doing polling throughout this crisis in Gaza and the West Bank. And one of the consistent findings is that nine out of 10 Palestinians surveyed deny that Hamas committed atrocities on October 7th. The atrocities that everybody has seen, they say, oh, those never happened. And then what you get changes in, was the armed effort legitimate? How is this going to work out? When is there going to be a solution? All those numbers change. And one of the things I find disturbing on the

Palestinian side is a consistent denial that atrocities were committed on October 7th.

There is a persistent denial in Israel, as you know, that there is improper suffering of civilians on the Palestinian side. There's a sense there may be suffering, but for this suffering it is either proper or instrumental because so many Palestinians are so committed to hatred, to extermination of Israel.

And it seems to me that one of the great sadnesses and ironies of this conflict is you have about 30 percent on each side that I think are either committed to genocide of the other or lean in that direction. And you see it in Hamas' goals to push the Jews out of Israel, in the goals of rightwing ministers in the Israeli government who talk about the eradication of Palestinians. And I don't know how you get a peace agreement even if you have majorities that support coexistence. And right now, the last polling I've seen from the Israeli side is about 19 percent of Israeli Jews believe in the possibility of peace in a two-state solution. The number of Palestinians is rising, but still not much above 50 percent, if that. But how do you get there when you have 30 percent of people calling for the extermination or expulsion of the other side? And to me, that's the tragedy of this conflict.

As Scott and Yasser have rightly said, profound suffering on the Palestinian side. As you and Scott said, profound suffering on the Israeli side; more than 150,000 Israelis also have not been in their homes.

Dr. Morrison: Returned home, yeah.

Dr. Alterman:

And despite that, the number of people who argue that it actually makes it proper to fight even harder, to be even less compassionate, to be even more extreme in the ambitions, that number seems, I think, frustratingly immune to movement. And to me, that's the real tragedy of this, is for all the suffering – which has been profound – it's not really moved the needle. It, in fact, seems to have increasingly polarized people, made it harder to imagine where we go from here, made each side – and certainly it feels to me that the leadership, both Yahya Sinwar and Benjamin Netanyahu, feel they are getting closer to victory rather than further the more populations suffer. And to be at that point not only a year into this war but after so many millions of people's lives have been so hurt, how so many millions of people on each side have been living trauma every single day – there's a saying in Israel, every day is October 8th; every day is October 8th – that we're still here a year later – and then with the war, of course, spinning north into Lebanon, with increasing violence in the West Bank – it's chilling that the humanitarian suffering seems not to be getting us closer to resolution.

yet each side feels that inflicting the suffering – the suffering on the hostage families and others, the suffering on ordinary Palestinians, huge numbers of whom have lost family members – that each side thinks, well, that's helping us achieve our goal. And a year into it, each side seems locked in rather than showing exhaustion.

Mr. Morrison

Let me ask Yasser and Scott to respond to what Jon just laid out here in terms of the mutual denial, but also the willingness of leadership on both sides to maximize suffering as a device, as part of a strategy that's become apparent over this year. Yasser.

Dr. Abu-Jamei:

Well, I think my response is, if I – if I would simplify things, and these are things that are really hard to simplify. I would say we come back to the international law and we just look what these relations and most of the international community had agreed on for the last seven or eight decades, you know, including the international humanitarian laws, the different human rights laws; and the dynamics and the mechanisms that was set or were set by the international community in order to bring a two-state solution; and then have some sense of accountability, you know, then we might get it from there. But without putting everyone responsible for his or her deeds, nothing is going to be worked out. We need to back up the human rights. And Palestinians, they are just human beings whose rights need to be respected. And the question is why some international actors, they just block the resolutions that are made by the U.N., for example, by the United Nations, or by blocking the work of different institutions that are setting some people accountable for their deeds.

I mean, it's a basic status where there are some people who are under occupation, they are striving to end the occupation. There is peace negotiations that began in 1993 with clear plan. None of that was or came to end. And again, I think without having a say – a verdict – people say, nothing is going, really, to happen. We need to put things in the right place. And I think it's time to set everyone accountable for his or her deeds, and it doesn't matter whether this person is a head of state or is someone who is trying to free his land or whoever, you know. I think we are all, by the international laws, should be accountable and should be, obviously, responsible for our deeds.

Dr. Alterman:

But Hamas, of course, doesn't adhere to international law. It's not accountable. They don't accept the U.N. resolutions. They fight out of uniform. I mean, Hamas fights as a group of freedom fighters. You can say it's legitimate, but then you can't say that the laws of war that are about fighting other states apply to fighting populations that intentionally use human shields.

Dr. Abu-Jamei:

Well, Jon, I am – I am not talking here about Hamas or about anyone else. I'm a Palestinian person. I am a humanitarian worker, and I deal with the implications of lack of respect of human rights. I work with the violations of human rights, whoever the reason - the reason for that human rights or the perpetrator. I think the international law should be applied to whoever is there, you know. And I really don't mind who is going to be prosecuted; it's not my problem. But I think there are some international laws on top of everything and who are clear about what's going on, and we should all respect them. If we want this humanity to win at the end of the day, you know, the question is not about Israel and Palestine now; we all see that. It's a question for the international community whether humanity will survive such a challenge.

You know, it's not a challenge only to Palestinians or Israelis; it's bigger than that. The whole international community system is now at risk. And we see how sometimes nations, they really fall behind in front of other nations because they are not really exerting enough pressure or they are not really doing enough when they can to - and it's clear what I am - what I am saying, you know. I mean, who would really block a resolution that calls for an end to occupation? This is a very interesting issue.

But let me put it again in simple words. You know, the international law should prevail.

Dr. Alterman: The challenges are – but the challenge, of course –

Dr. Abu-Jamei: That's what the humans should, you know, follow the laws. The issue is nothing more than that.

Dr. Alterman: The challenge, of course, is what constitutes the occupation. The Hamas

argument is that all of historic Palestine is occupation. You can go to the 1948 borders, you can go to the 1967 borders, right? I mean, I think the first step - and I agree with you. I think we - there were signs of hope in the '90s where you began to have a Palestinian national movement that

had some consensus behind it that was talking about limiting

Palestinian gains, and I thought that then you had a very appropriate U.S. effort to limit Israeli claims. And it seemed to be heading in a useful direction until the Second Intifada. And I would hope we can get back to that. And I would argue that part of that, as you say, is to deal with a Palestinian national movement and not with Hamas, because I don't think you're going to get anywhere with Hamas. But how we get to that

point I don't know.

Dr. Abu-Jamei: Again, sorry, but, Jon, I am not – look, I'm not going to go into those

details because those details are not the answer. I mean, the answer is

respect for the international law. That's what I am saying. Everything else is a detail. If we don't have that tightened, which is should everyone be obliged to respect the international law or not – that's the main idea that I am talking about.

And I am saying that to everyone, by the way, OK, and that's what I am calling for, to respect the international law. Because what we are dealing with as mental health professionals is clearly, in the first place, violations of international humanitarian laws, different violations of the human rights that at the end of the day have a very costly price for the psychological impact and – psychological impact of the population that I have to deal with. And honestly, I am not sure how those people in Palestine are going to recover from their traumas if those violations of human rights are continuing – are going to continue to happen. It's very simple for me as a mental health worker, as a human rights defender, humane, that respect of the human rights and respect – the lack and the stopping of human rights violations is key. It's the solution. It's simple.

And what's the status or what's happening there, I mean, there are already different international conventions and laws that have told us everything. We just need to obey and respect those international laws, nothing more than that. That's what I am calling for. And not only Israel, by the way; I am calling for Hamas and for everyone, to make it clear. We need to be simply clear about that. From ending the occupation, that's the thing to begin with.

Dr. Morrison:

I'd like to bring the discussion back to the sort of current health and humanitarian crises. I mean, we've heard that Hamas is disregarding the mass suffering of its own citizens. We've heard that Israeli leadership engages in similar – in similar disregard for what is happening. There's been no conditionality in terms of provision of military assistance to the Israelis from the U.S. government. We have been hoping for a ceasefire for a year; it's never materialized. The war is a war of attrition with no end in sight, and all prospects currently for a ceasefire are minuscule in most estimations. So we're left with no deconfliction mechanisms in place, although those have been called for repeatedly over the course of this war. And this current situation we're in right now. So what, Scott, in your mind, I – other than continuing with everything that you and Yasser and others are doing in this – in this impossible situation, how do you – how do you imagine looking forward, particularly with a widening regional war now that in some ways takes the spotlight off of you in some respects? Scott?

Mr. Anderson:

Yeah. Thanks. I mean, I think - oh, sorry, there we go.

I would just like to say one thing before I answer that previous

conversation. There is suffering on both sides. I uniquely have been able to see that, I guess, what happened in Israel on October 7th and then also what's continued to happen in Gaza. And we won't get anywhere as long as everybody continues to dehumanize the other side.

And you're correct, we seem further away from a ceasefire now than we ever have been. The prospects are dwindling by the day. The conflict, as I said earlier, continues to be quite violent and the impacts it has on everybody in Gaza are significant. I mean, I think that, first and foremost, we need to find a way to get aid in at scale, to make sure that everybody here has their basic necessities met. I'm a humanitarian. That's what we're here to do, is to take care of the civilian population until such time as this conflict does come to an end.

And to do that, we need to have an enabling environment. And that takes on, I guess, a couple aspects. First, it's some sort of law and order that will allow aid trucks to move safely without being hijacked and the drivers kidnapped. And second, there has to be a mechanism of deconfliction that works, that keeps humanitarian workers safe. There's been 200 – over 230 humanitarian workers lost their lives in this conflict. And, more importantly, that keeps the civilians safe.

People schools – need to know they're safe in our schools. For that to happen, we need all parties to the conflict to respect the sanctity of the schools, the sanctity of hospitals, sanctity of health centers. And if they're going to have, I guess, battles or fights, they need to be done away from where people are seeking shelter. I mean, absent that, we're going to continue to see people suffer, people not have their basic necessities met. And that will most profoundly impact the children in Gaza, of which it's nearly half the population.

Dr. Morrison: Thank you. Thank you, Scott.

Yasser, did you want to add to that?

Dr. Abu-Jamei:

I think Scott put it perfectly. We need to immediately allow the material to get inside Gaza Strip. And the famine that I have already spoken about is basically due to not allowing the international support into Gaza Strip. And these are just the very basic things to begin with. But, again, a ceasefire is a central point that has to take place. Without that, I think the restoring of normal life, if you could say – let me tell you, there will be no normal life for Palestinians for, I mean, two or three or four years. After 2014, it took them one year to start the reconstruction of the first building. You know, it took one full year just to begin building the first building after 2014.

So I don't know how much longer it will take for Palestinians to start constructing if a ceasefire happens today. And they don't know how much time it will take us, because in 2014 some of the buildings are not rebuilt yet. So, I mean, the – if you look at things from this view, I think it's really too much time is expected to be needed for the rebuilding of the population. But we need to keep things moving for a better sake. I mean, we need a ceasefire immediately. And then we need the population to hear that something is really improving, in order to have some hope, to give them some light that things will improve and that they would have – I mean, they will start to somehow process the traumas that they were exposed to and be able to go on with their normal lives.

Dr. Alterman:

Can I just add something? You know, what Yasser is doing – what he's committed to is so important, in an Arab world which really doesn't acknowledge the importance of mental health broadly. And you have a population that has been subjected to such remarkable trauma

time and time again, on top of which, for many Gazans, the only Israelis they've ever seen are overhead dropping bombs or as armed soldiers in their streets. I don't know if there are any Gazans who haven't seen dead bodies by time they're 12. I mean, this is – this is a population that has been through such incredible suffering. And what Yasser is doing, engaging with that aspect of people's lives to build toward a better future – there's a physical reconstruction of Gaza which can be done. It's mostly technical. But it seems to me, the human piece is so important. And doing that is such an important investment.

But actually getting return on the investment means an end to the suffering, broadly, as Scott says a return of the hostages, distribution of food, a ceasefire, getting people willing to put money into Gaza. And I think some of the Gulf states are interested prospectively, but there has to be some sense of what the future governance is. Putting all these pieces together is hard. But it seems to me, of all the elements the most important element is a human element. And the most important part of the human element that people are not putting enough attention to is the part that Yasser is working on, dealing with this deeply traumatized population.

So you can begin to think about investing in the kinds of things that give people careers, the kinds of things that give people hope and opportunity. And as I said, I feel compassion for Yasser because I've spent enough time in the Arab world talking to friends and I know where mental health fits, as an issue that people really don't want to talk about. And this is a population that desperately needs to. And it's

largely a taboo. And if we're going to move beyond this, doing the kind of work that Yasser is doing is vitally important.

Dr. Morrison: Thank you. Scott, you seemed – you were ready to say something.

Mr. Anderson: Just to say I agree completely. I think mental health is often very overlooked in the Arab communities. It's good to see that Yasser and others are taking it seriously here. There's a lot of work ahead of us. Everybody here is traumatized to some level. And I think, most importantly for the teachers and schools, they're going to need a lot of extra help as we try to return to education, to deal with all the children

normally.

The things children have seen in this conflict are things no child should ever see. They've seen a lot of bodies. They've seen, you know, friends and family members die. And that'll have a significant impact on their mental health, on their behavior, and how they develop as adults. So I just want to say I agree. I'm glad that we're taking that on. And I hope that can be expanded once there is a ceasefire in place.

that have been traumatized and will act out in ways that they would not

Dr. Morrison: Thank you. Yasser, anything to add on that point?

Dr. Abu-Jamei: Well, yes. I think I would like to echo what Jon really said. I mean, mental health is something that some of the time deprioritized, health or even any other thing. And but it's really central and key for the development of the people, the development that is not only socially,

development of the people, the development that is not only socially, but psychologically, mentally, and even physically, especially for children. And I think more efforts need to be immediately done once a ceasefire is reached to immediately allow people to go on with their lives and to rebuild their lives, you know, for a better sake. And I hope that the next time we have a meeting, it will be looking into what happens or what we could do in order to develop the lives of

Palestinians, having that ceasefire has taken place.

Dr. Alterman: You know, one of the great ironies of this is that the first generation of Israelis was largely comprised of people – or, had many people who

themselves had been through

remarkable trauma in the Holocaust. And you could argue that that led to distortions in Israeli society. You could argue that Israelis overcame it. But if there's any society that has people who've been through trauma – (laughs) – it's the Israeli society. But part of that seems to be denial of Palestinian trauma.

And I think part of the Palestinian insistence in some parts of the

Palestinian community that is a genocide so offends and outrages the Israelis, for whom – who experienced the genocide, who feel they personally experienced the genocide, and for whom that's such an outrageously illegitimate claim. And, again, there's something where the societies could share. But rather than discovering anything shared, it actually drives them apart. And to some Israelis, it's Israeli trauma that excuses and legitimates Israeli – the trauma Israel inflicts on Palestinians. And that's one of the great tragedies and puzzles of this war, is how do we escape this cycle of trauma? Because there's more than enough trauma to go around.

Dr. Morrison:

Thank you. We're getting towards the end of our hour. I want to bring the question – the focus back to what's happening here, in the United States. And what I mean by that is Gaza has really divided America in many profound ways. It's ignited a whole series of confrontations – ugly confrontations across America, across many different campuses. It's led to a certain amount of resignation and despair around the topic itself, of what to do and what should the U.S. do. In the course of our electoral cycle, there's been some debate, but it's been very controlled and very muted. On campuses – when I've spoken or been on multiple campuses in the last few weeks. There's an avoidance. There's an active avoidance of Gaza as an issue because of the frustration and the damage that was done in the relationships between – across campuses.

I don't think we're going to see any big change in U.S. policy, regardless of what the outcomes are in the near to medium term. We've had some success with the polio – first round of the polio campaign. We'll soon see the second round. And hopefully that will be successful as well. So my question to both of you, Scott and Yasser, is what's the message you want to leave with our audience thinking ahead in this next period. I'm worried that Americans are turning off. I'm worried that Americans are scared of this issue because they've seen how divisive it becomes within our own society.

They're reading the newspapers. They see the widening war. They're not thinking about Gaza anymore, or there's less talk of it – although I have been encouraged by the profusion of very thoughtful writing and commentary across our media from multiple different perspectives in the last 72 hours. So I wanted to offer you a chance to leave a sort of closing thought, a closing message for our audience, which is not exclusively Americans but is predominantly Americans who care about this issue. I'll start with you, Yasser.

Dr. Abu-Jamei:

Well, what I would say is that the Gazan people are a community of survivors. You know, we will survive one way or the other. The big question is, to the international community, to humanity, you know, where is their standpoint? You know, and I think that's what's dividing a lot of nations and of countries. I hope, really, and pray, that this whole conflict will be solved. That it will come to an end, not only a ceasefire, a temporary one, or a permanent one, or whatever. And I think, no matter how long it will take, at the end of the day occupation will come to an end. Peace will prevail. And we shall all live in peace and in dignity.

Thank you.

Dr. Morrison: Thank you. Scott.

Mr. Anderson: Yeah, thank you. And thank you for pulling us all together today. It's been a great discussion. And what I would say is this a very complex

issue, right? And I think by people taking sides, supporting Israel, supporting Palestine, it doesn't bring us any closer to resolution. You have to understand what everybody's going through before you're able to, you know, try to move the process forward of hopefully reaching a peace deal. So I would say, if you support Israel you need to visit Palestine and understand their perspective, what they're going through.

If you support Palestine, you need to visit Israel, understand their

perspective, and what they're going through.

From the U.S., and from afar, and other places this looks very black and white. I can tell you, being on the ground, it's more shades of gray than anything else. And you need to be here and talk to people and understand their perspectives so we can hopefully try to move this forward. I first came to the region in 2008. I had a little break, but this is the fourth conflict that I've been in Gaza for since that time. Each one continues just to get a little worse in terms of the impact on the population. So I very much hope that the horrific events of October 7th and then the following conflict is a springboard that will allow this to be the last conflict, that will bring about peace for everyone in Israel and Palestine, and hopefully the larger region. Thank you.

Dr. Morrison: Thank you very much.

Jon, any closing thoughts?

Dr. Alterman: First, I just want to commend Yasser and Scott for the remarkable work

that they do. It's so important. And just to say that I think – as this conversation has revealed – I think the solution is not only going to be in the – along the shades of gray that Scott referred to, but I think we're going to need new categories, new structures, new forms. This is a unique conflict. It's, I think, the only conflict in the world that literally billions of people feel strongly about. They don't all fall on one side or the other. And I think it is going to take a remarkable degree of

creativity. But, first, we have to get a ceasefire. We have to get the hostages home. We have to get food in. We have to let people begin to resume normal lives and begin to take care of their mental health, rebuild. And then we can start thinking about the enormity of the task before us.

Dr. Morrison:

Jon, before I close and remind people – thank people, and remind people of what happens next with this program, I want to say a word about what you're doing later today.

Dr. Alterman:

From 4:00 to 5:00 Eastern time today, we're having a conversation with Dan Byman from here at CSIS and Georgetown University, Natan Sachs from Brookings, and Dana El Kurd from the University of Richmond, looking at this issue from multiple perspectives. And our intention is not so much to have it question and answer, but to have a discussion among people from multiple perspectives to encourage the curiosity. I think if you're honest about it, you have to have questions for each other. And we're going to try to model having those questions.

Dr. Morrison: How do people find this?

Dr. Alterman: It'll be on the CSIS website, www.CSIS.org. Thank you.

Dr. Morrison: Thank you. Thanks very much.

I want to second what Jon said in commending Scott Anderson and Yasser Abu-Jamei for your courage, and your leadership, and your remarkable commitment and insights. And thank you for taking time again to be with us. It's very important, I believe, that those who are coming to this show be able to hear directly from both of you about what you're doing and what you're seeing and observing. So thank you. Thank you so much. And, Jon, thank you for being part of this effort from the very beginning. And special thanks to Qi Yu, Dwayne Gladden, and Sophia Hirschfield, for all their work on this.

The video is to be posted on the CSIS homepage – as Jon said, CSIS.org. A transcript will be added in a few hours to that as well. And we will be coming back together again on October 15th, again from 9:00 to 10:00 a.m. Eastern standard time, for the 19th episode of Gaza: The Human Toll. So please join us for that. Notice for that will go out a few days ahead. So thank you all. This has been a tough conversation, but I think it's been a very open and wise one as well. Thank you.

(END.)